

Policy Booklet



Key Person Income Protection

Introduction

Words that appear in **bold** are explained in the section headed 'List of definitions used in this document' on page 10.

This Policy Booklet shows **you** the features, benefits and exclusions (things that are not covered) that apply to the policy.

This policy can help to insure against the financial effects of an employee's absence from work due to illness or injury may have on a business.



About your policy

Type of policy

Key Person Income Protection

Who is covered?

The **life insured** is covered.

Who owns the policy?

The policy is owned by **you**, the employer.

Premiums

Premiums are payable monthly and start from the **policy start date**.

Guaranteed premiums

The premiums for the policy will not change unless **you** make changes to the policy.

Premiums for Increasing cover

If chosen, this option allows **you** to increase the **monthly benefit** amount in line with inflation. 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 bread, milk and petrol through to housing expenses such as mortgage interest payments. This means that as the costs of goods and services rise over time, the monthly benefit will too. So when a valid claim is made, the money received continues to cover what it needs to.

With an increasing plan, the monthly premium will increase in line with the change in the Retail Prices Index (RPI) multiplied by 1.5. The maximum amount we'll increase the monthly premium is 15% per year.

Increasing cover will not be available where cover is requested to meet fixed payments under a **business mortgage or loan**.

Paying premiums during the deferred period

You must continue to pay premiums during **your deferred period** and whilst **we** are processing **your** claim. **We** will tell **you** when **you** no longer need to pay premiums. **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**.

Waiver of Premium - paying premiums when receiving a monthly benefit

We will stop taking premiums whilst **you** are being paid the **monthly benefit**.

What happens if the premium is not paid?

We are entitled to cancel the policy if any premiums are not paid within 60 days of their due date. If **we** cancel the policy, **your** cover will end and no further premiums will be payable. **We** will not refund any premiums already paid.

Amount of cover

When choosing **your monthly benefit** at the start of the policy **you** will need to use one of the following bases:

- Up to 2.5 times the **life insured's** annual **earnings** to meet the cost of hiring a temporary replacement.
- Up to 75% of the business's **gross profit** which can be attributed to the contribution of the **life insured**.
- Repayments to a **business mortgage or loan**, we will meet that part of the repayments and related interest which relates to the contribution of the **life insured**.
- We will not refund any premium if the **monthly benefit you** have chosen is more than we will allow.

Please see the section headed "Maximum **monthly benefit** payable" for more information.

Level cover

If **you** choose level cover, the **monthly benefit** will stay the same unless **you** change it during the length of the policy.

Increasing cover

Increasing cover will not be available where cover is requested to meet fixed repayments under a **business mortgage or loan**.

If **you** choose an increasing plan, the **monthly benefit** amount will increase in line with changes in inflation. This means you'll need to make higher premium payments for **your** policy each year. We'll increase the **monthly benefit** amount to match inflation in line with the changes in the Retail Prices Index (RPI) over a 12 month period. If we can't use RPI we'll use an index comparable to the RPI instead.

We'll contact **you** at least three months before the policy anniversary to tell **you** what the increase in the **monthly benefit** and premium will be. We'll also let **you** know if **your** monthly benefit will stay the same that year.

If the change in the RPI is less than 1% we will not increase the **monthly benefit**.

If the change in the RPI is more than 10% we will only increase the **monthly benefit** by a maximum of 10% per annum.

You'll have the option of accepting the increase or not. We've put together some information below to help **you** understand how these options will affect the policy.

Your options

1. Accept the increase

You don't need to do anything. The **monthly benefit** and premiums will increase as described above and we'll update **your** Direct Debit with **your** new premium. There is a limit to the amount of **monthly benefit** we pay based on the **life insured's earnings**. It's important to review the increased cover amount and check if the **life insured's earnings** are sufficient for the increased benefit. We might not pay the full benefit if the **life insured's earnings** do not support the increased benefit.

