

keyfacts[®]

MORTGAGE AND FAMILY PROTECTION PLANS

KEY FEATURES OF THE MORTGAGE AND FAMILY PROTECTION PLANS.

This is an **important document** which you should keep in a safe place.




Legal &
General

USING THIS DOCUMENT.

WHAT ARE KEY FEATURES?

The Financial Services Authority is the independent financial services regulator. It requires us, Legal & General, to give you this important information to help you decide whether our Mortgage and Family Protection Plans are right for you. You should read this document carefully so that you understand what you are buying, and then keep it in a safe place for future reference.

BEFORE YOU START READING

In this key features document we've tried to give you all the information about our products in a clear and straightforward language. Where we've had to use a technical term we've highlighted them in blue, [like this](#), and given a full explanation in our glossary on page 26.

OTHER DOCUMENTS

It's a good idea to read this document alongside your quote or [Policy Schedule](#). If you need more detailed information about how the plans work, you can ask us for a copy of the [Policy Terms and Conditions](#) of the plan. We'll be happy to talk through any questions you might have.

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FINDING OUT MORE

This icon appears when more detailed information is available elsewhere. If you'd like to see any of the other documents we mention please ask us.



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ABOUT US.

The Legal & General Group, established in 1836, is one of the UK's leading financial services companies. As at 30 June 2011, we were responsible for investing £370 billion worldwide on behalf of investors, policyholders and shareholders. We also had over seven million customers in the UK for our life assurance, pensions, investments and general insurance plans.



AIMS, COMMITMENTS AND RISKS.

ITS AIMS

Our Mortgage and Family Protection Plans have some very specific aims.

They're designed to help protect against the financial impact of death or critical illness by paying a cash lump sum for your family (Family Protection Plan) or to help you pay off your mortgage (Mortgage Protection Plan). It's really important that you understand how they work and whether they are right for you.

With both the Family Protection Plan and the Mortgage Protection Plan you can choose:

- Life Cover – which pays out if you die, or are diagnosed with a terminal illness (where you're not expected to live for more than 12 months) while you are covered by the plan; or
- Life and Critical Illness Cover – which pays out a cash lump sum if you either die or are diagnosed with a critical illness that meets our policy definition. We only cover the illnesses we define and no others. We've listed these under 'What is Critical Illness Cover?' on page 14.

You can choose the amount of cover and length of time that you want the plan to last.

- For Mortgage Protection Plans, this will usually be the same as your mortgage amount and the number of years left on your mortgage.
- For Family Protection Plans, you may want to think about how much financial support your family would need, and how long they would need it for.

You can choose how you want the cash lump sum to work.

- You can ask for it to stay the same for the length of your plan (level cover), or:
- You can decide that you want it to decrease regularly during the length of your plan (decreasing cover). The cash lump sum will reduce in roughly the same way as a repayment mortgage decreases over time.

The plan will only pay out in full once. After paying out, it ends.

YOUR COMMITMENT

You need to make some very specific commitments for the plan to work properly.

Please:

- Keep paying your premiums for the length of the plan. You can pay them monthly or annually by direct debit.
- Answer any questions fully, honestly and accurately. If you're not sure about anything please ask us for help. If you don't provide full, honest and accurate information when we set up your plan or when a claim is made, it might not pay out, or only pay out in part.
- Tell us if there are any changes to the information you gave us in your application before your plan starts. For example, if your health changes, you change jobs, or you take up a potentially risky new sport. You need to let us know to make sure that your cover isn't affected.

