

Product Profiles

This interactive PDF is designed to give you clear details on each of our protection products and how they work.

For adviser use only

ENTER

Contents

4	Our product range
4	Mortgage protection
6	Family protection
10	Business protection
13	What's covered
13	Life Insurance
13	Critical Illness Cover (CIC)
23	Critical Illness Extra (CIX)
30	Terminal Illness Cover (TIC)
30	Income Protection Benefit (IPB)
31	Foreign Travel and Residency
32	Additional Benefits
32	Free Life Cover
32	Accidental Death Benefit (ADB)
33	Legal & General Nurse Support services
34	Accident Hospitalisation Benefit
35	Children's Critical Illness Cover
35	Changing your policy (previously Guaranteed Insurability option)
39	Other changes to the policy
40	Eligibility criteria
42	Income Protection Benefit Plans
43	Relevant Life Plans (RLP)
44	Whole of Life Protection Plans (WOLPP)
44	How will my commission be affected if the policy is changed?
45	Continuation cover

45	Hospitalisation benefit
45	Proportionate benefit
45	Deferred periods
46	Linked claims
46	Income guarantee
46	Continuous cover
46	Rehabilitation Support Service
47	Optional benefits
47	Children’s Critical Illness Extra
50	Legal & General GP24
51	Immediate Cover
52	Waiver of Premium (WOP)
53	Indexation (WOLPP)
54	Total and Permanent Disability
54	Stepped Benefit
54	Low Cost Option
55	Types of business protection
55	Key Person Protection
55	Business Loan Protection
55	Share Protection
57	Ownership and trusts
57	Single Life
57	Life of Another
57	Joint Life Cover
58	Trusts
60	Premiums/ payments
61	Second Medical Opinion service

Mortgage protection

Our mortgage protection plans are designed for customers who need a policy which pays out a lump sum to help protect their mortgage if they were to die during the length of the policy. We offer the products below:

- Life Insurance (LI)
- Decreasing Life Insurance (DLI)
- Increasing Life Insurance (ILI)
- Life Insurance + Critical Illness (LI + CI)
- Decreasing Life Insurance + Critical Illness (DLI + CI)
- Increasing Life Insurance + Critical Illness (ILI + CI)
- Critical Illness (CI)
- Decreasing Critical Illness (DCI)
- Increasing Critical Illness (ICI)

Target market

Our life insurance plans are designed for customers who have an interest only mortgage and need a policy which pays out the same lump sum throughout the length of the policy, helping to protect their mortgage in the event of death, terminal illness (if life expectancy is less than 12 months) or critical illness (if chosen).

Our decreasing life insurance plans are designed for customers who have a repayment mortgage and need a policy which pays out a lump sum, which decreases roughly in line with

the way a repayment mortgage decreases, helping to protect their mortgage in the event of death, terminal illness (if life expectancy is less than 12 months), or critical illness (if chosen).

Our increasing life insurance plans are designed to protect your customer's policy against inflation. Every year, we'll give the person covered the option to increase the amount they are insured for in line with any changes in the Retail Prices Index (RPI) without the need for further questions about your customer's health. If this option is chosen the premium will also increase.

The amount of cover will increase each year up to a maximum of 10%. The premium will increase each year up to a maximum of 15%. If changes to RPI are 1% or less then both the premium and amount of cover will stay the same until the next review. The premium will increase at a different rate to the amount of cover because it is 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 the older the person covered gets.

Risks

- The amount of cover and length of policy should be enough to cover the mortgage otherwise it will not be fully protected.
- If decreasing life insurance is selected, the interest rate on the mortgage also needs to be considered. For example, if the interest rate on the mortgage rises above the interest rate applied to the policy, then the amount of cover may change and may not be enough to pay off the mortgage in full.

	LI	DLI	ILI	LI + CI	DLI + CI	ILI + CI	CI	DCI	ICI
Life Insurance	✓	✓	✓	✓	✓	✓	✓	✓	✓
Terminal Illness Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓
Critical Illness Cover	X	X	X	✓	✓	✓	✓	✓	✓
Critical Illness Extra	X	X	X	✓	✓	✓	✓	✓	✓
Additional Benefits									
Free Life Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accidental Death Benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accident Hospitalisation Benefit	X	X	X	✓	✓	✓	✓	✓	✓
Children's Critical Illness Cover	X	X	X	✓	✓	✓	✓	✓	✓
Changing the policy	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other changes to the plan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legal & General Nurse Support Services	✓	✓	✓	✓	✓	✓	✓	✓	✓

