This pocket contains your policy schedule. You should read this in conjunction with the printed policy terms and conditions. Please keep these documents in a safe place. This pocket contains your policy schedule.
TERM ASSURANCE AND CRITICAL ILLNESS COVER – POLICY TERMS AND CONDITIONS

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

Permanent
Expected to last throughout the insured person’s life, irrespective of when the cover ends or the insured person retires.

Permanent neurological deficit with persisting clinical symptoms
Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured persons life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

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

Policy expiry date
The date that cover under this policy will end, as shown in your policy schedule.

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

Policy start date
The start date of this policy, as shown in your policy schedule.

Pre-existing condition
A pre-existing condition is any medical condition, disorder or handicap from which a child is already suffering before the latest of:
- the date the policy is issued,
- the 30th day after the child’s birth,
- for legally adopted children, the date of adoption.

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

Principal office
Our principal office is:
City Park
The Droveaway
Hove
East Sussex
BN3 7PY

Product
The type of cover, as shown in your policy schedule.

Relevant child
A natural child, legally adopted child (from the date of adoption) or stepchild of the life assured, while such a child is aged more than 30 days and less than 18 years during the term of the policy.

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

Successor in title
The person(s) legally entitled to the life assured’s estate upon the death of the life assured.

Sum assured
The amount of Term Assurance and Critical Illness Cover, as shown in your policy schedule. If reviewable premiums are included in your policy schedule, this amount may change as described in section 7.3.
If decreasing cover was chosen, the table in your policy schedule will show how the amount of Term Assurance and Critical Illness Cover decreases.

You or your
The policyholder(s) of the policy who is/are legally entitled to receive the sum assured and shown as the “grantee” in the policy schedule. This may include trustee(s), assignee(s) or personal representative(s) (where appropriate) and may be the same person(s) as the life assured.
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1 INTRODUCTION

This policy sets out your contract with us and should be kept in a safe place. Words that appear in blue bold are explained in section 11.

This policy consists of:
- the policy schedule and
- these policy terms and conditions.

2 MAIN COVER

The main cover provided by this policy is:
- Life Cover, and
- Critical Illness Cover.

We will pay the sum assured if the life assured:
- dies or,
- is diagnosed with a critical illness as defined in section 3,

whichever occurs first, on or after the policy start date and on or before the policy expiry date.

2.1 Who is covered?

The life assured is covered.

2.2 How much cover is provided?

The amount of cover provided is the sum assured as shown in the policy schedule.

2.3 How long does this cover last?

This cover starts on the policy start date and ends on:
- the payment of the sum assured, or
- if no sum assured becomes payable, the policy expiry date.

Once this policy ends, no further benefits or premiums will be payable.

2.4 How is the sum assured paid?

The sum assured is paid as a lump sum unless otherwise shown in the policy schedule.

2.5 When is the sum assured payable?

The sum assured is payable on the death or diagnosis with a critical illness of the life assured, or for a joint life policy, when the first of the lives assured dies or is diagnosed with a critical illness.

2.6 Who is the sum assured paid to?

The sum assured is paid to you or your successors in title.

2.7 Exclusions

We will not pay the sum assured:

a) In any circumstances that are shown under the exclusions section in your policy schedule.

b) If within the first year of this policy the life assured commits suicide, in which case this policy will be void. This condition will not apply where a mortgage lender is legally entitled to the proceeds of this policy, in which case we will pay the mortgage lender the lower of:

   i) the benefits payable under this policy; and
   ii) the amount the mortgage lender is legally entitled to.
## 3 CRITICAL ILLNESS COVER

If the **life assured** both contracts and is diagnosed with a critical illness as defined below, on or after the **policy start date** and on or before the **policy expiry date**, the **sum assured** will be payable. This cover is subject to the following condition:

- The contraction and diagnosis of a critical illness must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism we reasonably consider is appropriate to the critical illness.