 RISKS**There are some risks you need to understand about your plan.**

- If you cancel your policy after the cancellation period, or stop paying your premiums at any time, your cover will end 30 days after the first missed premium. We won't give you any money back.
- We won't pay out a claim from a cause that we exclude in your [Policy Schedule](#).
- If you've taken out a Mortgage Protection Plan and you make any changes to your existing mortgage, your cover may no longer give you the right protection. Please see page 19 for more information.
- If you've taken out a Mortgage Decreasing Protection Plan and make a claim, the pay out might not be enough to pay the full outstanding mortgage amount. For example, if you've chosen mortgage decreasing cover and your mortgage interest rate averages over 10% during the length of the plan or if you change your mortgage.
- If you choose Life and Critical Illness Cover with reviewable premiums we'll review your plan every five years. At review we may need to increase your premium so you keep the same level of cover.
- We won't pay out in the circumstances described under 'When won't the plan pay out?' on page 21.



QUESTIONS AND ANSWERS.

This section answers some important questions about the Mortgage and Family Protection Plans. It will give you a better idea of how they work, the options and benefits available to you and what to expect if you make a claim.

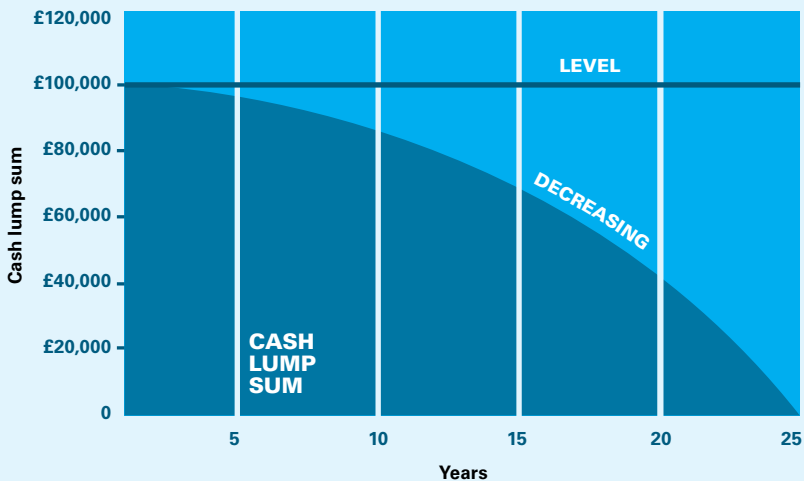
HOW DO THE PLANS WORK?

WHAT TYPES OF COVER ARE AVAILABLE FOR MORTGAGE PROTECTION?

You can choose level or decreasing cover for mortgage protection. Level cover provides the same cash lump sum throughout the length of your plan.

We've designed our mortgage decreasing cover to help protect a repayment mortgage. The amount of cover, including terminal illness cover, reduces roughly in line with your remaining mortgage debt. We've provided a graph below to show the difference:

MORTGAGE COVER COMPARISON



This compares the cash lump sum that both level and decreasing cover would provide over the same period of time. We've based this graph on a plan that covers £100,000 over 25 years. In this example if a claim is made after 20 years, the payment provided under a decreasing plan would be £40,000, whereas a level plan would pay £100,000.

This is an illustration only. We show the amounts by which your cover will decrease over time in your [Policy Schedule](#).

You can also choose to add Critical Illness Cover to your plan. This comes at an added cost. If you choose mortgage decreasing cover, any Critical Illness Cover will also be decreasing.

WHAT TYPES OF COVER ARE AVAILABLE FOR FAMILY PROTECTION?

Our Family Protection Plans provide level cover only, where the cash lump sum stays the same over the length of the plan. You can choose to add Critical Illness Cover to your plan at an added cost.

WHO CAN THE PLAN COVER?

The plan can cover:

- You alone; or
- You and another person.

If the plan covers two people it will only pay out once.

WHAT OTHER CHOICES WILL I NEED TO MAKE?

- You need to decide how much your plan will pay out. This is the cash lump sum we pay out after a valid claim.
- You'll need to think about when you want your plan to start and how long it lasts for.
- If there are any optional benefits you want to include in your plan, these are listed under 'Are there any optional benefits?' on page 13.

The table below shows you how long each kind of plan can last for, and when it has to end by.

