



## **Key features** of the Mortgage and Family Protection plans

**Life cover**

**Life and critical illness cover**

Please read and keep this in a safe place, as you may need it later.

# About Legal & General

The Legal & General Group, established in 1836, is one of the UK's leading financial services companies. As at 31 December 2009, we were responsible for investing £334 billion worldwide on behalf of investors, policyholders and shareholders. We also had over 7 million customers in the UK for our life assurance, pensions, investments and general insurance plans.

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The Financial Services Authority is the independent financial services regulator. It requires us, Legal & General, to give you this important information to help you to 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 safe for future reference.

## Introduction

We have designed our Mortgage and Family Protection plans to help protect your family or mortgage if you die or are diagnosed with a terminal illness or with a critical illness (if this cover is chosen).

You can choose various options to suit you, from specific benefits to full cover.

In this key features document we've tried to give you all the information about our products in clear and straightforward language. Where we've had to use a technical term we've highlighted this in blue and given a full explanation in our glossary on page 11.

## Its aims

The plan aims to allow you to choose:

- the amount of cover;
- the period of cover; and
- the type of cover.

**Life cover** – pays out a lump sum if you die or are diagnosed with a terminal illness within the policy **term**. For family protection you can choose level cover. For mortgage protection you can choose level or decreasing cover.

**Life and critical illness cover** – pays out a lump sum if you die or are diagnosed with a terminal or a critical illness within the policy **term**. We only cover the critical illnesses we define in our policy. For more details on this cover, please see 'What are Legal & General's Mortgage and Family Protection plans?' on page 4. For family protection you can choose level cover. For mortgage protection you can choose level or decreasing cover.

- If you choose decreasing cover your cover reduces approximately in line with the outstanding amount on a repayment mortgage.

## Your commitment

### For all types of cover

You must:

- Provide us with all the relevant information we ask for when you take out the plan. If you don't, your plan may not pay out, and we might have to cancel your policy. Please don't assume that we'll write to your doctor about medical information, it's your responsibility to fill in the application form accurately.
- Truthfully provide all the information we ask for when you or your representatives make a claim. If you don't, your plan may not pay out and we might have to cancel your policy.
- Pay your premium monthly or annually by direct debit.
- Tell us if any of the following change between completing your application and when your plan starts:
  - Medical disclosures
  - Family history
  - Occupation
  - Travel or residence (except holidays)
  - Pastimes
  - Alcohol consumption
  - Start smoking
  - Use of recreational drugs, for example cocaine or heroin.Please note these examples are not intended to be a complete list.



If you don't tell us about changes to any of the above, it could mean your plan won't pay out and we may have to cancel your policy.

## Risks

The plan carries the following risks:

### All types of cover

- If you stop paying your premiums your cover will end 30 days after the first missed premium.
- If you don't truthfully provide all the information we request on your application or when you or your representative make a claim, we won't pay out under the plan.
- There are some circumstances when your plan won't pay out. These are described under 'When won't the plan pay out?' on page 6.
- The plan has no **cash in value** at any time.
- The present tax treatment may change.
- You should check that the plan **term** is long enough to cover the duration of your mortgage term, otherwise you won't be fully protected.
- Your policy's conditions or benefits may be subject to **exclusions** after we **underwrite** your application. In that case, we'll include those **exclusions** in your policy document.
- We won't pay out a claim from a cause that we exclude in your policy document.
- If you've chosen decreasing cover there are some circumstances where the lump sum we pay out might not be enough to pay off your mortgage in full. For example, if your mortgage interest rate averages over 10% during the plan's **term**.

### For life and critical illness cover

- If you have reviewable premiums, we'll review your plan every five years. At review, we may need to change your premium to maintain the initial level of cover. We'll tell you at least three months in advance if we are going to do this. See the 'Will my payments ever change?' section on page 8.

