INCOME PROTECTION BENEFIT

POLICY TERMS AND CONDITIONS.
# CONTENTS

1. **DEFINITIONS EXPLAINED**  
   1. DEFINITIONS EXPLAINED  

2. **INTRODUCTION**  
   2. INTRODUCTION  

3. **COVER PROVIDED**  
   3. COVER PROVIDED  
   3.1 Who is covered  
   3.2 Period of cover  
   3.3 Incapacity and eligibility to claim  
   3.4 When the monthly benefit is payable  
   3.5 Cover for the Low Cost Option  
   3.6 Cover for Stepped Benefit  
   3.7 Cover for Hospitalisation Benefit  
   3.8 Cover payable upon death (Life Cover)  

4. **EXCLUSIONS – WHEN WE WILL NOT PAY A CLAIM**  
   4. EXCLUSIONS – WHEN WE WILL NOT PAY A CLAIM  

5. **DEFINITIONS OF INCAPACITY (DEFINITION TO BE MET FOR A VALID CLAIM)**  
   5. DEFINITIONS OF INCAPACITY (DEFINITION TO BE MET FOR A VALID CLAIM)  
   5.1 Introduction  
   5.2 Incapacity definition: Own occupation  
   5.3 Incapacity definition: Activities of Daily Living  
   5.4 Activities of Daily Living test for incapacity  

6. **INDEXATION**  
   6. INDEXATION  
   6.1 Notification of an increase  
   6.2 Increase limits for your monthly benefit  
   6.3 How your premium will increase  
   6.4 Your options  

7. **PREMIUMS**  
   7. PREMIUMS  
   7.1 Paying your premiums  
   7.2 If you don’t pay your premiums  
   7.3 Premium payment during your deferred period  
   7.4 Premium payment whilst you are receiving the monthly benefit  

8. **MAKING A CLAIM**  
   8. MAKING A CLAIM  
   8.1 Notifying us of a claim  
   8.2 Assessing your claim  

9. **PAYMENT OF CLAIMS**  
   9. PAYMENT OF CLAIMS  
   9.1 Maximum monthly benefit payable  
   9.2 Income Guarantee  
   9.3 Overall maximum benefit  
   9.4 If you are a houseperson at the point of incapacity  
   9.5 Linked Claims  
   9.6 Continuous Cover  
   9.7 Proportionate Benefit  
   9.8 Conditions
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. CHANGING YOUR POLICY</td>
<td>12</td>
</tr>
<tr>
<td>10.1 Guaranteed Insurability Option</td>
<td></td>
</tr>
<tr>
<td>10.2 Other changes you can make to your policy</td>
<td></td>
</tr>
<tr>
<td>10.3 Additional condition for Low Cost Option policies</td>
<td></td>
</tr>
<tr>
<td>11. GENERAL CONDITIONS</td>
<td>13</td>
</tr>
<tr>
<td>12. HOW TO...</td>
<td>14</td>
</tr>
<tr>
<td>12.1 Contact us</td>
<td></td>
</tr>
<tr>
<td>12.2 Cancel this policy</td>
<td></td>
</tr>
<tr>
<td>12.3 Make a complaint</td>
<td></td>
</tr>
<tr>
<td>13. THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)</td>
<td>15</td>
</tr>
</tbody>
</table>
Deferred period(s)
The number of consecutive weeks of incapacity during which no monthly benefit is payable and which must pass before any monthly benefit is paid. The deferred period is shown in your Policy Schedule.
If stepped monthly benefit applies to your policy, the lower monthly benefit will be payable during the time between expiry of the 1st and expiry of the 2nd deferred periods. After the 2nd deferred period has expired, the higher monthly benefit will be payable.

Earnings
Your earnings in respect of your gainful employment or your gainful self-employment.

Employed earnings
- Pre-tax earnings for PAYE assessment purposes earned in the 12 months before incapacity as detailed on your P60 or previous 12 months’ pay slips.
- P11D benefits provided that they are not paid during any period of incapacity.
- Dividends from a private limited company (if applicable) where you are in gainful employment and they:
  - represent your share in the net trading profit, and
  - are not paid during any period of incapacity.

Exclusions
What you are not covered for as shown in your Policy Schedule and in section 4 in these policy terms and conditions.