MORTGAGE AND FAMILY PROTECTION PLANS	MINIMUM LENGTH	MAXIMUM LENGTH	PLAN ENDS BEFORE AGE
Level Life Cover	1 year*	40 years	80
Decreasing Life Cover	5 years	40 years	80
Level Life and Critical Illness Cover with reviewable premiums	2 years	40 years	70
Level Life and Critical Illness Cover with guaranteed premiums	2 years	40 years	70
Decreasing Life and Critical Illness Cover with reviewable premiums	5 years	40 years	70
Decreasing Life and Critical Illness Cover with guaranteed premiums	5 years	40 years	70

*If you choose a one year plan then terminal illness cover won't be included.

HOW MUCH DOES THE PLAN COST?

If you've not yet been accepted for cover, your quote will give you an idea of the premium you will pay. This can change as a result of [underwriting](#) or if we've repriced our premiums before your application is accepted. You can get a new quote by calling us or visiting us online.

If you have an existing Mortgage or Family Protection Plan, you can find out how much your cover costs in your [Policy Schedule](#).

The amount you pay depends on several factors.

- Your personal circumstances, for example, your age, health, sex, job and whether or not you smoke.
- The amount, type and length of cover you choose.

The premium includes all the costs of our administration, [underwriting](#), claims and selling.

DOES THE PLAN INCLUDE ANY ADDITIONAL BENEFITS?

Your cover automatically includes additional benefits which cost you nothing extra. These benefits may be subject to age and other restrictions.



See your [Policy Schedule](#) for details of the benefits you have.

Accidental death benefit, during your application

If we're unable to accept your completed application straight away, we provide you with accidental death benefit, which starts when we receive your application. We provide this cover free of charge and without the need for any [underwriting](#).

The cover lasts for 90 days or until we accept, postpone or decline your application or you tell us you don't want to take the cover out. In the event of a claim we'll pay out only once regardless of the number of applications submitted and number of people insured.

It covers you if you die within 90 days following an accident. By this we mean that you sustain a bodily injury caused by accidental, violent, external and visible means which is the sole cause of death. The amount of cover will be the amount of cover you applied for or £300,000, whichever is lowest over all applications submitted.

We don't provide this benefit if you have told us your application is to replace an existing plan with us, while you remain covered under the existing plan.

It won't pay the benefit if the cause of death is directly or indirectly caused by any of the following:

- Self inflicted injury, including suicide or attempted suicide.
- Taking part or attempting to take part in a dangerous sport or pastime.

- Taking part or attempting to take part in any aerial flight other than as a fare-paying passenger on a licensed airline.
- Committing, attempting or provoking an assault or criminal offence.
- War (whether declared or not), riot or civil commotion.
- Taking alcohol or drugs (unless these drugs were prescribed by a registered doctor in the United Kingdom).
- Accidents that happened before your application.

Increasing your cover

If you're under 45 years old when your plan starts and we haven't applied a [rating](#) to it, your plan will include the guaranteed insurability option.

This allows you to increase your cover without having to give us any more medical information. You can do this if:

- You get married or enter into a registered civil partnership.
- You become a parent.
- You increase your mortgage to move or make major home improvements.
- Your salary increases due to a new job or promotion.

We'll give you a new policy to cover the increased amount and your monthly premium will increase. There are certain limits on when, how and under what circumstances you can use this option.



Further details can be found in the [Policy Terms and Conditions](#). You can ask us for a copy.

For Mortgage Protection Plans, we include the following at no extra cost.

- **Free life cover** if you die between the exchange of contracts and completion of your property purchase.

If you're under 55 years old when your application is accepted and we haven't applied a [rating](#) to it, you'll be covered for your proposed cash lump sum or the amount of your mortgage, up to a maximum of £300,000. If you live in Scotland, you'll be covered between completion of missives and your date of entry.

- **SmoothMove**, if you're protecting a new mortgage and are moving house.