Under certain circumstances, **we** will allow verification in other countries. **We** will act reasonably when exercising **our** discretion to allow verification in another country.

<table>
<thead>
<tr>
<th>Critical Illness</th>
<th>Definition</th>
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<tr>
<td><strong>Alzheimer’s Disease</strong> – resulting in permanent symptoms</td>
<td>A definite diagnosis of Alzheimer’s disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following: - remember; - reason; and - perceive, understand, express and give effect to ideas. For the above definition, the following is not covered: - Other types of dementia.</td>
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<tr>
<td><strong>Aorta Graft Surgery</strong> – requiring surgical replacement</td>
<td>The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. For the above definition, the following is not covered: - Any other surgical procedure, for example the insertion of stents or endovascular repair.</td>
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<tr>
<td><strong>Aplastic Anaemia</strong> – with permanent bone marrow failure</td>
<td>A definite diagnosis of Aplastic Anaemia by a Consultant Haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.</td>
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<td><strong>Bacterial Meningitis</strong> – resulting in permanent neurological deficit with persisting clinical symptoms</td>
<td>A definite diagnosis of Bacterial Meningitis resulting in permanent neurological deficit with persisting clinical symptoms. For the above definition, the following is not covered: - All other forms of meningitis other than those caused by bacterial infection.</td>
</tr>
<tr>
<td><strong>Benign Brain Tumour</strong> – resulting in either surgical removal or permanent symptoms</td>
<td>A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in either surgical removal or permanent neurological deficit with persisting clinical symptoms. For the above definition, the following are not covered: - Tumours in the pituitary gland. - Angiomas.</td>
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<tr>
<td>Condition</td>
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<td><strong>Blindness – permanent and irreversible</strong></td>
<td>Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.</td>
</tr>
</tbody>
</table>
| **Cancer – excluding less advanced cases** | Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma. For the above definition, the following are not covered:  
  - All cancers which are histologically classified as any of the following:  
    - pre-malignant;  
    - non-invasive;  
    - cancer in situ;  
    - having either borderline malignancy; or  
    - having low malignant potential.  
  - All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.  
  - Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.  
  - Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin). |
| **Cardiomyopathy – of specified severity** | A definite diagnosis of cardiomyopathy by a Consultant Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association’s classification of functional capacity*. For the above definition, the following are not covered:  
  - Cardiomyopathy secondary to alcohol or drug abuse.  
  - All other forms of heart disease, heart enlargement and myocarditis.  
*NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain. |
| **Coma – resulting in permanent symptoms** | A state of unconsciousness with no reaction to external stimuli or internal needs which:  
  - Requires the use of life support systems; and  
  - Results in permanent neurological deficit with persisting clinical symptoms.  
For the above definition, the following is not covered:  
  - Coma secondary to alcohol or drug abuse. |
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<tr>
<th>Condition</th>
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<tr>
<td>Coronary Artery By-Pass Grafts</td>
<td>The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) or anterolateral thoracotomy on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts. For the above definition, the following is not covered: Any other surgical procedure or treatment.</td>
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<tr>
<td>Creutzfeldt-Jakob Disease (CJD)</td>
<td>A definite diagnosis of Creutzfeldt-Jakob disease made by a Consultant Neurologist. There must be permanent clinical loss of the ability in mental and social functioning to the extent that permanent supervision or assistance by a third party is required.</td>
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<tr>
<td>Deafness</td>
<td>Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.</td>
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<tr>
<td>Dementia</td>
<td>A definite diagnosis of Dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. The diagnosis must be supported by evidence of progressive loss of ability to do all of the following: remember; to reason; and to perceive, understand, express and give effect to ideas. For the above definition, the following is not covered: Dementia secondary to alcohol or drug abuse.</td>
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<tr>
<td>Encephalitis</td>
<td>A definite diagnosis of Encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms.</td>
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<tr>
<td>Heart Attack</td>
<td>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: New characteristic electrocardiographic changes. The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher: - Troponin T &gt; 1.0 ng/ml - AccuTnI &gt; 0.5 ng/ml or equivalent threshold with other Troponin I methods. The evidence must show a definite acute myocardial infarction. For the above definition, the following is not covered: Other acute coronary syndromes including but not limited to angina.</td>
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<td>Condition</td>
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<td>Heart Valve Replacement or Repair</td>
<td>The undergoing of surgery requiring anterolateral thoracotomy on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.</td>