continues

Product Profiles – Our Product Range

	LI	DLI	ILI	LI + CI	DLI + CI	ILI + CI	CI	DCI	ICI
Optional Benefits									
Immediate Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waiver of Premium	✓	✓	✓	✓	✓	✓	✓	✓	✓
Total and Permanent Disability	X	X	X	✓	✓	✓	✓	✓	✓
Legal & General GP24	X	X	X	✓	✓	✓	X	X	X
Children's Critical Illness Extra	X	X	X	✓	✓	✓	✓	✓	✓
Ownership and Trusts									
Single	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joint Life Cover	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event
Trusts	✓	✓	✓	✓	✓	✓	✓	✓	✓
Premiums/Payments									
Type of Cover	Level	Decreasing	Increasing	Level	Decreasing	Increasing	Level	Decreasing	Increasing
Premiums (Guaranteed/Reviewable)	G	G	G	G & R	G & R	G & R	R	R	R
Claim payment	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum
Second Medical Opinion service	✓	✓	✓	✓	✓	✓	✓	✓	✓
Limits									
Minimum age for buying a plan	18*	18*	18*	18*	18*	18*	18*	18*	18*
Minimum age at end of plan	29	29	29	29	29	29	29	29	29
Maximum age for buying a plan	77	74	77	67	64	67	64	64	64
Plan must end by	90th birthday	90th birthday	90th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday
Minimum length of plan	1 yr (no TIC)	5 year	2 yrs (no TIC)	2 years	5 years	2 years	5 years	5 years	5 years
Maximum length of plan	50 years	50 years	50 years	40 years	40 years	40 years	40 years	40 years	40 years
Minimum amount of cover	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium	Set by minimum premium
Maximum amount of cover	"None. Subject to negotiation with reinsurers."	"None. Subject to negotiation with reinsurers."	"None. Subject to negotiation with reinsurers."	"£3m TPD specified work task. £2m TPD own occupation."	"£3m TPD specified work task. £2m TPD own occupation."	"£3m TPD specified work task. £2m TPD own occupation."	"£3m TPD specified work task. £2m TPD own occupation."	"£3m TPD specified work task. £2m TPD own occupation."	"£3m TPD specified work task. £2m TPD own occupation."

*Minimum age 17 years old, however the owner of the policy must be over the age of 18 years.

Family protection

Our Family Protection Plans are designed for customers who wish to help protect a family financially. We offer the products below:

- Life Insurance (LI)
- Increasing Life Insurance (ILI)
- Life Insurance + Critical Illness (LI + CI)
- Increasing Life Insurance + Critical Illness (ILI + CI)
- Critical Illness (CI)
- Increasing Critical Illness (ICI)
- Family and Personal Income Plan (FPIP)
- Increasing Family and Personal Income Protection Plan (IFPIP)
- Family and Personal Income Plan + Critical Illness (FPIP + CI)
- Increasing Family and Personal Income Protection Plan + Critical Illness (IFPIP + CI)
- Family and Personal Income Plan Critical Illness (FPIPCI)
- Increasing Family and Personal Income Plan Critical Illness (IFPIPCI)
- Whole of Life Protection Plan (WOLPP)
- Income Protection Benefit (IPB)
- Increasing Income Protection Benefit (IIPB)

Target market

Our Family Protection Plans are designed for customers who need a policy which provides a lump sum, helping to give financial support to their family in the event of death, terminal illness or critical illness (if chosen).

Our Family and Personal Income Plans are designed for customers who need a policy which provides a monthly benefit, helping to give financial support to cover the cost of everyday living expenses in the event of death, terminal illness or critical illness (if chosen).

Our Whole of Life Protection Plan is designed for customers who need a policy which provides a lump sum on their death. Helping to give financial support to their family, which could be used to help towards an expected Inheritance Tax bill – impacting their lifestyle and everyday living expenses, or it could be used for Business Protection.

Our Income Protection Benefit Plan is designed for customers to help protect against the financial impact of incapacity on them or their family's lifestyle during the length of the policy. It is designed to pay a regular monthly benefit if they can't work due to incapacity caused by an illness or an injury and which results in a loss of earnings.

Our increasing life insurance plans are designed to protect your customer's policy against inflation. Every year, we'll give the person covered the option to increase the amount they are insured for (or the monthly benefit for Family and Personal Income Plan and Income Protection Benefit), in line with any changes in the Retail Prices Index (RPI) without the need for further medical evidence. If this option is chosen the premium will also increase.

The amount of cover will increase each year up to a maximum of 10%. The premium will increase each year up to a maximum of 15%. If changes to RPI are 1% or less then both the premium and amount of cover will stay the same until the next review. The premium will increase at a different rate to the amount of cover because it is 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 the older the person covered gets.