Fixed end date
The date that cover under this policy will end.

Gainful Employment and Gainfully Employed
Working for at least 16 hours per week under a written contract of employment and receiving a salary or wage.

Gainful Self-Employment and Gainfully Self-Employed
Working for profit for at least 16 hours per week (either alone or with others) and being liable to pay Income Tax and/or National Insurance Contributions.

Gross income
Your income before tax is deducted.

Houseperson
You will be deemed a houseperson for the purposes of these terms and conditions if you do not meet our definition of gainful employment or gainful self-employment.

Incapacity and Incapacitated
Your inability, caused by illness or injury, to carry out your gainful employment or gainful self-employment. If you are a houseperson your inability to carry out three of the Activities of Daily Living as set out in section 5.3.

Life assured
The person who is named as the life assured under this policy as shown in the Policy Schedule.

Monthly benefit(s)
The benefit amount as shown in the Policy Schedule, which may differ at the time of making a valid claim.

Occupation
Any trade, profession or type of work resulting in a salary or wage if employed, or for profit or reward if self-employed. It is not specific to any particular employer or job description.

Our, us or we
Legal & General Assurance Society Limited.

Policy
This policy issued by us, which consists of these terms and conditions and the Policy Schedule.

Policy anniversary date
The anniversary of the policy date.
Policy date
The start date of this policy, as shown in your Policy Schedule.

Policy Schedule(s)
The schedule which shows the cover that you have and forms part of this policy.

Premium(s)
The amount you pay to us for this policy as shown in your Policy Schedule.

Retail Prices Index (RPI)
The RPI provides an indication of inflation on a monthly basis. It measures and tracks the average change in the purchase price of goods and services such as housing expenses and mortgage interest payments.

Statutory maternity, paternity or adoption leave
The duration of statutory leave as set out and defined by government regulation.

Self-Employed earnings
For the purpose of this policy, self-employed earnings means:
• Evidence of your share of the annual pre-tax profit. This is the total income from the business less any expenses from running that business as permitted under HMRC guidelines.
• If you are self-employed for three years or more, we will calculate your yearly earnings based on your average annual pre-tax profit over three complete years prior to incapacity.
• If you are self-employed for less than three years, we will calculate your yearly earnings based on your average annual pre-tax profit during the period of self-employment prior to incapacity.

You and Your
The person named as the life assured on the Policy Schedule.
3 COVER PROVIDED

3.1 Who is covered
The life assured is covered.

3.2 Period of cover
The period from the policy date to the fixed end date.

3.3 Incapacity and eligibility to claim
Section 5 sets out a number of definitions of incapacity. This is based on the information you supplied in your application.

We won’t consider a claim that arises solely from the normal effects of pregnancy. Complications of pregnancy and/or childbirth which lead to your incapacity are covered by your policy. This will need to be diagnosed and confirmed to us by your doctor or medical consultant.

3.4 When the monthly benefit is payable
If you meet our definition of incapacity, the monthly benefit will be payable in arrears, following your chosen deferred period. The monthly benefit will be paid up to the fixed end date or, if you have the Low Cost Option (as set out in your Policy Schedule), up to the end of the maximum claim period as outlined in section 3.5. The monthly benefit payable will be subject to any conditions outlined in section 9.

3.5 Cover for the Low Cost Option
If the Low Cost Option applies to your policy as shown in your Policy Schedule, then the following will apply:

We will pay the monthly benefit for a combined total of five years under this policy. This period does not need to be consecutive. This includes any payments we make under Hospitalisation Benefit (see section 3.7). Once this five year, maximum claim period has been reached, this policy will end and we will stop paying the monthly benefit and will not collect any more premiums.

3.6 Cover for Stepped Benefit
If a stepped monthly benefit applies to your policy as shown in your Policy Schedule, you will have two deferred periods and two levels of monthly benefit. You will have chosen these when you applied for the policy and they will be set out in your Policy Schedule, detailed as the 1st deferred period and the 2nd deferred period. If this is the case, then the following will apply:

• If you are incapacitated, we will pay you the lower monthly benefit at the end of the 1st deferred period.

• If you continue to be incapacitated, the monthly benefit will increase at the end of the 2nd deferred period and we will pay you the higher monthly benefit instead of the lower monthly benefit.