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<td>HIV infection</td>
<td>Infection by Human Immunodeficiency Virus resulting from: • a blood transfusion given as part of medical treatment; • a physical assault; or • an incident occurring during the course of performing normal duties of employment; after the start of the policy and satisfying all of the following: • The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures. • Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five days of the incident. • There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus. – The incident causing infection must have occurred in one of the following countries: Australia, Austria, Belgium, Bulgaria, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America. For the above definition, the following is not covered: • HIV infection resulting from any other means, including sexual activity or drug abuse.</td>
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<tr>
<td>Kidney failure</td>
<td>Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.</td>
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<tr>
<td>Liver Failure</td>
<td>Liver failure due to cirrhosis and resulting in all of the following: • permanent jaundice • ascites • encephalopathy For the above definition, the following is not covered: • Liver disease secondary to alcohol or drug abuse.</td>
</tr>
<tr>
<td>Loss of hand or foot</td>
<td>Permanent physical severance of a hand or foot at or above the wrist or ankle joints.</td>
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<tr>
<td>Loss of Speech</td>
<td>Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.</td>
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<tr>
<td>Condition</td>
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</table>
| Major Organ Transplant                        | The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure. For the above definition, the following is not covered:  
  • Transplant of any other organs, parts of organs, tissues or cells. |
| Motor Neurone Disease – resulting in *permanent* symptoms | A definite diagnosis of Motor Neurone Disease by a Consultant Neurologist. There must be *permanent* clinical impairment of motor function. |
| Multiple Sclerosis – with *persisting symptoms* | A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six months. |
| Multiple System Atrophy – resulting in *permanent* symptoms | A definite diagnosis of Multiple System Atrophy by a Consultant Neurologist. There must be evidence of *permanent* clinical impairment of either:  
  • motor function with associated rigidity of movement or  
  • the ability to coordinate muscle movement or  
  • bladder control and postural hypotension. |
| Open Heart Surgery – with median sternotomy    | The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct any structural abnormality of the heart. |
| Paralysis of a limb – total and *irreversible*  | Total and *irreversible* loss of muscle function to the whole of any one limb.                                                           |
| Parkinson’s Disease – resulting in *permanent* symptoms | A definite diagnosis of Parkinson’s disease by a Consultant Neurologist. There must be *permanent* clinical impairment of motor function with associated tremor, rigidity of movement and postural instability. |
| Primary Pulmonary Hypertension – of *specified severity* | A definite diagnosis of Primary Pulmonary Hypertension. There must be clinical impairment of heart function resulting in the *permanent* loss of ability to perform physical activities to at least Class 3 of the New York Heart Association’s classification of functional capacity.*  
  For the above definition, the following is not covered:  
  • Pulmonary Hypertension secondary to any other known cause ie not Primary.  
  * NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain. |
<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progressive Supranuclear Palsy</strong> – resulting in permanent symptoms</td>
<td>A definite diagnosis of Progressive Supranuclear Palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.</td>
</tr>
<tr>
<td><strong>Removal of an Eyeball – due to injury or disease</strong></td>
<td>Surgical removal of an eyeball as a result of injury or disease For the above definition the following is not covered: Self inflicted injuries.</td>
</tr>
<tr>
<td><strong>Respiratory Failure – of advanced stage</strong></td>
<td>Advanced stage emphysema or other chronic lung disease, resulting in all of the following: The need for regular oxygen treatment on a permanent basis. The permanent impairment of lung function tests as follows: Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 50% of normal.</td>
</tr>
<tr>
<td><strong>Stroke – resulting in permanent symptoms</strong></td>
<td>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. For the above definition, the following are not covered: Transient ischaemic attack. Traumatic injury to brain tissue or blood vessels.</td>
</tr>
<tr>
<td><strong>Systemic Lupus Erythematosus – with severe complications</strong></td>
<td>A definite diagnosis of Systemic Lupus Erythematosus by a Consultant Rheumatologist resulting in either of the following: Permanent neurological deficit with persisting clinical symptoms; or The permanent impairment of kidney function tests as follows: Glomerular Filtration Rate (GFR) below 30 ml/min.</td>
</tr>
<tr>
<td><strong>Terminal Illness</strong></td>
<td>Advanced or rapidly progressing incurable illness where, in the opinions of an attending Consultant and our Medical Officer, the life expectancy is no greater than 12 months. For the above definition, the following is not covered: Terminal Illness as defined above during the last 18 months of the policy.</td>
</tr>
<tr>
<td><strong>Third Degree Burns – covering 20% of the surface area of the body or 20% of the face or head</strong></td>
<td>Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body’s surface area or covering 20% of the area of the face or head.</td>
</tr>
</tbody>
</table>
Total and Permanent Disability