If you would like this document in Braille, large print or audiotape, please contact our helpdesk on

**0370 010 4080**

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

## What are Legal & General's Mortgage and Family Protection plans?

Our Mortgage and Family Protection plans are long term insurance policies which you can tailor to meet your needs. You can choose:

**The type of cover you need** – your plan can include the following:

- **Life cover** – pays out a lump sum if you die. You can choose level cover for family protection and level or decreasing cover for mortgage protection.
- **Terminal illness cover** – Life cover automatically includes terminal illness cover. This means we'll pay the lump sum if you are diagnosed as being terminally ill and are eligible to claim, with a life expectancy of less than 12 months. If you choose decreasing cover, the amount of your terminal illness cover will decrease approximately in line with your sum assured. Once we've accepted a claim for terminal illness cover your plan will end. This cover doesn't apply during the last 18 months of your plan and isn't available on plans with a [term](#) of less than two years.
- **Life and critical illness cover** – pays a lump sum if you die or are diagnosed with a terminal or a critical illness, and have a valid claim. We only cover the critical illnesses that meet our full policy definitions. You can choose either level or decreasing cover. The full list of critical illnesses we cover is shown on pages 5 and 6.

**The level of cover you need** – this is the amount of lump sum we pay out after a valid claim.

**How long the cover lasts** - the table (below) gives details of the minimum and maximum [term](#), as well as maximum ages. After we've paid the lump sum, your policy ends and you pay no more premiums.

## How much does the plan cost?

Your premium depends on several factors:

- Your personal circumstances, for example, your age, health, sex, occupation and whether or not you smoke.
- The amount and type of cover you choose.
- How long you want your cover to last.

You can pay your premium monthly or annually by direct debit to maintain your cover. If you stop paying your premiums, your cover will end 30 days after your first missed premium. The plan has no [cash in value](#) at any time.

Mortgage and Family Protection Plans	Minimum term	Maximum term	Age your plan must end before
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	65
Level life and critical illness cover with guaranteed premiums	2 years	40 years	65
Decreasing life and critical illness cover with reviewable premiums	5 years	40 years	65
Decreasing life and critical illness cover with guaranteed premiums	5 years	40 years	65

\*If a one year [term](#) is chosen then terminal illness cover doesn't apply.

## How much does the plan pay out?

The plan pays out a lump sum. You decide how much this is when you first take the plan out. The plan will only pay out once and your cover will then end.

### Additional Payments

There are instances when we may pay out an amount in addition to your chosen sum assured. This would be:

- Plans that include critical illness cover in cases where there is a valid claim for children's critical illness cover or under our mastectomy definition. (See the 'Can children have critical illness cover' section and 'Critical illnesses covered' section on page 5 for full details). These additional payments won't affect your cover or premiums. Or
- If you have chosen different levels of benefit, for example between term assurance and critical illness within one plan (a split sum assured).

We produce a [personal illustration](#) to show you your period of cover, the type and amount of cover you've chosen and your premium.

## What if I already have mortgage or family protection?

Make sure you obtain financial advice before cancelling any existing policies. A financial adviser can help you decide what best suits your needs.

## Who can the plan cover?

You can apply for the plan to cover:

- you alone; or
- you and another person.

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

For life cover it will pay out when the first of these two people dies or has a valid terminal illness claim.

For life and critical illness cover the plan will pay out when the first of these two people dies or has a valid terminal illness or critical illness claim during the period of cover.



## How flexible is the plan?

You can request the following changes to be made to your plan:

- Increasing or decreasing the **term** of the plan.
- Changing the sum assured.
- Removing a life assured.
- Changing the frequency of your premium payments (annually to monthly or monthly to annually).

These changes may affect the premiums that you pay.

We'll assess all requested changes based on your circumstances at the time. We'll let you know whether we can make these changes to your policy and if any other policy owner's consent is needed. We'll also let you know if this change will mean that this policy will be cancelled and a new policy set up. A new policy may have different terms and conditions.

For further details please contact us or speak to your financial adviser.

## Can children have critical illness cover?

If you choose critical illness cover, we automatically cover your children too. This will cover any natural child, legally adopted child or stepchild you have, as well as any children you may have in the future. Each child will be covered when they are aged from 30 days up to their 18th birthday during the policy **term**.

We'll pay out the benefit if a child survives for 14 days from diagnosis of one of the critical illnesses we cover, providing our definition is met (please see the full list of illnesses opposite and on page 6).

For any one claim under children's critical illness cover the maximum amount we'll pay out will be £25,000 or 50% of the amount covered by your policy, whichever is lower. This is the maximum amount we'll pay out, regardless of how many Legal & General critical illness policies you have.

We'll only pay one claim for each child. If this happens, cover will continue for the insured person/s and their other children (if any). Once we've accepted two claims, children's cover will end.