The monthly benefit is subject to the maximum benefit limits as specified in section 9.

The stepped monthly benefits should be set up for no more than the difference between your maximum monthly benefit and your continuing monthly net income. For the purpose of this policy, continuing income includes any income payable from:

• an employer such as sick pay,

• a business including dividends,
• investments if this was taken into account in determining your maximum monthly benefit level, and
• a pension, ill-health early retirement scheme or regular payments to which you would be entitled from any other insurance policies due to the same incapacity to which any claim under this policy relates. For this purpose you should take into account payments made direct to a lender on your behalf, for example payments under a mortgage payment or credit protection policy.

This specifically excludes:
• income from savings.

3.7 Cover for Hospitalisation Benefit
You become eligible for Hospitalisation Benefit if, as a direct result of your incapacity, you spend at least seven consecutive nights in hospital during the deferred period.

The benefit payable is one thirtieth of your monthly benefit for each night you stay in hospital up to a maximum of £150 per night. We will pay this from the 8th day following seven consecutive nights in hospital until the earliest of:
• Leaving hospital,
• The end of the deferred period,
• The end of the 13th week of stay,
• The fixed end date, or
• Your death.

If you chose the Low Cost Option as shown in your Policy Schedule, we will pay the Hospitalisation Benefit until the earliest of:
• Leaving hospital,
• The end of the deferred period,
• The end of the 13th week of stay,
• The fixed end date,
• Your death, or
• You reaching the end of the maximum claims period as specified in section 3.5.

If a stepped monthly benefit applies to your policy as shown in your Policy Schedule, Hospitalisation Benefit will be based on the lower monthly benefit.

3.8 Cover payable upon death (Life Cover)
If you die before the fixed end date we will pay life cover equal to the annual premium if premiums are paid annually, or 12 monthly premiums if premiums are paid monthly.

This is a single payment based on the premiums applicable to your policy immediately prior to your death. Once we have made this payment your policy will end.

4 EXCLUSIONS – WHEN WE WILL NOT PAY A CLAIM
We won’t pay the monthly benefit or Hospitalisation Benefit for incapacity arising from or being aggravated by:
 a) Alcohol and/or solvent abuse, or the taking of drugs (unless these drugs were prescribed by a registered doctor in the UK), or
 b) Any other exclusions we have specified in the Policy Schedule.

Should you become incapacitated during the final 12 months of the policy, no monthly benefit will be payable if the deferred period ends after the fixed end date.
5 DEFINITIONS OF INCAPACITY (DEFINITION TO BE MET FOR A VALID CLAIM)

5.1 Introduction
To claim for the monthly benefit you will need to meet one of the incapacity definitions listed below (this may be different to the incapacity definition shown in your Policy Schedule).

5.2 Incapacity definition: Own occupation
If you are in gainful employment or gainful self-employment at the time of incapacity we will consider you to be incapacitated once we have assessed your claim as set out in section 8.2 and are satisfied that you have no capacity for working in your own occupation, on any basis, as a direct result of your injury or illness.

5.3 Incapacity definition: Activities of Daily Living
If you are a houseperson at the time of incapacity we will consider you to be incapacitated once we have assessed your claim as set out in section 8.2 and are satisfied that you are unable to undertake at least three of the tasks from the activities list in section 5.4 for a sustained period and as a direct result of your incapacity.

5.4 Activities of Daily Living test for incapacity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Walking</td>
<td>The ability to walk more than 200 metres on a level surface.</td>
</tr>
<tr>
<td>Climbing</td>
<td>The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.</td>
</tr>
<tr>
<td>Lifting</td>
<td>The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.</td>
</tr>
<tr>
<td>Bending</td>
<td>The ability to bend or kneel to touch the floor and straighten up again.</td>
</tr>
<tr>
<td>Getting in and out of a car</td>
<td>The ability to get into a standard saloon car, and out again.</td>
</tr>
<tr>
<td>Writing</td>
<td>The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.</td>
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6 INDEXATION

If indexation benefit is shown in your Policy Schedule, the monthly benefit will increase in line with changes in inflation on each policy anniversary date with no need for further medical evidence. The premium will also increase in the event of the monthly benefit increasing.