a) Own Occupation Disability Criteria
If the life assured is in a gainful occupation immediately before onset of disability and the own occupation disability criteria is shown in the policy schedule, in the event of a claim the sum assured will be payable if all of the following conditions apply:

i) the life assured suffers through illness or accident a mental or physical irreversible disability,

ii) in the opinion of our Medical Officer the life assured is likely to remain permanently unable to continue in their own occupation (being the occupation they were engaged in immediately before the onset of disability).

b) Functional Assessment Tests Disability Criteria
Immediately before the onset of disability, if the life assured is:

• not in gainful occupation
• in gainful occupation and the functional assessment tests disability criteria, is shown in the policy schedule under the occupation definition section, in the event of a claim the sum assured will be payable if all of the following conditions apply:

i) the life assured suffers through illness or accident a mental or physical irreversible disability,

ii) in the opinion of our Medical Officer the life assured is permanently unable to perform without the direct assistance of another person, three or more of the functional assessment tests listed below:

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 a pencil without aid.

Traumatic head injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.
4 ADDITIONAL COVER

This policy provides the following additional cover, as shown in your policy schedule. Claims paid under this cover will not reduce your sum assured or change your premiums.

4.1 Mastectomy for Ductal Carcinoma In Situ – requiring total removal of the breast

The undergoing of a mastectomy operation (total removal of all the tissue of at least one breast) on the advice of the life assured’s hospital consultant following the diagnosis of ductal carcinoma in situ of the breast.

For the above definition, the following are not covered:

- Prophylactic mastectomy without histological evidence of ductal carcinoma in situ, and
- Any other surgical procedures such as lumpectomy, partial mastectomy and partial or total subcutaneous mastectomy.

Provided that the diagnosis takes place on or after the policy start date, and on or before the policy expiry date, the amount payable will be the lower of:

- 25% of the sum assured, or
- £25,000.

Only one claim per policy can be made.

4.1.1 Exclusions

We will not pay a claim in any circumstances that are shown under the exclusions section in your policy schedule.

4.2 Children’s Critical Illness Cover

We will provide Children’s Critical Illness Cover if shown as included in the policy schedule.

We will pay this cover if a relevant child is diagnosed with any of the following:

- A critical illness as defined in section 3, excluding Total and Permanent Disability and Terminal Illness;
- Mastectomy for Ductal Carcinoma In Situ – requiring total removal of the breast.

The amount payable per relevant child under this policy will be the lower of:

- 50% of the sum assured; or
- £25,000.