## What conditions are covered by critical illness cover?

The complete list of conditions we cover is set out opposite and on page 6. These headings are only a guide to what is covered. The full definitions of the critical illnesses covered

and the circumstances in which you can claim are given in our Guide to Critical Illness Cover. These typically use medical terms to describe the critical 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 critical illnesses, you need to have permanent symptoms.

## Critical illnesses covered:

- **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 surgical 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 a 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
- **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 50% of the face or head
- **Total and permanent disability**
- **Traumatic head injury** – resulting in permanent symptoms

### Claims under the mastectomy definition

If you make a valid claim under our mastectomy definition we'll pay out an additional payment of 25% of your chosen sum assured or £25,000, whichever is less. This helps ensure that you have some financial protection against the impact a mastectomy will have on your lifestyle, and also means that your full sum assured is still intact in case you suffer another critical illness. This additional payment won't affect your cover or premium.

**Children are also covered for the conditions listed except for total and permanent disability or any congenital (present at birth), hereditary or pre-existing conditions.**

### Important information for those choosing critical illness cover

We've designed our critical illness cover to tackle the critical illnesses which could severely affect your lifestyle.

However, medical and technological advances mean that traditional views of critical illness are constantly changing. What may once have been classed as a critical illness may no longer meet today's definition. However, the illnesses we cover are consistent with the current view of the medical profession and the Association of British Insurers' list of critical illnesses.

You can check our full definitions of critical illness in our Guide to Critical Illness Cover, which is available on request.

You should always choose the type of cover that best suits your personal circumstances. As well as critical illness cover, we offer other types of products that may be a better choice for you. We can put you in touch with someone who can advise on our products or speak to your financial adviser.

### When won't the plan pay out?

**For all types of cover if:**

- The policy has stopped because you haven't paid your premiums.
- You don't disclose all the relevant information that we ask for when you take out your plan. Please don't assume that we'll write to your doctor, it is your responsibility to

complete the application form accurately. If you don't disclose all relevant information it may mean we cancel your cover.

- A claim is made and the person or people making the claim don't truthfully provide all the information we ask for. If this happens we may not pay your claim and we could cancel your policy.
- The cause of the claim is specifically excluded by any terms we apply to your plan when we accept your application. This will be shown in your policy document.
- You don't tell us if any of the following change between completing the application form and when your plan starts:
  - Medical disclosures
  - Family history
  - Occupation
  - Travel or residence (except holidays)
  - Pastimes
  - Alcohol consumption
  - You start smoking
  - Use of recreational drugs, for example cocaine or heroin. Please note these examples are not intended to be a complete list.

If you don't tell us about any change before your plan starts we may not pay a claim and we could cancel the cover.

- The insured person commits suicide in the first year of the policy.

### For life and critical illness cover

- For critical illness claims, you have an illness that doesn't meet our definition of one of the critical illnesses we cover. For example, we don't cover some types of cancer.
- For critical illness claims, if you live outside any of the following countries for more than 12 months: USA, Canada, Australia, New Zealand, Isle of Man, the Channel Islands or any of the countries that form part of the European Union we reserve the right to decline a claim.
- The claim is for children's critical illness cover and:
  - the condition is **pre-existing**, runs in the family or was present at birth;
  - the symptoms first arose before the child was covered; or
  - the child dies within 14 days of the diagnosis of a critical illness that meets our policy definition.

Further details of what is covered and any standard **exclusions** and restrictions are given in the policy conditions section of the policy document. This is made up of the policy schedule and the OLA (Ordinary Life Assurance) wrap. We provide more information about cover and limits in our Guide to Critical Illness Cover. You can ask us for a copy of this.

We may apply specific **exclusions** when we accept your policy, such as excluding certain critical illnesses, medical conditions or pastimes. If so, we'll show them in your policy schedule under policy condition 1.

## What other options are available?

Some of the following benefits are optional. If required, you must choose them at the start of the plan, and there may be an additional cost. We'll show full details of any extra benefits in your policy document. Your [personal illustration](#) shows any options or benefits included in your plan and their cost. For full details please call us on 0800 027 1972. We may record and monitor calls.