Family Protection															
	LI	ILI	LI + CI	ILI + CI	CI	ICI	FPIP	IFPIP	FPIP + CI	IFPIP + CI	FPIPCI	IFPIPCI	WOLPP	IPB	IIPB
Life Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	1 year's premium	1 year's premium
Terminal Illness Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X
Critical Illness Cover	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	X
Critical Illness Extra	X	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional Benefits															
Legal & General Nurse Support Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Income Protection	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Accidental Death Benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Accident Hospitalisation Benefit	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	X
Children's Critical Illness Cover	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	X
Changing your policy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other changes to the plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospitalisation Benefit	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Proportionate Benefit	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Choice of deferred period	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Linked claims	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Income Guarantee	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Waiver of Premium	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓
Continuous cover	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓

Family Protection continued																
	LI	ILI	LI + CI	ILI + CI	CI	ICI	FPIP	IFPIP	FPIP + CI	IFPIP + CI	FPIPCI	IFPIPCI	WOLPP	IPB	IIPB	
Optional Benefits																
Children's Critical Illness Extra	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	X	
Immediate Cover	✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	X	X	X	
Legal & General GP24	X	X	✓	✓	X	X	X	X	✓	✓	X	X	X	X	X	
Waiver of Premium	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	
Indexation Option	X	X	X	X	X	X	X	X	X	X	X	X	✓	X	X	
Total and Permanent Disability	X	X	✓	✓	✓	✓	X	X	✓	✓	✓	✓	X	X	X	
Stepped Benefit	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓	
Low Cost Option	X	X	X	X	X	X	X	X	X	X	X	X	X	✓	✓	
Ownership and Trusts																
Single	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Life of another	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	
Joint Life Cover	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st event	1st or 2nd event	X	X
Trusts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	
Premiums/Payments																
Type of Cover	Level	Increasing	Level	Increasing	Level	Increasing	Level	Increasing	Level	Increasing	Level	Increasing	Level	Level	Increasing	
Premiums (Guaranteed/Reviewable)	G	G	G or R	G or R	R	R	G	G	G or R	G or R	R	R	G	G	G	
Claim payment	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Monthly Benefit**	Monthly Benefit**	Monthly Benefit**	Monthly Benefit**	Monthly Benefit**	Monthly Benefit**	Lump sum	Monthly Benefit	Monthly Benefit	
Second Medical Opinion service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	

continues

Family Protection continued																
	LI	ILI	LI + CI	ILI + CI	CI	ICI	FPIP	IFPIP	FPIP + CI	IFPIP + CI	FPIPCI	IFPIPCI	WOLPP	IPB	IIPB	
Limits																
Minimum age for buying a plan	18*	18*	18*	18*	18*	18*	18*	18*	18*	18*	18*	18*	18*	18	18	
Minimum age at end of plan	29	29	29	29	29	29	29	29	29	29	29	29	None	50	50	
Maximum age for buying a plan	77	77	67	67	64	64	64	64	64	64	64	64	84	Day Before 60th Birthday	Day Before 60th Birthday	
Plan must end by	90th birthday	90th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	70th birthday	None	70th birthday	
Minimum length of plan	1 yr (no TIC)	2 yrs	2 years	2 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years	5 years	None	5 years (if over 45 when the policy starts)	
Maximum length of plan	50 years	50 years	40 years	40 years	40 years	40 years	40 years	40 years	40 years	40 years	40 years	40 years	40 years	None	47 years	
Minimum amount of cover	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	
Maximum amount of cover/ monthly benefit	None. Subject to negotiation with reinsurers.	None. Subject to negotiation with reinsurers.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	£10k per month.	£10k per month.	£4k per month.	£4k per month.	£4k per month.	£4k per month.	Up to 69 years old £5m, 70-79 years old £2m, 80-84 years old £1m. If indexation selected £2m up to age 70 or £1m ages 71-84.	£20k per month or for Houseperson £1,667 per month.	£14k per month or for Houseperson £1,667 per month.

*Minimum age 17 years old, however the owner of the policy must be over the age of 18 years.

** Can be commuted as a lump sum at claim stage.

Business protection

We offer the products below that are designed to help protect a business financially. Our Relevant Life Plans are designed for the business to provide life cover for its employees.

- Life Insurance (LI)
- Decreasing Life Insurance (DLI)
- Increasing Life Insurance (ILI)
- Life Insurance + Critical Illness (LI + CI)
- Decreasing Life Insurance + Critical Illness (DLI + CI)
- Increasing Life Insurance + Critical Illness (ILI + CI)
- Whole of Life Protection Plan (WOLPP)

Our Relevant Life Plans are designed for the business to provide life cover for its employees.