2. Decline the increase

When we notify **you** of an increase, we will also give **you** the option to decline the increase. You'll need to let us know before the deadline on the letter or email. We'll include instructions on how to do this. If **you** decline the increase, the **monthly benefit** and premium will stay the same for another year. If **you** decline the increase three years in a row we'll remove this option, and **you** won't have the option to increase the **monthly benefit** in line with changes in inflation, for the remaining policy term. This means that the **monthly benefit** will stay the same, so **you** won't receive the benefit of increasing the **monthly benefit** as the costs of goods and services rise in future.

Maximum monthly benefit

The maximum **monthly benefit** is £20,833 (£250,000 per year).

If an increasing policy is selected, the maximum **monthly benefit** at the start of the policy is £14,583 (£175,000 per year). Subsequent increases cannot increase the **monthly benefit** above £20,833 (£250,000 per year).

Deferred period

When taking the policy out, **you** will need to choose a **deferred period** which is the amount of time the **life insured** will need to be **incapacitated** before we will pay the **monthly benefit**.

You can choose from a four, eight, 13, 26 or 52 week **deferred period**.

The **monthly benefit** will be paid monthly in arrears. This means that the first payment will be made four weeks after the **deferred period** ends.

If **you** choose a four week **deferred period**, **you** must tell us of any claim within two weeks of the **life insured** becoming **incapacitated**. For any other **deferred period**, **you** must tell us within four weeks. If **you** don't do this we may not backdate **your** claim.

Please see the section headed "Making a claim" for more information.

When we will pay a claim

The **monthly benefit**, subject to the exclusions defined in the section headed “When we will not pay a claim”, and other restrictions detailed in this Policy Booklet, will be paid following the end of the **deferred period** if, before the **policy end date**, we agree the **life insured** cannot work due to **incapacity** caused by an illness or an injury.

Definition of incapacity

We will assess any claim to establish if the **life insured** lacks the capacity to perform the material and substantial duties of their own **occupation**, as a direct result of their injury or illness.

In the event that the **life insured** has more than one **occupation**, we will assess any claim to establish if the **life insured** lacks the capacity to perform the material and substantial duties of all their **occupations** as a direct result of illness or injury.

When we will not pay a claim

We will not pay a claim if the **life insured** was working less than 16 hours per week for **you** immediately prior to **incapacity**.

We will not pay a claim if the **life insured** is performing any **occupation** during the **deferred period** or **benefit period**.

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

Should the **life insured** become **incapacitated** during the final 12 months of the policy no **monthly benefit** will be payable if the **deferred period** ends after the **policy end date**.

How long is cover for?

The cover starts on the **policy start date**, and will end on the earlier of:

- the **policy end date**
- the death of the **life insured**
- the date the **life insured** ceases to be a **key employee**
- the date the **life insured** leaves **your** employment
- the date the company stops trading, or
- the date the policy is cancelled by **you** or **us**.

Cover will stop when the policy ends and no further premiums will be payable.

How long will the monthly benefit be paid?

The maximum **monthly benefit** payable will be paid for the duration of a valid claim as described in the section headed “Payment of claims”.

At the start of the policy **you** must choose a limited **benefit period** of either 12 or 24 months. Each individual claim that meets the definition of **incapacity** will be limited to the period chosen at the start of the policy.

Once an individual claim reaches the chosen limited **benefit period** the **monthly benefit** will no longer be paid. The **life insured** must return to their **occupation** with **you** for a continuous period of six months before a further claim can be considered should they be **incapacitated** for the same or a **related illness**. If proportionate benefit is being paid after returning to their **occupation** with **you**, the continuous period of six months will start after the proportionate benefit payments stop.

If the **life insured** becomes **incapacitated** for an unrelated illness, there is no minimum period they must have returned to their **occupation** with **you** before they are eligible to make a further claim.

In both instances the **deferred period** will apply.