### Waiver of premium benefit

This benefit pays your premiums if you're in gainful employment and you're too ill to undertake your normal occupation for six months or more due to incapacity caused by illness or injury. Although you'll have to pay your premiums at first, after 26 weeks of incapacity when you can't work, we'll waive your premiums. Terms and conditions apply. If you're not in gainful employment, you don't have to pay your premiums after 26 weeks, if your illness or accident stops you performing three or more functional assessment tests. See the definitions of these tests opposite.

We'll continue to waive premiums until the first of the following events:

- you're fit to return to work;
- you reach the end of your policy;
- you no longer fulfil the definition of incapacity; or
- you die.

**Full details are available in your policy document.**

### Total and permanent disability definition under critical illness cover

For plans that include critical illness cover, your plan will pay out if you're totally and permanently disabled. There are two definitions of total and permanent disability – own occupation and functional assessment tests. To find out which [occupation class](#) and definition of total and permanent disability applies to you please ask us.

### Own occupation definition

If your [occupation class](#) is 1 or 2 when you take out the plan, you can choose to take the 'own occupation' definition of total and permanent disability. This means that your plan will pay out if you can't follow your own occupation due to incapacity caused by illness or an accident, and that's likely to remain the case permanently in the opinion of our Chief Medical Officer.

You'll be assessed on the occupation you were following immediately before disability.

However, if you're not in paid employment at the time of a claim, then we'll assess your claim under the 'functional assessment tests' definition (described opposite). You can find full details in your policy document.

### Joint life policies

For joint life policies where one applicant is [occupation class 1](#) or 2 and the other applicant is classified as a [houseperson](#), the definition applied when you take out the policy will be 'own occupation'.

If the person claiming is in paid employment, the 'own occupation' definition will apply. If the person claiming isn't employed, the functional assessment tests definition will apply.

For joint life policies where one applicant is [occupation class 1](#) or 2 and the other applicant is class 3 or 4, the definition applied when the policy is taken out and when you claim, will be the functional assessment tests definition.

### Functional assessment tests definition

This definition applies to anyone in [occupation classes 1](#) or 2 who doesn't choose the 'own occupation' definition, or any other [occupation classes](#), including [houseperson](#).

Under this definition the plan will pay out if, due to illness or accident, you suffer an irreversible mental or physical disability which, in the opinion of our Chief Medical Officer, results in you being permanently unable to carry out at least three of the following functional assessment tests without help.

These tests are as follows:

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

**For all plans you don't need to notify us if you change your occupation during the [term](#) of the plan.**

### Option to increase the amount of cover you have later on during the plan (guaranteed insurability option)

You can increase your level of cover up to certain limits without having to provide further medical evidence. This is your guaranteed insurability option.

You can do this if:

- You get married or enter into a registered Civil Partnership.
- You become a parent.



- You increase your mortgage because you're moving home or undertaking major home improvements.
- Your salary increases due to a new job or promotion.

For your policy to include the guaranteed insurability option, the policy must be accepted [on standard terms and normal rates](#) before your 45th birthday. You must choose to use this option before your 55th birthday (older life for joint life policies).

If you do choose this option we won't ask any more medical questions. A new policy will be issued for the additional amount on the terms and rates that apply at the time. For further details please contact us or speak to your financial adviser.

### Accidental death benefit

Accidental death benefit provides you with accidental death cover while we're processing your application. We provide this cover free of charge and without the need for any underwriting. It'll cover you if you die following an accident. The amount of cover will be the amount of life cover you have applied for or £300,000, whichever is the lowest. The cover will start when we receive a completed application form. It will last for 90 days or until we accept, postpone or decline your application or you notify us that you don't wish to proceed with your application, whichever occurs first. This applies to all plans described in this key features document. In the event of a claim, the benefit will only be paid out once. This will be either under the accidental death benefit or the protection policy itself. No further benefit will be payable. Terms and conditions apply.

### Free cover between exchange and completion

We offer free life cover between exchange of contracts and completion of your property purchase. The amount of free life cover will be your proposed sum assured, the amount of your loan or the proportion of the loan that the policy is designed to cover or £300,000, whichever is the lowest. This applies to all plans described in this key features document.

In Scotland we provide the free cover from when you complete missives for your chosen property until the date of entry.

Cover is for up to 90 days from when you exchange contracts (or, in Scotland, complete missives). To be eligible for this cover, the following conditions must apply:

- you're under 55 when you take out the mortgage (for joint policies this will apply to the older life);
- you've been accepted on standard terms and all terms of acceptance have been complied with;
- the exchange of contracts has taken place;
- no other policies covering the same mortgage can be in force or applied for; and
- your duty of disclosure continues until completion (or date of entry in Scotland).