SmoothMove can help with unexpected hitches on moving day, up to a value of £750. It also covers you for home emergency repairs, up to a value of £250, and free legal advice for up to three months after you've moved in.

It's provided by Inter Partner Assistance, who are part of one of the largest international emergency assistance groups.



A separate policy summary and policy terms and conditions with more information about this benefit are available. Please call us for a copy, or visit us online.

ARE THERE ANY OPTIONAL BENEFITS?

The following benefit is optional and comes at an additional cost. If required you should choose it at the start of your plan. We'll show details of this extra benefit in your [Policy Schedule](#).

Waiver of Premium benefit

With this option you won't have to pay your premiums if you have an illness or injury that stops you from doing your normal job for more than 26 weeks. If you're not in work we'll use [Functional Assessment Tests](#) to see whether or not you have to pay premiums. You'll have to pay your premiums for the first 26 weeks but we'll waive premiums until the first of the following events:

- you're fit to return to work;
- your plan ends; or
- you no longer fulfil the definition of incapacity.



There are certain limits to this option, you can find full details in the [Policy Terms and Conditions](#). If you'd like a copy, please ask us.

WHEN WILL MY COVER START?

You can choose a date on which you'd like the cover to start. If we're able to process and accept your application in time your cover will start on this date.

If we need more information before we can accept your application it may take longer. In this case we'll

write to you and let you know when your cover can start. We'll also ask if you still want to go ahead with the plan.

If you already have existing Life or Critical Illness Cover, make sure your new plan is in place before cancelling any policies.

WHAT IF I'M NOT SURE IF THIS PRODUCT IS SUITABLE FOR ME?

If you have any doubts about the plan's suitability for you, please call us. We'll only advise on our own products. For contact details please see page 27.

WILL MY PREMIUMS EVER CHANGE?

If you choose Life Cover or Life and Critical Illness Cover with guaranteed premiums, your monthly or annual payment will stay the same throughout the length of your plan.

If you choose Life and Critical Illness Cover with reviewable premiums, your premiums can change after the first five years. To see how we review your premiums please see page 16 for more information.

For all types of cover, your premium can change if you make any changes to your plan. For example, increasing or decreasing the length of your cover, or removing someone from the plan if you have joint cover, can affect your premium. We'll explain your available options so you can make an informed decision.

WHAT IS CRITICAL ILLNESS COVER?

If you choose to add Critical Illness Cover to your Mortgage or Family Protection Plan, we cover you for specific illnesses. The complete list of conditions we cover is set out opposite. These headings are only a guide to what is covered.

These headings typically use medical terms to describe the illnesses, but in some cases the cover may be limited.

For example:

- Some types of cancer are not covered.
- To make a claim for some illnesses, you need to have permanent symptoms.

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The full definitions of the illnesses covered and the circumstances in which you can claim are given in the [Policy Terms and Conditions](#). Our Guide to Critical Illness Cover complements the list of illnesses opposite and provides the full medical definition with a simpler explanation for each illness. If you'd like a copy of these documents, please ask us.

- **Alzheimer's disease** – resulting in permanent symptoms.
- **Aorta graft surgery** – requiring surgical replacement.
- **Aplastic anaemia** – with permanent bone marrow failure.
- **Bacterial meningitis** – resulting in permanent symptoms.
- **Benign brain tumour** – resulting in either surgical removal or permanent symptoms.
- **Blindness** – permanent and irreversible.
- **Cancer** – excluding less advanced cases.
- **Cardiomyopathy** – of specified severity.
- **Coma** – resulting in permanent symptoms.
- **Coronary artery by-pass grafts** – with surgery to divide the breastbone or anterolateral thoracotomy.
- **Creutzfeldt-Jakob disease (CJD)** – resulting in permanent symptoms.
- **Deafness** – permanent and irreversible.
- **Dementia** – resulting in permanent symptoms.
- **Encephalitis** – resulting in permanent symptoms.
- **Heart attack** – of specified severity.
- **Heart valve replacement or repair** – with surgical thoracotomy.
- **HIV infection** – caught from a blood transfusion, physical assault or accident at work.
- **Kidney failure** – requiring dialysis.
- **Liver failure** – of advanced stage.
- **Loss of hand or foot** – permanent physical severance.
- **Loss of speech** – permanent and irreversible.
- **Major organ transplant.**
- **Mastectomy for ductal carcinoma in situ** – requiring total removal of the breast.