4.2.1 Conditions

This cover is subject to the following conditions:

a) The relevant child must survive for at least 14 days from the date of diagnosis.

b) Diagnosis must take place on or after the policy start date and on or before the policy expiry date.

c) If diagnosis takes place on or before the policy expiry date, but the 14 day survival period expires after the policy expiry date, we will pay a claim provided that the relevant child survives for at least 14 days from the date of diagnosis.

d) The 14 day survival period may extend beyond their 18th birthday.

e) Only one claim per relevant child will be paid under this policy.

f) We will pay a claim on a maximum of two relevant children under this policy. After two claims have been paid under this policy, the Children’s Critical Illness Cover will end.

g) If the same relevant child is covered by more than one policy issued by us, we will pay a maximum of £50,000 for that relevant child.

h) No premiums under this policy are outstanding.

i) Children’s Critical Illness Cover will cease if a claim is made on the policy or the policy ends.

4.2.2 Exclusions

We will not pay a claim under Children’s Critical Illness Cover:

a) If the death of a relevant child occurs before the expiry of 14 days from the date of diagnosis.

b) When the diagnosis of a relevant child is a direct or indirect result of congenital (present at birth), hereditary or pre-existing conditions.

c) For Total and Permanent Disability.

d) For Terminal Illness.
5 GUARANTEED INSURABILITY OPTION

If the guaranteed insurability option is shown as included in the policy schedule, you have the option of increasing the sum assured with no need for further medical evidence on the occurrence of specified events.

These events and related conditions are shown in section 5.1 unless the policy schedule shows the guaranteed insurability option is for business protection, in which case see section 5.2 instead:

5.1 Increasing the sum assured

5.1.1 When can you use the guaranteed insurability option?

You can use this option in the event of:

a) the life assured entering into marriage or a registered civil partnership, or
b) the birth of the life assured’s child, or
c) the life assured legally adopting a child, or
d) an increase to the life assured’s mortgage by reason of a house move or undertaking major home improvements, or
e) an increase in the life assured’s salary due to a change of employment or promotion.

5.1.2 Conditions

a) This option must be used within six months of the event and if we request relevant documents in relation to the events, you must provide them to us.
b) For all increases, the sum assured may only be increased on each occasion by the lower of:
   • 50% of the original sum assured or,
   • £150,000, or
   • If 5.1.1(d) applies, the amount of the increase in the mortgage, or
   • If 5.1.1(e) applies, the amount equal to the original sum assured multiplied by the percentage increase in salary,
c) This option may only be used three times in total, but only once in respect of either entering into marriage or a registered civil partnership.
d) The maximum total of all increases permitted is £200,000.

If you use this option an additional policy will be issued in respect of the increase which will:
e) not contain a guaranteed insurability option,
f) not extend beyond the life assured’s 65th birthday or one year after the policy expiry date of this original policy, whichever is earlier, and
g) be subject to the premiums, terms and conditions for such policies at the time the additional policy is issued.

Should a Term Assurance and Critical Illness Cover policy not be available at that time, we may offer you a different type of policy.

This option will not be available to you:
h) after the life assured’s 55th birthday or for a joint life policy, the 55th birthday of the oldest life assured,
i) if waiver of premium benefit is shown in the policy schedule and a claim under this has been made, until the end of the period of incapacity,
j) if the life assured has been diagnosed with or is receiving or has received medical treatment for a:
   • critical illness, as defined in section 3,
   • Mastectomy for Ductal Carcinoma In Situ – requiring total removal of the breast.
k) If the life assured has had a medical consultation with a general practitioner or a hospital consultant, who advise that the life assured should undergo further medical tests in order to confirm whether the life assured has a condition covered by this policy, and the results of these tests are outstanding.