- Relevant Life Plan (RLP)
- Increasing Relevant Life Plan (IRLP)

Target market

Our life insurance plans are designed for customers who need a policy which provides a fixed lump sum to cover the loss of a key person, or to help purchase the shares owned by a director/partner, or to help cover an interest only business loan in the event of death, terminal illness or critical illness (if chosen).

Our decreasing life insurance plans are designed for customers who have a business loan and need a policy which pays out a lump sum, which decreases roughly in line with the way their business loan decreases, helping to protect their business in the event of death, terminal illness or critical illness (if chosen).

Our Business Whole of Life Protection Plan is designed for customers who need a policy which provides a lump sum on death to cover the loss of a key person from a business or to purchase the shares owned by a director/partner/member.

Our Relevant Life Plans are designed for businesses that want to provide life cover for employees which could pay out a lump sum in the event of their death.

Our increasing life insurance plans are designed to protect your customer's policy against inflation. Every year, we'll give the person covered, or the policy owner for relevant life plans, the option to increase the amount they are insured for in line with changes in the Retail Prices Index (RPI) without the need for further medical evidence. If this is chosen, the premium will also increase.

The amount of cover will increase each year up to a maximum of 10%. The premium will increase each year up to a maximum of 15%. If a change to RPI is less than 1%, then both the premium and amount of cover will stay the same until the next review. The premium will increase at a different rate to the amount of cover because it is 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 the older the person covered gets.

Business	LI	DLI	ILI	LI + CI	DLI + CI	ILI + CI	WOLPP	RLP	IRLP
Life Cover	✓	✓	✓	✓	✓	✓	✓	✓	✓
Terminal Illness Cover	✓	✓	✓	✓	✓	✓	X	✓	✓
Critical Illness Cover	X	X	X	✓	✓	✓	X	X	X
Critical Illness Extra	X	X	X	✓	✓	✓	X	X	X
Additional Benefits									
Accidental Death Benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legal & General Nurse Support Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accident Hospitalisation Benefit	X	X	X	✓	✓	✓	X	X	X

Business Protection continued									
Business	LI	DLI	ILI	LI + CI	DLI + CI	ILI + CI	WOLPP	RLP	IRLP
Changing your policy	✓	✓	✓	✓	✓	✓	✓	✓	✓
Other changes to the plan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Continuation Cover	X	X	X	X	X	X	X	✓	✓
Optional Benefits									
Immediate Cover	✓	✓	✓	✓	✓	✓	X	X	X
Waiver of Premium	✓	✓	✓	✓	✓	✓	✓	X	X
Indexation Option	X	X	X	X	X	X	✓	X	X
Total and Permanent Disability	X	X	X	✓	✓	✓	X	X	X
Type of Business									
Share	✓	X	✓	✓	X	✓	✓	X	X
Key	✓	X	✓	✓	X	✓	✓	X	X
Business	✓	✓	✓	✓	✓	✓	✓	X	X
Ownership and Trusts									
Single	✓	✓	✓	✓	✓	✓	✓	✓	✓
Life of another	✓	✓	✓	✓	✓	✓	✓	Mandatory	Mandatory
Joint Life Cover	1st event	1st event	1st event	1st event	1st event	1st event	1st & 2nd event	X	X
Trusts	✓	✓	✓	✓	✓	✓	✓	Mandatory	Mandatory
Premiums/Payments									
Type of Cover	Level	Decreasing	Increasing	Level	Decreasing	Increasing	Level	Level	Increasing
Premiums (Guaranteed/ Reviewable)	G	G	G	G & R	G & R	G & R	G	G	G
Claim payment	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum	Lump sum

continues

Business Protection continued									
Business	LI	DLI	ILI	LI + CI	DLI + CI	ILI + CI	WOLPP	RLP	IRLP
Limits									
Minimum age for buying a plan	18*	18*	18*	18*	18*	18*	18*	17	17
Minimum age at end of plan	29	29	29	29	29	29	None	29	29
Maximum age for buying a plan	77	74	77	67	64	67	84	73	73
Plan must end by	90th birthday	90th birthday	90th birthday	70th birthday	70th birthday	70th birthday	None	75th birthday	75th birthday
Minimum length of plan	1 year (No TIC)	5 years	2 years	2 years	5 years	2 years	None	1 year (No TIC)	2 years
Maximum length of plan	50 years	50 years	50 years	40 years	40 years	40 years	None	40 years	40 years
Minimum amount of cover	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.	Set by minimum premium.
Maximum amount of cover	None. Subject to negotiation with reinsurers.	None. Subject to negotiation with reinsurers.	None. Subject to negotiation with reinsurers.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	£3m TPD specified work task. £2m TPD own occupation.	Up to 69 years £5m, 70-79 years old £2m, 80-84 years old £1m. If indexation selected £1m.	17-29 years up to 25 x remuneration, 30-39 years up to 25 x remuneration, 40-49 years up to 25 x remuneration, 50-59 years up to 20 x remuneration, 60-73 years up to 15 x remuneration.	17-29 years up to 25 x remuneration, 30-39 years up to 25 x remuneration, 40-49 years up to 25 x remuneration, 50-59 years up to 20 x remuneration, 60-73 years up to 15 x remuneration.