If any individual claim does not reach the maximum duration of the limited **benefit period** and the **life insured** becomes **incapacitated** for the same or **related illness** within 12 months of the original claim, we will consider this a linked claim. The **monthly benefit** payments will continue until the combined duration of all such linked claims reaches the limited **benefit period**. See the section headed “Linked claims” for more information.

If the **life insured** returns to a different **occupation** with **you** following **incapacity** we will assess any new claim against the **occupation** the **life insured** was performing with **you** immediately before the new period of **incapacity**, not the **occupation** the **life insured** was performing with **you** prior to the previous claim.

Changing your policy

You have the option to increase the **monthly benefit** using this option in the event of one of the following specified events, without asking the **life insured** for further medical and financial information:

- a) if cover has been put in place to fund a temporary replacement and the **life insured's earnings** have since increased, or
- b) if cover has been put in place to protect the **gross profit** attributable to the **life insured** that has since increased, or
- c) if cover has been put in place to meet the **life insured's** contribution towards ongoing repayments to a **business mortgage or loan** that have since increased.

To do this the policy must be taken out before the **life insured's** 55th birthday. This option may not be available if we apply a premium increase to the cover as a result of the information the **life insured** gives us in the application. The policy documents will explain if this option is available.

When using this option, you may increase your cover on each occasion by up to 100% of the original **monthly benefit**, subject to a maximum of £833.33 a month (£10,000 a year). The resulting **monthly benefit** must not exceed the limits for cover set out under the section headed "Maximum **monthly benefit** payable".

The option can be used multiple times, but the total of all increases must not exceed the maximum total permitted of £2,500 per month.

This option must be used within six months of the related event and is only available where the **life insured** is under age 55. We will also ask you to provide documentary proof of any increase.

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 allow you to increase your cover without additional medical evidence from the **life insured**,
- Not extend beyond the **life insured's** 70th birthday or the **policy end date** whichever is earliest,
- Only be an Increasing Key Person Income Protection plan if you choose increasing cover and accept the annual increase in line with our terms and conditions,
- Not have a shorter **deferred period** than the **deferred period** of this policy,
- Not have a longer limited **benefit period** than this policy.

We will not issue an additional policy with a longer limited **benefit period**.

Additional policies will be subject to our premiums and terms and conditions for such policies at the time the additional policy is issued.

If we no longer offer the chosen policy at the time you wish to use this option, we will offer you a reasonable available alternative.

When this option is not available

We will not issue an additional policy:

- after the **life insured's** 55th birthday,
- if a valid claim has been made,
- if the **life insured** is **incapacitated** as defined in the section headed "Definition of **incapacity**"

Other changes

You can request any of the following changes to your policy:

- Extend or reduce the **policy end date**,
- Decrease the **monthly benefit**, or
- Increase or decrease the **deferred period**.

What we will need to process your request

- a) Your consent to the changes by completing and returning a plan amendment form issued by us, which includes a short questionnaire about the **life insured's** health and medical history.
- b) If the **life insured** answers 'yes' to any of the questions in the plan amendment form, we may require the **life insured** to complete a full application to make the changes to your policy. Where we undertake a full medical and lifestyle assessment, depending on the answers there may be circumstances where we may be unable to offer cover to you based on answers provided by the **life insured**.
- c) Any documents reasonably required by us to support your request.

How we will provide cover

We will confirm if the change you have requested means the original policy has to be cancelled and a new policy issued, which may be subject to different terms and conditions. Any changes you make may affect the premiums that are payable. We will confirm the change you have made.

General conditions

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

Both **you** and the **life insured** will be required to answer all of **our** questions honestly and accurately.