In these circumstances, this option will only be available to the life assured where the test results confirm that the life assured does not have a condition covered by this policy.
5.2 For Business Protection – Increasing the sum assured

5.2.1 When can you use the guaranteed insurability option?

a) If this policy has been taken out to cover a business loan, for the purpose of:
   - a business acquisition, or
   - a business expansion, or
   - buying, extending or altering a business premises,
   you will have the option of increasing the sum assured in the event that the loan is increased.

b) If this policy has been taken out to cover loss of profit in the event of:
   - the life assured’s death, or
   - the life assured being diagnosed with a critical illness
   you will have the option of increasing the sum assured if:
   - the life assured’s value to the business increases, or
   - the life assured receives a pay increase.

c) If this policy has been taken out to cover a working Partner’s, Director’s, Shareholder’s or members of a limited liability partnership;
   - ownership, or
   - interest in a business,
   you will have the option of increasing the sum assured in the event that there is an increase in the value of that ownership or interest.

5.2.2 Conditions

a) This option must be used within six months of the event and we are entitled to request relevant documents in relation to the events.

b) For all increases the sum assured may only be increased on each occasion by the lower of:
   - 50% of the original sum assured, or
   - £150,000,
   - if 5.2.1(a) applies, the increase in the value to the business loan,
   - if 5.2.1(b) applies, the increase in the life assured’s pay or their value to the business,
   - if 5.2.1(c) applies, the increase in value of the life assured’s ownership or interest.

c) This option may only be used three times in total.

d) The maximum total for all increases permitted is £250,000.

If you use this option, an additional policy will be issued in respect of the increase which will:

e) not contain a guaranteed insurability option,

f) not extend beyond the life assured’s 65th birthday or the policy expiry date of the original policy, whichever is earlier, and

   g) be subject to the premiums, terms and conditions for such policies at the time the additional policy is issued.

Should a Term Assurance and Critical Illness Cover policy not be available at that time, we may offer you a different type of policy.

This option will not be available to you:

h) after the life assured’s 55th birthday or for a joint life policy, the 55th birthday of the oldest life assured,

i) if waiver of premium claim has been made, until the end of the period of incapacity,

j) if the life assured has been diagnosed with or is receiving or has received medical treatment for a:
   - critical illness, as defined in section 3,
   - Mastectomy for Ductal Carcinoma In Situ – requiring total removal of the breast.

k) If the life assured has had a medical consultation with a general practitioner or a hospital consultant, who advise that the life assured should undergo further medical tests in order to confirm whether the life assured has a condition covered by this policy, and the results of these tests are outstanding.

In these circumstances, this option will only be available to the life assured where the test results confirm that the life assured does not have a condition covered by this policy.
6 WAIVER OF PREMIUM BENEFIT

If waiver of premium is shown in the policy schedule, we will waive your premiums due under this policy after 26 weeks from the date of incapacity, until the earlier of:

- the end of the period of incapacity, or
- payment of the sum assured, or
- the policy expiry date.

6.1 Conditions

This benefit is subject to the following conditions:

a) You must tell us within four months of the start of the life assured’s incapacity, otherwise we will consider the start of their incapacity to be four months before the date we are told. We may not insist on this if there are exceptional medical or other reasons why you cannot tell us within four months of the start of incapacity.

b) You must complete and return the claim form issued by us so that we can consider your claim.

c) The life assured may be required to have a medical examination by an appropriate medical specialist appointed by us.

d) As proof of the life assured’s incapacity, you or the life assured must provide any documents reasonably requested by us.

e) No premiums under this policy are outstanding.

f) This benefit will only apply whilst the life assured:

i) resides or travels within the European Union, and

ii) resides temporarily or travels outside of the European Union for a period not exceeding three consecutive months in any 12 months. If this period is exceeded, this benefit shall not be available unless we have given you prior written confirmation. If the life assured resides or travels outside the European Union for more than 12 consecutive months, we will be entitled to cancel this benefit.

7 PAYMENT OF PREMIUMS

7.1 When are premiums due to be paid?

Premiums are due from the policy start date and at monthly or annual intervals as shown in your policy schedule.

7.2 Will the amount you pay ever change?

The premiums for this policy will not increase unless:

a) reviewable premiums are shown as included in the policy schedule, in which case the premiums could change as described in section 7.3, or

b) this policy is changed under section 9.3.