We pay out an additional, lower amount separate to your main plan. See page 18 for details.
- **Motor neurone disease** – resulting in permanent symptoms.
- **Multiple sclerosis** – with persisting symptoms.
- **Multiple system atrophy** – resulting in permanent symptoms.
- **Open heart surgery** – with median sternotomy.
- **Paralysis of a limb** – total and irreversible.
- **Parkinson's disease** – resulting in permanent symptoms.
- **Primary pulmonary hypertension** – of specified severity.
- **Progressive supranuclear palsy** – resulting in permanent symptoms.
- **Removal of an eyeball** – due to injury or disease.
- **Respiratory failure** – of advanced stage.

- **Stroke** – *resulting in permanent symptoms.*
- **Systemic lupus erythematosus** – *with severe complications.*
- **Terminal illness.**
- **Third degree burns** – *covering 20% of the surface area of the body or 20% of the face or head.*
- **Total and permanent disability.** See 'What is Total and Permanent Disability?' below.
- **Traumatic head injury** – *resulting in permanent symptoms.*

WHAT IS TOTAL AND PERMANENT DISABILITY?

We have two definitions of Total and Permanent Disability. The definition we apply to you will depend on what kind of job you do and if you're paid for your work.

The Own Occupation definition pays out if you're permanently unable to follow your own occupation because of an illness or accident.

If this definition doesn't apply to you, we'll ask you to take [Functional Assessment Tests](#). If you can't manage at least three of these, then your cover will pay out.



You can find out which definition has been applied to you in your [Policy Schedule](#).

WHAT OPTIONS ARE AVAILABLE WITH CRITICAL ILLNESS COVER?

If you have Life and Critical Illness Cover you can choose between guaranteed and reviewable premiums.

Guaranteed premiums stay the same for the length of the plan, unless you change your cover in any way.

Reviewable premiums don't change for the first five years of the plan. After five years we'll check that the premium you're paying is enough to provide the level of cover you've chosen. We'll continue to review your cover every five years after that, until the plan ends.

Premium review

We'll assess any premium changes fairly. When we review your premium, the factors we look at are:

- number, timing and cost of claims we have paid;
- number, timing and cost of claims we expect to pay in the future;
- insurance industry claims experience;
- expected impact of future medical advances; and
- changes to applicable laws, regulations or tax treatment.

We won't look at your health or personal circumstances.

Then we recalculate your premium to see if it needs to go up, down or stay the same. If your premium is within 5% of what you're already paying we won't make any changes.

We'll write to you at least three months in advance, explaining the options available and what actions you may have to take. There are no limits to how much your premium might change.

Options at premium review

If **your premium goes down or stays the same** you don't have to do anything. Your direct debit will be automatically updated if the premium has reduced.

If **your premium goes up** you can choose to:

- accept the new premium. If you choose this option you don't need to tell us, your direct debit will automatically be updated; or
- keep the same premium but reduce the level of cover. If this is the option you want to take you'll need to contact us within 30 days of receiving a premium review letter from us. This will help make sure there's enough time for us to process your request before your review date.

You'll also need to be sure that the new lower level of cover still meets your needs as you can't change your mind at a later date.

CAN CHILDREN HAVE CRITICAL ILLNESS COVER?

If you choose Life and Critical Illness cover, we automatically provide additional cover for your children too. This will cover any natural, legally adopted or stepchild you have, as well as any children you may have in the future. We cover children from the age of 30 days up to their 18th birthday during the length of the plan.