The monthly benefit, including any increases already made, will increase in line with the change in the Retail Prices Index (RPI) over a 12 month period.

If for some reason the RPI cannot be used, we will use an index comparable to the RPI instead.

6.1 Notification of an increase
We will write to you at least three months before the policy anniversary date to tell you what the increase in the monthly benefit and premium will be.

6.2 Increase limits for your monthly benefit
If the change in RPI is less than or equal to 1%, we will not increase your monthly benefit.
If the change in RPI is more than 10%, we will only increase your monthly benefit by 10%.

6.3 How your premium will increase
Your premium will increase at a different rate to your monthly benefit because it’s indexed in line with the change in RPI multiplied by 1.5, which takes into account the fact that the likelihood of claiming increases as you get older. This is subject to a maximum increase of 15%. If there’s been no change to your monthly benefit then there’ll be no change to your premium.
6.4 Your options
6.4.1 Accept the increase
If you choose to accept the increase you do not need to take any action. We will increase the monthly benefit and the premium and your direct debit will automatically be updated.

If your monthly benefit increases above the maximum allowed by your employed earnings or self-employed earnings as outlined in 9.1, or for a houseperson as outlined in 9.4, then the monthly benefit may be more than we will pay out if you make a claim.

6.4.2 Decline the increase
When we notify you of an increase, we will give you the option to decline it. To do this, you must complete and return the form enclosed with the letter we send you by the date shown.

If you choose to decline the increase to the monthly benefit and premium, then the indexation benefit will be withdrawn and you will not be given the option to increase the monthly benefit in the future.

7 PREMIUMS
7.1 Paying your premiums
Premiums are due from the policy date and paid monthly or annually as shown in your Policy Schedule. Premiums are payable up to, but not including, the fixed end date.

7.2 If you don’t pay your premiums
We are entitled to cancel this policy if any premiums are not paid within 30 days of their due date. If we decide to cancel this policy, we will notify you in writing and the policy will end, you won’t need to pay any further premiums and you won’t be able to claim any benefits under the policy. We won’t refund any premiums you have already paid.

7.3 Premium payment during your deferred period
You must continue to pay premiums during your deferred period (for Stepped Benefit the 1st deferred period) and whilst we are processing your claim. We will tell you when you no longer need to pay premiums and then arrange for these to be suspended while we pay your monthly benefit. We will return any overpaid premiums to you. If you don’t continue to pay premiums during your deferred period, you won’t be able to claim a monthly benefit at the end of the deferred period.

7.4 Premium payment whilst you are receiving the monthly benefit
We will stop taking premiums whilst you are being paid the monthly benefit.

8 MAKING A CLAIM
8.1 Notifying us of a claim
If you need to make a claim under this policy, please let us know using our claims contact details in section 12.1.

You must notify us:
• within two weeks of the start of incapacity if your Policy Schedule shows you have a four week deferred period, otherwise
• within four weeks of the start of the incapacity.

If you unreasonably delay in telling us of a claim the deferred period may be deemed to have started not more than four weeks before the date that we were notified of a claim.

You must not be working in any occupation during the deferred period and whilst the monthly benefit is being paid.

8.2 Assessing your claim
We will need some information from you such as details of your incapacity.

We will also request any relevant financial information, such as proof of your earnings and medical consent from you to allow us to contact the doctor(s) treating you throughout the period of incapacity. When we have received all forms and your medical consent, we will request medical information from your doctor so we can consider your claim. If you are in gainful employment we will request your consent to allow us to obtain information relevant to your claim from your employer.

If we accept your claim we will start your monthly benefit payments at the end of the deferred period and will pay them monthly in arrears.
9 PAYMENT OF CLAIMS

The monthly benefit payable in the event of a valid claim is subject to the restrictions as set out in this section.

9.1 Maximum monthly benefit payable

We will limit your monthly benefit payment as follows:

a) If you are gainfully employed at the point of incapacity

The total amount of monthly benefit payable in any one year will be limited to 60% of your yearly employed earnings up to, and including, £30,000 plus 50% of your employed earnings over £30,000,

b) If you are gainfully self-employed at the point of incapacity

The total amount of monthly benefit payable in any one year will be limited to 60% of your total yearly self-employed earnings up to, and including, £30,000 plus 50% of your yearly self-employed earnings over £30,000. If you were self-employed for 12 months or less, we will limit your total monthly benefit to 35% of your yearly earnings at the point of incapacity.