7.3 Reviewable premiums

If reviewable premiums are shown as included in the policy schedule, the premiums are guaranteed for the first five years of the policy. Reviews will be carried out to determine whether the premiums will be changed at the fifth anniversary and every five years thereafter. This is to establish whether the premiums you are paying are enough to provide the level of cover selected.

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

We will assess any change to premiums fairly. When we review the premiums, the factors we look at are:

- number of claims we have had;
- number of claims we expect to have; and when we expect them to be made;
- insurance industry claims experience;
- expected impact of future medical advances; and
- changes to applicable laws, regulations or tax treatment.

The life assured’s state of health or individual circumstances won’t be a factor at review.

We will write to you about the outcome of the 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 your premium to within 5% of what you have already been paying, we won’t make any changes. The amount your premium may increase or decrease by, following a review, is not limited.
7.3.1 Options at your premium review

a) Your premium reduces or stays the same.
   If the premium has reduced or stayed the same your direct debit will automatically be updated. If your premium stays the same your direct debit will remain unchanged.

b) The 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 premiums the same but reduce the level of cover. If this is the option you want to take you will 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 the level of cover still meets your needs, as the option you select cannot be changed at a later date.

7.4 What happens 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 cancel this policy, the policy will end and no further benefits or premiums will be payable. We will not refund any premiums already paid.

8 GENERAL CONDITIONS

8.1 If the life assured’s date of birth as shown in the policy schedule is incorrect, the terms of this policy shall be adjusted to those that would have applied if the correct date of birth had been given. We are entitled to cancel this policy if it would not have been issued if the correct date of birth had been given.

8.2 If you or the life assured intentionally provide us with an incorrect date of birth or fail to disclose any material fact, we are entitled to cancel this policy.

8.3 If the life assured resides outside any part of the countries that form the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands for more than 12 consecutive months we reserve the right to decline a claim under the Critical Illness Cover provided by this policy.

8.4 We may make changes to the policy terms and conditions that we reasonably consider are appropriate due to a change in any applicable legislation, regulation or taxation. In such circumstances, we will notify you in writing in advance of any changes being made.

8.5 Benefits can only be paid in Sterling to a bank account in the UK. If you wish to receive payments outside the UK, then arrangements for such transfers must be made by you or the assignee at your own expense. Where the policy has been assigned to a third party, the benefit will be paid to that third party until the benefit ceases to be paid.

8.6 This policy is governed by English Law.

8.7 All communication in relation to this policy will be in English.

8.8 The right to exercise any option under this policy or to exercise any right conferred by this policy is limited to such as are allowed in the terms of the policy and as are compatible with the requirements of Paragraph 19(3) of Schedule 15 of the Income and Corporation Taxes Act 1988 for a qualifying policy.

8.9 All notices of assignment should be sent to our principal office.
9 HOW TO ...

9.1 Contact us
If you have any enquiries or want to use any of the options in relation to this policy, please call us on 0370 010 4080 or write to us at our principal office. Please quote your policy number as shown in your policy schedule when making any enquiries.
We may record and monitor calls. Call charges will vary.

9.2 Make a claim
In the event of a claim under this policy, please call us for life claims on 0800 137 101, for critical illness claims on 0800 068 0789, for waiver of premium claims on 0800 027 9830, or write to us at our principal office.
We may record and monitor calls. We will require the death certificate or proof of diagnosis of a critical illness of the life assured, along with the policy schedule and any other documents we may reasonably request.
If any information reasonably required to assess the claim is withheld, we reserve the right not to process the claim until it is made available.

9.3 Change this policy
You should contact us at our principal office if you want to request any of the following changes:
- Extend or reduce the term,
- Increase or decrease the sum assured,
- Remove a life assured,
- Change the frequency of your premiums from annually to monthly or monthly to annually.