We'll pay out if a child survives for 14 days from diagnosis of one of the critical illnesses we list on page 15 and 16, except for total and permanent disability. We also exclude any condition that is present at birth, hereditary or [pre-existing](#).

We'll pay out one claim per child under your plan. The amount we'll pay will be equal to 50% of your cash lump sum or £25,000, whichever is lower. Any claim for your children won't affect your cover.

Once two claims have been made, children's cover will end.

If you have more than one plan that includes Critical Illness Cover with us, and make a valid claim under children's cover, the maximum amount we'll pay out under all policies will be £50,000 per child.

WHAT IS ADDITIONAL COVER FOR MASTECTOMY FOR DUCTAL CARCINOMA IN SITU?

We provide additional cover where the diagnosis of ductal carcinoma in situ results in the total removal of a breast.

This means if you're eligible to claim the amount we'll pay out will be equal to 25% of your cash lump sum or £25,000, whichever is lower. We'll only pay out once for this cover on your plan.

Your claim won't affect your cash lump sum or your premiums, and helps give you some financial protection against the impact this illness will have on your lifestyle. It also keeps your original cover intact, in case you are diagnosed with another critical illness and need to claim.



THE ABI'S GUIDE TO CRITICAL ILLNESS COVER

The Association of British Insurers (ABI) gives general information about Critical Illness Cover in their booklet 'A Guide to Critical Illness Cover'. You can ask us for a copy or you can request a copy by writing to:



The Association of British Insurers, 51 Gresham Street,
London EC2V 7HQ.

HOW DO I MANAGE MY PLAN?

CAN I MAKE CHANGES TO THE PLAN ONCE IT'S STARTED?

You can ask to:

- Reduce or increase the length of your plan.
- Change the amount you're covered for.
- Remove someone from a joint policy.
- Change between monthly and annual premiums.

We'll consider your request and let you know if the changes are possible. If you have a joint policy we might also need to ask any other policy owners if they're happy with the changes you want to make.

Depending on the changes you want, we may need to set up a new plan for you. There could be differences between your current plan and your new one. If that's the case please call us and we'll explain any differences.

CAN LEGAL & GENERAL MAKE CHANGES TO MY PLAN ONCE IT'S STARTED?

We may make changes to the [Policy Terms and Conditions](#) applying to your plan if there are any changes in law, regulation or taxation. If this happens, we'll notify you in writing in advance of any changes being made.

AFTER THE PLAN STARTS IS THERE ANYTHING I NEED TO DO?

If you move house

Let us know, the plan will move with you and we'll need to update our records. You can also ask us to increase your cash lump sum to cover a larger mortgage, within certain limits. Please see page 12 'Increasing your cover'. If you change the type of mortgage you have your cover may no longer give you the right protection.

If you move abroad

If your plan includes Critical Illness Cover or waiver of premium benefit, you should check your [Policy Terms and Conditions](#) as your cover may be affected.

HOW DOES THE PLAN PAY OUT?

Depending on the type of cover you choose, the plan only pays out once if a valid claim is made during the length of the plan. This is where an insured person:

- dies;
- is diagnosed with a critical illness that we cover and meets our definition of the illness; or
- is eligible to claim for one of the following:
 - Terminal illness cover;
 - Accidental death benefit; or
 - Free life cover.

If you've chosen a Mortgage Decreasing Protection Plan, the amount we pay out will depend on the time of the claim. For more information see page 9.

You can cover two people but the plan only pays out once for the first valid claim.

Once we've made a final cash lump sum payment your plan will end.

PAYMENTS FOR ADDITIONAL COVER

If you choose to include Critical Illness Cover, we'll make a payment, which is separate from your main plan:

- If any natural, legally adopted or step children you have become critically ill.
- If you make a valid mastectomy claim.

See pages 17 and 18 for more details.

These payments are in addition to your main plan. Your final payment and your premiums won't be affected if we make an additional payment to you.