Once a death benefit has been paid under free cover, no further benefits will become payable.

### SmoothMove

To provide SmoothMove, we've teamed up with Inter Partner Assistance, one of the largest international emergency assistance organisations. If you're taking out cover to protect a new mortgage and are moving house, your cover will include SmoothMove, a 24 hour rescue service.

Included at no extra cost, SmoothMove helps with unexpected hitches on moving day. SmoothMove also covers you for up to three months for domestic emergency repairs and legal advice after you've moved in.

Inter Partner Assistance provides SmoothMove. For full details of SmoothMove, please see the key features and policy terms and conditions of SmoothMove.

Your [personal illustration](#) shows whether any of these options have been included in your plan.

## After the plan starts is there anything I need to do?

If your plan includes critical illness cover or waiver of premium benefit and you move abroad, you should check your policy conditions as your cover may be affected.

## When will my cover start?

You can choose the date on which your plan will start. If you're moving house or taking out a larger mortgage, your mortgage cover normally begins on the same day as your new mortgage.

## Will my payments ever change?

### Life cover

If you choose life cover, we guarantee your premium. This means that your monthly or annual payment will stay the same throughout your plan's [term](#).

### Life and critical illness cover

For life and critical illness cover, you can choose between guaranteed or reviewable premiums. If you choose guaranteed premiums, your payment will stay the same throughout the [term](#) of your plan. If you choose critical illness cover with reviewable premiums your premium is guaranteed for the first five years of the policy. Reviews will be carried out to determine whether the premium will be changed at the fifth anniversary and every five years thereafter. This is to establish whether the premium you're paying is enough to provide the level of cover selected.

At review we'll assess the underlying assumptions relating to the expected future number and timing of claims made for this type of policy.

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

- number of claims we've had;
- number of claims we expect to have and when we expect them to be made;
- insurance industry claims experience; and
- expected impact of future medical advances.

### Your state of health or individual circumstances won't be a factor at review

We'll write to you about the outcome of your premium review and tell you at least three months in advance about the options you have and what action you may have to take. If, after a premium review we recalculate the premium to within 5% of what you're already paying, we won't make any changes. The amount your premium may increase or decrease by, following a review is not limited.

## Options at your premium review

### Your premium reduces or stays the same

If your premium has reduced or stayed the same you don't need to do anything as your direct debit will automatically be updated.

### Your premium increases

If your premium has increased you can choose to:

- accept the increased premium. If you choose this option, your direct debit will automatically be updated; or
- keep your premium the same but reduce your 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 ensure there is sufficient time for us to process your request prior to your review date.

It is important to ensure that the level of cover still meets your needs, as the option you select can't be changed at a later date.

We have a wide range of protection products to suit your needs. If you are unsure whether reviewable premiums are right for you, we can put you in touch with someone who can advise on our products or speak to a financial adviser.

For products with guaranteed premiums, the starting premium maybe more expensive than for similar products with reviewable premiums.

### For all types of cover

Your premium will also change if you:

- increase the amount of cover by exercising your guaranteed insurability option.

Any other alterations you make to your plan may also affect the premiums you pay.

## What happens if I move house?

The plan can move too, and you can increase the cover for a larger mortgage, within certain limits.

## What happens if I move abroad?

We can usually only offer cover to applicants who live in England, Scotland, Wales or Northern Ireland when the policy starts, provided they have no plans to move outside these areas.

### For life cover

If you take out a policy with us and then move abroad later on during the **term** of your plan, your cover will continue as long as you carry on paying your premiums.

### For plans that include critical illness cover

If you live or travel outside any EU country, USA, Canada, Australia, New Zealand, Isle of Man or the Channel Islands for more than 12 months, we reserve the right to decline any claim and we may cancel your policy.

### For waiver of premium

If you live outside any EU country for more than three months we reserve the right to decline any claim and we may cancel your policy.

## What are the charges?

The premium payments shown in your **personal illustration** include all the costs of administration, underwriting, claims and selling.

## What if I'm not sure if this product is suitable for me?

If you have any doubt about whether this product is suitable for you, please contact us or your financial adviser. We can only advise on our own life assurance and investment products.