Whether you are gainfully employed or gainfully self-employed at the point of incapacity, the total monthly benefit limit includes the following sources of continuing income:

- 60% of any gross income from an employer such as sick pay,
- 60% of any gross income from a business including dividends, received from a private business to represent your share in net trading profit,
- 60% of any gross income from investments if this was taken into account by us in determining your earnings for the monthly benefit level,
- 60% of gross income from any pension or ill-health early retirement schemes due to the incapacity to which any claim under this policy relates, and
- any regular payments to which you are entitled from any other insurance policies due to the incapacity to which any claim under this policy relates. For this purpose we will take into account payments made direct to a lender on your behalf, for example payments under a mortgage payment or credit protection policy.

This specifically excludes:

- any income from savings.

The earnings we use for assessment relates to your earnings immediately before your incapacity.

The benefit we pay may affect your claim to some means-tested state benefits. Any employment related non-means tested state benefits (such as contributory Employment and Support Allowance (ESA) and Statutory Sick Pay) will not be deducted from the monthly benefit.

9.2 Income Guarantee

Your monthly benefit at claim is calculated based on your earnings immediately before you were incapacitated, not your earnings at the start of your policy. This could mean that if your earnings go down, you may not receive what you asked for. The Income Guarantee is in place to ensure the monthly benefit we pay you, plus any continuing income you receive whilst incapacitated, provides you with the chosen monthly benefit as stated in your Policy Schedule, subject to a limit of £1,500.

We will base the Income Guarantee on the lower of £1,500 per month or your chosen monthly benefit at the start of your policy even if your earnings at the time of claim do not support this level of monthly benefit. If you are a houseperson at the time of your incapacity you will not qualify for the Income Guarantee.

Other sources of continuing income you receive whilst incapacitated, as listed in section 9.1, will be deducted from the monthly benefit stated in your Policy Schedule, or the maximum monthly benefit at the time of claim, whichever is greater.

If the chosen monthly benefit was more than £1,500 per month and the maximum monthly benefit at claim is less than £1,500 per month, any continuing income will be deducted from the Income Guarantee (which is £1,500).

As your continuing income reduces, or comes to an end, the monthly benefit payable during the claim will increase up to but not exceeding the Income Guarantee, including any increases already made due to indexation.

9.3 Overall maximum monthly benefit

The overall maximum monthly benefit is subject to a limit of £200,000 a year whether section 9.1 a) or section 9.1 b) applies. This maximum limit includes the continuing income listed in section 9.1.

The maximum monthly benefit if you choose the Indexation Option is £8,333.33 per month (up to a maximum of £100,000 per year).
9.4 If you are a houseperson at the point of incapacity
We will limit the total amount payable in any one year to the lower of 12 times the monthly benefit or £1,666.67 per month, less any continuing income you receive whilst incapacitated as listed in section 9.1.

9.5 Linked Claims
If, within 12 months from the date that you return to your occupation, you become incapacitated again from the same or a related cause, we will consider this a linked claim and will not apply the deferred period. This means we will start payment of the monthly benefit immediately, subject to any restrictions we have explained in this policy.

9.6 Continuous Cover
Should you become incapacitated during:
- a period of not being gainfully employed or gainfully self-employed, you will be entitled to receive the lower of the monthly benefit or £1,666.67 per month. We will pay this if you meet the definition of incapacity as described under section 5.3 for the duration of your incapacity.

If you return to gainful employment or gainful self-employment, your definition of incapacity will return to the definition shown in your Policy Schedule.

- any period of statutory maternity, paternity or adoption leave, you will be entitled to receive the monthly benefit provided you are in gainful employment or gainful self-employment immediately before taking this statutory maternity, paternity or adoption leave. The definition of incapacity used will be Own Occupation as stated in your Policy Schedule.

9.7 Proportionate Benefit
If you return to gainful employment or gainful self-employment on a lower level of earnings than you received immediately before your incapacity, directly as a result of your incapacity, the proportionate monthly benefit will be payable.

The Proportionate Benefit will be equivalent to the reduction in your earnings compared to your earnings in the 12 months before incapacity.