WHEN WON'T THE PLAN PAY OUT?

Life Cover won't pay out if the person insured commits suicide within the first year of the plan.

Critical Illness Cover won't pay out if:

- You have an illness that we either don't cover, or that doesn't meet our definition of a critical illness.
For example, we don't cover some types of cancer.
- We won't cover children's critical illnesses if the condition was **pre-existing**, runs in the family, was present at birth, or if death occurs within 14 days of diagnosis.

Terminal Illness Cover won't pay out during the last 18 months of your plan.

Our plans won't pay out if you reach the end of the plan without having made a claim.

WHAT MIGHT STOP THE PLAN FROM PAYING OUT?

Our plans might not pay out if:

- You don't give us all the information that we ask for, or give us inaccurate information. This applies to information we ask for when we're setting up your plan and when you, or your representatives, make a claim.
- You don't tell us if anything changes between filling out your application and the start of the plan. You need to let us know, to make sure that your cover is not affected.
- There are specific conditions under which the plan won't pay out. If this applies to you, we'll write to you when you're setting up your plan to let you know about any **exclusions** we're applying, and check that you're happy to accept them.
- Critical Illness Cover might not pay out if you (or the person insured) has been living outside the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands for more than 12 months when a claim is made.
- We might decline a Waiver of Premium claim if you have been living outside any EU country for more than three months when a claim is made.

HOW DO I MAKE A CLAIM?



If you need to make a claim please contact us.

Claims Department, Legal & General Assurance Society Limited,
City Park, The Droveaway, Hove, East Sussex BN3 7PY



Call us Freephone on 0800 137 101 for life claims and 0800 068 0789 for critical illness claims.

We may record and monitor calls.

When we're told about a claim, we'll send you or your representatives a claim form to complete and return to us. To make a valid claim we'll ask for supporting evidence.

For critical illness or waiver of premium claims, we may ask you to have a medical examination. To make a critical illness claim, all diagnosis and medical opinions must be from a medical specialist:

- who holds an appointment as a consultant at a UK hospital;
- whose specialism we reasonably consider is appropriate to the cause of the claim; and
- who is accepted by our Medical Officer.

To make a terminal illness claim your life expectancy, both in the opinion of an attending consultant and our Medical Officer, is less than 12 months.

WHO RECEIVES THE PAYMENT?

With a terminal illness claim or a critical illness claim, we'll pay the money to you.

With a claim under Life Cover, we will pay the money to your estate, or if your plan covers two people we'll pay the surviving person. In some cases your dependants may need to apply for probate from a court to access the money, which can be time consuming if you haven't made a will. You can make sure that it goes straight to those you want by placing your plan in trust. Please ask us for more information.

FURTHER INFORMATION.

YOUR CANCELLATION RIGHTS

After we've accepted your application, we'll send you notice of your right to cancel.

You can cancel up to 30 days from then by sending the notice back to us and we'll then cancel your plan and refund any premiums paid.

You can write to us to cancel at:

Life Premium Collections –
Cancellations
Legal & General Assurance
Society Limited
City Park
The Droveaway
Hove
East Sussex
BN3 7PY

If you want to cancel after 30 days, you won't get any money back. You can cancel at a later stage by writing to the address above.

COMPLAINTS

If you have a complaint about our service or would like a copy of our internal complaint handling procedure please call our helpdesk on **0370 010 4080**.

We may record and monitor calls. Call charges will vary.



Or you can write to us at:

Complaints Department
Legal & General Assurance
Society Limited
Knox Court
10 Fitzalan Place
Cardiff
CF24 0TL

If you're not happy with the way we handle your complaint, you can talk to the Financial Ombudsman at:

The Financial Ombudsman
Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR



Telephone: **0845 080 1800**

Email:
complaint.info@financial-ombudsman.org.uk



Visit:
financial-ombudsman.org.uk

Making a complaint won't affect your legal rights.