## Making a claim

If you or your representatives need to make a claim, please write to us at:

Claims Department

Legal & General Assurance Society Limited

City Park, The Drove, Hove, East Sussex BN3 7PY

When we receive notification of a claim, we'll send you or your representatives a claim form to complete and return to us. We may ask you to provide us with certificates or other evidence that we need.

For critical illness claims and/or waiver of premium claims, we may ask you to have a medical examination. To make a valid 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 is appropriate to the cause of the claim; and
- who is accepted by our Chief Medical Officer.

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

## Apply by phone

To apply simply call us on **0800 027 1972** and take advantage of our telephone application process. We may record and monitor calls.

To enable us to process your application quickly and smoothly, please ensure that:

- you have read the enclosed declaration;
- you have your bank details to hand;
- you know your doctor's name, address and telephone number; and
- if you are applying for joint cover, both applicants are present.

## We're here to help

### To apply

If you have any queries about your quote, or if you would like a new quote please call us on

**0800 027 1972**

### Already applied

If you have a query about an application you've already submitted please call us on

**0370 051 5013**

### Existing customers

If you've already got life cover with us and have a query or wish to change any of your details please call us on

**0370 010 4080**

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

# Further information

## Your cancellation rights

After we've accepted your application, we'll send you notice of your right to cancel. We have to do this by law. You can cancel up to 30 days from then by sending the notice back to us at:

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

We'll then cancel your plan. If you do this, we'll refund any premiums you've paid.

If you don't take this opportunity to cancel and you want to do so at a later stage, you will not get any money back. If you want to cancel at a later stage, please write to the address above.

## Complaints

If you wish to complain about the service you've received from us, or you'd like us to send you a copy of our internal complaint handling procedure, please contact our helpdesk on 0370 010 4080. We may record and monitor calls. Call charges will vary.

Alternatively you can write to us at:

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

If you're still dissatisfied, you can take your complaint to:

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

Telephone: 0845 080 1800  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Making a complaint won't affect your legal rights.

## Law

English law governs this contract.

## Language

We will communicate in English throughout the **term** of this contract. The terms and conditions and all communications will only be available in English. All communications from us will normally be by letter or telephone.

## The Financial Services Compensation Scheme (FSCS)

The Financial Services Compensation Scheme (FSCS) is designed to pay customers compensation if they lose money because a firm is unable to pay them what they owe for any reason. Your ability to claim from the scheme and the amount you may be entitled to will depend on the specific circumstances of your claim. Most customers, including most individuals and small businesses, are covered by the scheme. You can find out more about the FSCS (including amounts and eligibility to claim) by visiting its website [www.FSCS.org.uk](http://www.FSCS.org.uk) or calling 0800 678 1100.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or if these are not possible, provide compensation. FSCS compensation covers payment up to 90% of the value of the claim per firm. There is no upper financial limit on the claim. However, the rules of the FSCS may change and the FSCS may take a different approach on the application of these rules to a firm depending on the circumstances of the failure of that firm.

## 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 [www.fsa.gov.uk/register/](http://www.fsa.gov.uk/register/) or telephone them on 0300 500 5000 or 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.

## 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 get a copy by writing to: The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ.

# Glossary

**Cash in value** – certain plans have a ‘cash in value’ which means that you receive some money back if you cancel your plan.

**Exclusions** – if we apply an exclusion to your policy this means we won’t cover you for a particular condition. If you’re disabled or incapacitated due to this condition you won’t be able to make a claim.

**Houseperson** – the occupation class applied when you’re not in paid employment.

**Occupation class** – the category we apply to your job for underwriting purposes.

**Personal illustration** – this is the document that details the exact plan, your premium and the options you’ve chosen.

**Pre-existing conditions** – a pre-existing condition is any medical condition, disorder or handicap from which a child is already suffering, from 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.

**Standard terms and normal rates** – where no individual exclusions or premium increases are applied to your plan.

**Term** – how long your plan lasts.

**Underwrite** – the process your application goes through to allow us to assess any risks and to decide how much your premiums will be.

## 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 plan schedule and the policy document. You should get expert advice about the legal and tax information in this document.

Legal & General Assurance Society Limited,  
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Registered office: One Coleman Street, London EC2R 5AA.  
This is also our head office in the United Kingdom.  
A member of the Association of British Insurers

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

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