- a) If either **you** or the **life insured** (or agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** are entitled to cancel the policy and refuse to pay the **monthly benefit**. In these circumstances **we** may not refund any premiums **you** have already paid.
- b) If either **you** or the **life insured** (or agent acting on **your** behalf) provides 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 and treat **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:

$$\text{New monthly benefit} = \frac{\text{Actual premium charged multiplied by original monthly benefit}}{\text{Higher premium}}$$

- **We** can only pay **your monthly benefit** in Sterling to a UK bank account. **We** won't cover the cost of transferring the benefits outside of the UK.
- When giving instructions in relation to any provision of the policy, **you** should send a copy of the Policy Booklet, clear written instructions and proof of title to the policy, to **our** principal office, see the section headed "How to contact us". **We** will notify **you** of any other evidence that **we** may reasonably require.
- If the **life insured** is unable to sign the claim forms due to their **incapacity**, **we** may make payments to **you** without the **life insured's** signature provided this is supported by medical evidence and other evidence which **we** may reasonably request.
- All rights mentioned in the policy are conferred upon the policy owner, and the phrases "**you**" and "**your**" wherever used should be construed accordingly.
- **We** may make changes to these 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 advance of any changes being made.
- The policy is governed by English Law.
- **You** cannot take out this policy if the **life insured** hasn't been registered with a GP in the United Kingdom for at least the last two years.
- This policy is not available unless the **life insured** works a minimum of 16 hours per week for **you**.
- All communication in relation to the policy will be in English.

Countries where cover is provided

You will continue to be covered under the policy if the **life insured** travels to or resides within the UK, European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands.

Where the **life insured** travels to or resides in any other country, **you** will only continue to be covered under the terms of the policy if this is for less than 12 consecutive months. In the event of a claim **we** will only pay the benefit for up to 6 calendar months of **incapacity**, while they are living outside the countries listed above.



Making a claim

To make a claim under the policy, please notify **us** using **our** claims contact details in the section headed "How to contact **us**".

You must notify **us**:

- Within two weeks of the start of the **life insured's incapacity** if **you** choose a four week **deferred period**.
- Within four weeks of the start of the **life insured's incapacity** if **you** choose any other **deferred period**.

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.

The **life insured** must not be working in any **occupation** during the **deferred period** and whilst the **monthly benefit** is being paid.

When claiming **we** will need **your** policy number, the **life insured's** GP/Doctor's contact details and **your** contact details.

Assessing your claim

When assessing **your** claim **we** will require:

Medical Information

We will need some information from **you** such as details of the **life insured's incapacity** and consent from the **life insured** that allows **us** to request relevant information to their claim and details of any treatment they are receiving.

Financial Information

We will also request financial information relevant to the type of cover that **you** have in place:

Where cover is required to meet the cost of hiring a temporary replacement, **we** will require details of the **life insured's** gross **earnings** including their annual self-assessment form, payslips for the previous year, their P60 and notification of any P11D benefits. Where the **life insured** has been employed by the business for less than a year, the evidence **we** will require includes but is not limited to, recent pay slips, dividend vouchers and bank statements.

Where cover is required to protect gross profit attributable to the **life insured**, **we** will require details of how the benefit **you** have requested has been calculated and will also require business accounts for each of the three years immediately prior to **incapacity**. Where the business does not have three years of business accounts available, **we** will require a minimum of one year's accounts.

Where cover is required to meet ongoing repayments to a **business mortgage or loan**, **we** will ask for confirmation of the **life insured's** current contribution to loan repayments and related interest and a copy of the loan repayment schedule.

If **we** accept **your** claim **we** will start **your monthly benefit** payments one month after the **deferred period** ends and will pay them in monthly arrears. If **you** do not provide any information or documentation that would reasonably be required to assess the claim, **we** will not process the claim until the information or documentation is made available.

Payment of claims

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 the **life insured's incapacity**.
- The **policy end date**.
- The end of the limited **benefit period**.
- The **life insured's** death.
- The date the **life insured** leaves **your** employment,
- The date the company stops trading.
- The date that a **business mortgage or loan** is fully repaid where cover is required to meet ongoing mortgage or loan repayments.