LAW

This contract is governed by English Law.

LANGUAGE

We communicate in English. This covers the [Policy Terms and Conditions](#), any other documents and letters we send you and any telephone conversations we might have with you.

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

The FSCS is designed to pay compensation if a firm is unable to pay claims, because it has stopped trading or been declared in default.

So, if we run into financial difficulties, you may be able to claim via the FSCS for any money you've lost. However, before looking to pay compensation, the FSCS will first see if they can arrange for your current plan to be maintained. They may arrange for your plan to be transferred to another insurer or provide a new policy. If these aren't possible, the FSCS aims to provide compensation.

Most of our customers, including most individuals and small businesses, are covered by the FSCS. Whether or not you can claim, and the amount you could claim, will depend on the specific circumstances of your claim. The FSCS will pay 90% of the value of the claim. There is no upper financial limit on the amount of the payment.

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You can find out more about the FSCS, including eligibility to claim, by visiting its website www.fscs.org.uk or calling 0800 678 1100.

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

TAX

The proceeds from this plan are free from UK income tax and capital gains tax.

However, for life insurance, as we pay the proceeds after the death of an insured person, inheritance tax may be due on the benefits paid. You may be able to avoid inheritance tax by using an appropriate trust. Please contact us or ask a financial adviser for more details.

The Government may change the tax position described above.

OUR REGULATOR

We are authorised and regulated by the Financial Services Authority. We are entered on their register under number 117659.



You can check this at fsa.gov.uk/register/



Telephone: **0300 500 5000**



Or you can write to them at:
25 The North Colonnade,
Canary Wharf,
London
E14 5HS.

THE MORTGAGE LENDER

If you've assigned the policy to your mortgage lender and you fall behind with or stop paying premiums we may have to keep the lender informed.



PLEASE NOTE

This document complies with the ABI Statement of Best Practice for Critical Illness Cover. It's a guide to our Mortgage and Family Protection Plans and is based on our understanding of current laws and tax rules. Further details are given in the [Policy Schedule and Policy Terms and Conditions](#). You should get expert advice about the legal and tax information in this key features document.

GLOSSARY.

Exclusions – if we apply an exclusion to your plan this means we won't cover you for a particular condition, hobby or specific event. You won't be able to make a claim if its cause has been specified within an exclusion.

Functional Assessment Tests –
Walking - the ability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without stopping or experiencing discomfort.

Bending - the ability to get into or out of a standard saloon car and the ability to bend or kneel to pick up an object from the floor and straighten up again.

Climbing - having the ability to climb up a flight of 12 stairs without stopping or suffering severe discomfort.

Communicating - the ability to answer a telephone and to take a message.

Reading - having the required eyesight (corrected if necessary) to be able to read a daily newspaper.

Writing - having the physical ability to write legibly using a pen or pencil without aid.

If you can't manage at least three of these, then your cover will pay out.

Policy Schedule – we'll send you this document when we set your plan up. This shows what cover you have.

Policy Terms and Conditions – this document sets out all the terms and conditions that relate to the plans. You'll need to read your **Policy Schedule** alongside this document to understand exactly which terms and conditions apply to your plan.

Pre-existing – a pre-existing condition is any medical condition, disorder or disability that a child already has at either:

- the date the policy is issued;
- the 30th day after the child's birth; or
- for legally adopted children, the date of adoption.

Whichever event is later.

Rating – where we add an amount to your premium after **underwriting**.

Underwriting – how we process your application. We assess any risks and decide how much your premium will be. If we think there are increased risks after looking at the details you've given us, we may give you a **rating** and /or apply **exclusions** to your plan.

WE'RE HERE TO HELP.



If you have any questions or if you would like more information, you can call our helpdesk.

0370 010 4080

We may record and monitor calls. Call charges will vary.



EASIER TO READ INFORMATION

If you are visually impaired, and would like to see this document in Braille, large print or audio tape, copies are available from our helpdesk



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