To be eligible for Proportionate Benefit you must have received monthly benefit due to incapacity before resuming gainful employment or gainful self-employment on reduced earnings.

9.8 Conditions
For us to make the monthly benefit payments, you must be under regular and appropriate medical treatment as agreed with your treating doctor(s) for the condition that you are claiming for and must comply with the treatment recommendations. This may include:
- medication,
- physiotherapy, and/or
- taking part in a rehabilitation programme, counselling or therapy.

We may also request that you:
- attend medical examinations,
- supply information relating to your incapacity,
- be available, if required, to meet with an appointed representative at your home for an interview in respect of the claim,
- undergo medical investigations (including blood tests), and/or
- produce medical and financial evidence in order to support the claim.

The claim will be reviewed on both medical and financial grounds on a regular basis. If you don’t provide the evidence we ask for we may stop your monthly benefit payments.

The monthly benefit will be paid one month in arrears following the end of the deferred period and at monthly intervals until the earliest of:
- the end of your incapacity,
- the fixed end date, or
- your death.

If you chose the Low Cost Option as shown in your Policy Schedule, the monthly benefit will be paid one month in arrears following the end of the deferred period and at monthly intervals until the earliest of:
- the end of your incapacity,
- the fixed end date,
- you have reached the end of the maximum claims period as specified in section 3.5, or
- your death.
10.1 Guaranteed Insurability Option
If the Guaranteed Insurability Option applies to your policy as shown in your Policy Schedule, you have the option of increasing the monthly benefit, without providing further medical evidence. This option can only be used a maximum of three times per policy.

10.1.1 When can you use the Guaranteed Insurability Option?
You can use the Guaranteed Insurability Option:
a) if you receive an increase of earnings due to change of employment or promotion,
b) if you increase your mortgage, or
c) on every third policy anniversary date.
This option must be used within six months of the event and if we request relevant documents evidencing events a) and b) stated above, you must provide them to us.

10.1.2 The amount the monthly benefit can increase by
For all increases, the monthly benefit may only be increased on each occasion by up to 50% of the original monthly benefit as shown in your Policy Schedule, subject to a maximum of £833.33 per month. This is providing the monthly benefit does not exceed the maximum allowed as set out in section 9.

10.1.3 How we provide cover for an increase
If you use this option we will set up an additional policy in respect of the increase, which will:
• not contain a Guaranteed Insurability Option,
• not extend beyond your 70th birthday or the fixed end date of this policy whichever is earliest,
• not provide index linked benefits if indexation was not chosen at outset or if indexation has been declined by you at any policy anniversary date (further details of Indexation are set out in section 6), and
• not have a deferred period shorter than the deferred period of this policy.
If the Stepped Benefit option applies to your policy as shown in your Policy Schedule, the first deferred period of the new policy will not have a 1st deferred period shorter than this policy.
The additional policy will be subject to our premiums, terms and conditions for such policies at the time the additional policy is issued.
In circumstances where we no longer offer Income Protection Benefit at the time you wish to use this option, we will offer you a reasonable available alternative.

10.1.4 When this option is not available
This option will not be available to you:
• after your 50th birthday,
• if a valid claim has been made,
• if you are currently incapacitated as defined in section 5.

10.2 Other changes you can make to your policy
You can request any of the following changes to your policy:
• Extend or reduce the fixed end date,
• Decrease the monthly benefit,
• Increase or decrease the deferred period, or
• Change the frequency of your premiums between annually and monthly.
If you request any of the above changes we may require:
a) Your consent to the changes by completing and returning an Income Protection Benefit plan amendment form issued by us. This includes a short questionnaire about your health and medical history.
b) You to complete a full application form in order to make the changes to your policy, if you answer ‘yes’ to any of the questions in the Income Protection Benefit plan amendment form.
If we undertake a full medical and lifestyle assessment, depending on the answers provided, there may be circumstances where we may not be able to offer cover to you.
You may have to provide us with any documents needed to reasonably support your request.
We will confirm if the change you have requested means this policy has to be cancelled and a new policy issued, which may have different terms and conditions.
Any changes you make may affect the premiums that are payable.
We will confirm the change you have made in writing.
10.3 Additional condition for Low Cost Option policies
If the Low Cost Option applies to your policy as included in your Policy Schedule, the new policy issued as a result of any alterations requested under section 10, will not have a maximum benefit payment period longer than this policy.