Maximum monthly benefit payable

If **you** make a valid claim, the maximum **monthly benefit** that **we** will pay will be limited to the lesser of:

- the **monthly benefit** chosen,
 - the maximum annual benefit of £250,000, or £175,000 plus any increases up to a maximum annual benefit of £250,000 if an increasing plan is chosen,
 - the actual amount calculated using the relevant basis from those listed below.
- a) Up to 2.5 times the **life insured's** annual **earnings** to meet the cost of hiring a temporary replacement.
 - b) Up to 75% of the **gross profit** which can be attributed to the contribution of the **life insured** for the 12 months period immediately prior to **incapacity**.
 - c) Where cover is required to protect ongoing repayments to a **business mortgage or loan**, **we** will meet that part of the repayments and related interest which relates to the contribution of the **life insured** only.

We will reduce the **monthly benefit** payable if **you** receive benefits from other key person income protection policies in respect of the **life insured** so that the combined value of these policies does not exceed the maximum **monthly benefit** payable listed above. **We** will regularly review the **monthly benefit** payable to ensure that it doesn't exceed the maximum **monthly benefit**.

Where Key Person Income Protection is required to protect a business's annual **gross profits**, **we** will use the **life insured's** current contribution at the date of **incapacity** to determine how much **we** will pay in the event of a claim.

In the event of a claim, **we** will only pay the maximum amount payable under the policy rather than the amount **you** are covered for. No refund of premium will be paid where **you** insure more benefit than **we** will allow.

The **earnings** **we** use for assessment relates to the **life insured's** **earnings** in the 12 months immediately before their **incapacity**.

Linked claims

If the **life insured** becomes **incapacitated** again within 12 months of returning to work for **you** after a prior claim for the same or **related illness**, this may be deemed a linked claim and the **deferred period** won't apply. This means **we** will start payment of the maximum **monthly benefit** payable immediately, subject to any restrictions **we** explain. If proportionate benefit is being paid after returning to work, the 12 month linked claim period will start after the proportionate benefit payments stop.

Proportionate benefit

If **we** have paid the maximum **monthly benefit** payable for a period of **incapacity** and the **life insured** is able to return to work in a reduced capacity that in the market would ordinarily be rewarded with lower **earnings** and **dividends**, **we** will reduce the **monthly benefit** as follows:

- If cover is required to meet the cost of hiring a temporary replacement or to meet loan repayments, **we** will reduce the benefit as follows:

$$\frac{\text{Pre- incapacity earnings and dividends} - \text{New earnings and dividends}}{\text{Pre- incapacity earnings and dividends}} \times \text{prior maximum monthly benefit payable}$$

- If cover was paid to protect **gross profit**, **we** will reduce the benefit as follows:

$$\frac{\text{Pre- incapacity profits} - \text{reduced profits}}{\text{Pre- incapacity profits}} \times \text{prior maximum monthly benefit payable}$$

Proportionate benefit will not be payable if the **life insured** returns to their **occupation** with **you** on a lower level of **earnings** after an individual claim has reached the duration of the limited **benefit period**. If the claim does not reach the duration of the limited **benefit period** and the **life insured** returns to their **occupation** with **you** on a lower level of **earnings**, proportionate benefit would be payable for the remainder of the limited **benefit period**.

Conditions for payment

We will only pay the **monthly benefit** if the **life insured** receives regular and appropriate treatment for their condition and complies with the recommendations of their treating doctor. This may include:

- medication
- physiotherapy, and/or
- taking part in a rehabilitation programme, counselling or therapy.

We may also request that the **life insured**:

- attend medical examinations
- supply information relating to their **incapacity**

(continued on following page)

- Be available, if required, to meet with an appointed representative at their 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. **We** may stop paying the maximum **monthly benefit** payable if the **life insured** does not provide **us** with the evidence **we** have requested.