All changes requested will be assessed based on the life assured’s circumstances at that time.
We may take into account the life assured’s age, health, medical history, residency, leisure activities and are entitled to request any documents reasonably required by us.
We will confirm if the change means this policy has to be cancelled and a new policy issued, which may have different terms and conditions. If there is more than one policyholder, the consent of all policyholders may be needed before the change is made.
A change may affect the premiums that are payable.

9.4 Cancel this policy
a) You can cancel this policy at any time.
b) 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 paid.
If you cancel this policy at a later stage, you will not get any money back.
c) If you cancel this policy, the policy will end and no further benefits or premiums will be payable.

9.5 Make a complaint
If you wish to complain about the service you have received from us, or you would like us to send you a copy of our internal complaint handling procedure, please contact our helpdesk on 0845 071 1439.
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 remain dissatisfied, you can complain 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
Website: www.financial-ombudsman.org.uk
Making a complaint will not affect your legal rights.

10 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 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.
11 DEFINITIONS EXPLAINED

Benefits
The sum assured and any other benefits included in this policy.

Exclusions
What you are not covered for, as shown in your policy schedule.

Incapacity
The life assured is totally incapable of carrying out their normal occupation by reason of an illness or injury which has occurred after the policy start date, necessitating medical or surgical treatment and is not carrying out any other occupation or in gainful employment.

OR
If the life assured is not in gainful employment and they are unable to do three or more of the following as a direct result of an illness or injury which occurred after the policy start date:

- 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:
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:
The required eyesight (corrected if necessary) to be able to read a daily newspaper.

- Writing:
The physical ability to write legibly using a pen or a pencil without aid.

Interest rate
Where decreasing cover was chosen, the interest rate at which the sum assured decreases, as shown in your policy schedule.

Irreversible
Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Life assured
The person who is insured under this policy. If there is more than one life covered under this policy, as shown in the policy schedule, this definition covers all lives insured.

Material fact
A fact that would be important to us in deciding whether to insure the life assured for the requested cover, the terms of that cover, and duration of this policy.

Examples of a material fact include, but are not limited to answers to the questions in the original application form including:

- medical disclosures
- family history
- occupation
- travel or residence
- pastimes
- alcohol consumption
- smoker/non smoker
- use of recreational drugs, for example cocaine or heroin.

Occupation
A trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location.
Our, us or we
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Permanent
Expected to last throughout the insured person’s life, irrespective of when the cover ends or the insured person retires.

Permanent neurological deficit with persisting clinical symptoms
Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured persons life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

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

Policy expiry date
The date that cover under this policy will end, as shown in your policy schedule.

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

Policy start date
The start date of this policy, as shown in your policy schedule.

Pre-existing condition
A pre-existing condition is any medical condition, disorder or handicap from which a child is already suffering before the latest of:
• the date the policy is issued,
• the 30th day after the child’s birth,
• for legally adopted children, the date of adoption.

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

Principal office
Our principal office is:
City Park
The Droveway
Hove
East Sussex
BN3 7PY

Product
The type of cover, as shown in your policy schedule.

Relevant child
A natural child, legally adopted child (from the date of adoption) or stepchild of the life assured, while such a child is aged more than 30 days and less than 18 years during the term of the policy.

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

Successor in title
The person(s) legally entitled to the life assured’s estate upon the death of the life assured.

Sum assured
The amount of Term Assurance and Critical Illness Cover, as shown in your policy schedule. If reviewable premiums are included in your policy schedule, this amount may change as described in section 7.3.
If decreasing cover was chosen, the table in your policy schedule will show how the amount of Term Assurance and Critical Illness Cover decreases.

You or your
The policyholder(s) of the policy who is/are legally entitled to receive the sum assured and shown as the “grantee” in the policy schedule. This may include trustee(s), assignee(s) or personal representative(s) (where appropriate) and may be the same person(s) as the life assured.
This pocket contains your policy schedule. You should read this in conjunction with the printed policy terms and conditions. Please keep these documents in a safe place.

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