11 GENERAL CONDITIONS

11.1 This policy is between you and us, and you may not assign, transfer, mortgage, charge or deal in any other manner with the benefit of the policy (in whole or in part).

11.2 During the application process we will ask you questions about your personal circumstances and we may request additional information from you in order to make an assessment and offer you a policy. You are required to answer all of our questions honestly and accurately.

a) If you (or an agent acting on your behalf) deliberately or recklessly provide inaccurate information we are entitled to cancel this policy and refuse to pay the monthly benefit. In these circumstances we may not refund any premiums you have already paid.

b) If you (or an agent acting on your behalf) provide inaccurate information through carelessness, we are entitled to amend the policy to reflect the terms that would have been offered had the accurate information been known. In these circumstances:
   i. if we would not have issued your policy had the accurate information been provided, we are entitled to cancel your policy, however we will refund any premiums you have already paid;
   ii. if we would have issued your policy on different terms and conditions (other than those relating to premiums) had the accurate information been provided, we may make changes to your policy as if it had been issued on the different terms and conditions;
   iii. in addition, if we would have issued your policy with higher premiums had the accurate information been provided, we may reduce the monthly benefit to reflect the higher premiums that would have applied had the accurate information been provided. The following formula will be used in these circumstances:

   \[
   \text{New monthly benefit} = \frac{\text{Premium actually charged}}{\text{Higher premium}} \times \text{original monthly benefit}
   \]

11.3 We can only pay your monthly benefit in sterling to a UK bank account in the UK. We won’t cover the cost of transferring the benefits outside of the UK.

11.4 When giving instructions in relation to any provision of this policy, you should send a copy of the Policy Schedule, clear written instructions and proof of title to this policy, to our principal office, see section 12.1. We will notify you of any other evidence that we may reasonably require.

11.5 If due to incapacity you are unable to sign the claim forms, provided this is supported by medical evidence and any other evidence which we may reasonably request, we may make payments to you without your signature. If payments are to be made to anyone other than you, that person must have a power of attorney to deal with your affairs. We will need to see the original power of attorney before we will pay your monthly benefit to them.

11.6 All rights mentioned in this policy are conferred upon the life assured of this policy, or in the event of the death of the life assured, their successor in title, and the phrases “you” and “your” wherever used should be construed accordingly.

11.7 This policy will remain in force if:
   • you reside in or travel to any part of the countries that form part of the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands, or
   • you reside or travel for up to 12 consecutive months in any other part of the world. However, the monthly benefit provided by this policy will not be payable for more than six calendar months for incapacity while you are outside the countries listed above.

11.8 This policy is governed by English law.

11.9 All communication in relation to this policy will be in English.
12 HOW TO...

12.1 Contact us

If you need to contact us for any reason please use the contact details below. Please quote your policy number as shown in your Policy Schedule when making any enquiries.

<table>
<thead>
<tr>
<th>Phone number</th>
<th>Contact Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>0370 010 4080</td>
<td>Legal &amp; General Assurance Society Limited City Park The Droveway Hove East Sussex BN3 7PY</td>
</tr>
<tr>
<td>0800 027 9830</td>
<td></td>
</tr>
<tr>
<td>0370 010 4080</td>
<td>Legal &amp; General Assurance Society Limited Knox Court 10 Fitzalan Place Cardiff CF24 0TL</td>
</tr>
</tbody>
</table>

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

12.2 Cancel this policy

You can cancel your policy at any time. Once this policy starts we will send you a notice of your right to cancel. If you cancel this policy within 30 days of receiving both the notice and this policy, we will refund any premiums you’ve paid. If you cancel your policy after 30 days, you will not get any money back and this cover will end. No further monthly benefits or premiums will be payable.

12.3 Make a complaint

If you wish to complain about the service you’ve received from us, or you would like us to send you a copy of our internal complaint handling procedure, please contact us using the contact details under section 12.1. If you remain dissatisfied, you can complain to:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone:
- 0800 023 4567
- 0300 123 9 123

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

Making a complaint will not affect your legal rights.
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 policy to be maintained. They may arrange for your policy 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.

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.