How to contact us

Reason for contact	Phone number/Email	Contact address
<ul style="list-style-type: none"> • General enquiries • Change your policy • Cancel your policy 	0370 010 4080*	Legal & General Assurance Society Limited, City Park, The Droveaway, Hove, East Sussex, BN3 7PY
Make a claim	0800 027 9830*	Legal & General Assurance Society Limited, City Park, The Droveaway, Hove, East Sussex, BN3 7PY
Make a complaint	0370 010 4080*	Legal & General Assurance Society Limited, Four Central Square, Cardiff CF10 1FS

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

How to cancel the policy

You can cancel the policy at any time. Once the policy starts **we** will provide **you** with a notice of **your** right to cancel.

If **you** cancel the policy within 30 days of receiving both the notice and the policy, **we** will refund any premiums paid.

If **you** cancel the policy after 30 days, **you** will not get any money back.

If **you** cancel the policy, the cover will end and no further premiums will be payable.

How to 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 complaints handling procedure, please contact **us**.

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

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone:

0800 023 4567

0300 123 9123

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

Website: www.financial-ombudsman.org.uk

Making a complaint will not affect **your** legal rights.

The Financial Services Compensation Scheme (FSCS)

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

So, if **we** run into financial difficulties, **you** may be able to claim via the FSCS, for any money **you've** lost. However, before looking to pay compensation, the FSCS will first see if they can arrange for the continuity of **your** current policy. The FSCS may arrange for **your** policy to be transferred to another insurer or arrange for a new policy to be provided.

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 100% of the value of the claim.

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.

Solvency and Financial Conditions Report (SFCR)

We are required to publish an annual Solvency and Financial Condition Report (SFCR) describing **our** Business and its Performance, **our** System of Governance, Risk Profiles, Valuation for Solvency Purposes and Capital Management. **Our** latest SFCR is available at: www.legalandgeneralgroup.com/investors/library



List of definitions used in this document

Benefit period - The period during which the maximum **monthly benefit** payable is paid.

Business mortgage or loan - A loan or mortgage put in place by a business for up to 20 years for a specific purpose, which should not include overdrafts that may be used to provide cash flow for the business.

Deferred period - 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 Booklet.

Dividends - Payment made by the business that owns this policy to the **life insured** that represents the **life insured's** share of the net trading profit, which will stop in the event of the **life insured's** absence from work as a result of **incapacity**.

Earnings - Pre-tax **earnings** for PAYE assessment purposes earned in the 12 month period prior to **incapacity** as detailed on the **life insured's** annual self-assessment form, P60 or payslips for the previous 12 months plus the taxable value of any P11D benefits they also receive during the same period.

Gross profit - The **gross profit** that a company makes after deducting the costs directly associated with making and selling its products, or the costs directly associated with providing its services.

Incapacity and incapacitated - The inability due to illness or injury of the **life insured** to carry out the material and substantial duties their own **occupation**.

Key employee - A person within a business that has specialist skills, knowledge or contacts whose absence from work due to **incapacity** will have a financial impact on that business.

Life insured - The person who is named as the **life insured** under the policy as shown in the Policy Booklet and is employed by the policy owner.

Monthly benefit(s) - The amount **we** will pay in the event of a valid claim. This may be less than the amount chosen at outset, subject to the restrictions in the Policy Booklet.

Occupation - Trade, profession or type of work for at least 16 hours per week resulting in a salary or wage; it is not specific to any particular employer or job description.

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

Policy end date - The date that cover under the policy will end.

Policy start date - The date that cover under the policy will starts, as shown in **your** Policy Booklet.

Related illness - Any illness or condition the **life insured** has symptoms of, sought advice for, received treatment for, or were aware of, that directly or indirectly contributed towards previously claimed **incapacity**.

You or your - The business named as the policy owner in the Policy Booklet, or any successor in title to that business, or any business to which the legal ownership is subsequently transferred.

Alternative formats

If you would like a copy of this in large print, braille, PDF or in an audio format, call us on **0370 010 4080**. We may record and monitor calls. Call charges will vary.

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