*Minimum age 17 years old, however the owner of the policy must be over the age of 18 years.

What's covered

Life Insurance

Overview

Life Insurance is designed to pay out a lump sum or a monthly benefit (if one of our Family and Personal Income Plans is chosen) if the person covered dies. Except for the Whole of Life Plan.

We offer the following types of Life Insurance:

- **Life Insurance** – your customer will need to choose the length of cover
- **Whole of Life Protection Plan** – your customer will be covered for the whole of their life
- **Relevant Life Plan** – designed for the business as a benefit to the employee. It provides a lump sum to the employee's family, or financial dependants, if they die during the length of the policy whilst still employed.

What's not covered

We won't pay a claim:

- if within the first year of the policy, the death is caused by suicide or intentional and serious self-injury or an event where, in our reasonable opinion, the person covered took their own life;
- for any exclusion we have specified in their policy documents.

Considerations for Whole of Life Protection Plan only

Your customer will need to consider the following:

- The premiums continue throughout the whole of the life of the person covered so they need to be sure they will be able to afford the premiums in the future (for example after they retire). If they are unsure then this policy is unlikely to be suitable for them.
- If the product is taken out for a specific purpose, for example, Inheritance Tax planning, there is no guarantee it will meet the entirety of any future liability as the amount of cover is chosen at outset. Cover should be reviewed regularly to ensure it still meets the intended need.

Critical Illness Cover (CIC)

Overview

Critical Illness Cover is designed to pay out a lump sum or a monthly benefit (if one of our Family and Personal Income Plans is chosen) if the person covered is diagnosed during the length of the policy with one of the critical illnesses listed in the section headed 'critical illnesses covered'.

What's not covered

We won't pay a claim if:

- the person covered has an illness that we either don't cover, or that doesn't meet our definition of a critical illness. For example, we don't cover some types of cancer;
- within the first year of the policy, the death is caused by suicide or intentional and serious self-injury or an event where, in our reasonable opinion, the person covered took their own life;
- we apply any other exclusions as specified in the policy documents.

Critical illnesses covered

Aorta graft surgery – requiring surgical replacement

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 are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.

Aplastic anaemia – categorised as very severe

A definite diagnosis of very severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology. There must be permanent bone marrow failure with: anaemia, thrombocytopenia and an absolute neutrophil count of less than $0.2 \times 10^9/L$.

Bacterial meningitis – resulting in permanent symptoms

A definite diagnosis of bacterial meningitis by a hospital consultant resulting in permanent neurological deficit with persisting clinical symptoms.*

For the above definition, the following are not covered:

- All other forms of meningitis other than those caused by bacterial infection.

Benign brain tumour – resulting in either specified treatment or permanent symptoms

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either: surgical removal, radiotherapy, chemotherapy or permanent neurological deficit with persisting clinical symptoms.*

For the above definition, the following are not covered:

- Tumours in the pituitary gland.
- Tumours originating from bone tissue.
- Angiomas and cholesteatoma.

Blindness – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart or visual field is reduced to 20 degrees or less of an arc, as measured by an ophthalmologist.

Critical illnesses covered continued

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, sarcoma, pseudomyxoma peritonei, merkel cell cancer and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

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 of 7 or above or having progressed to at least clinical TNM classification T2bN0M0.
- Malignant melanoma unless it has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin).
- Any other skin cancer (including cutaneous lymphoma) unless it has been histologically classified as having caused invasion in the lymph glands or spread to distant organs.

Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness, requiring resuscitation and resulting in either of the following devices being surgically implanted:

- Implantable cardioverter-defibrillator (ICD); or
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

For the above definition, the following are not covered:

- Insertion of a pacemaker.
- Insertion of a defibrillator without cardiac arrest.
- Cardiac arrest secondary to illegal drug intake.

Cardiomyopathy – of specified severity or resulting in specified treatment

A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in at least one of the following :

- permanent and irreversible ejection fraction of 39% or less;
- permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*[†]; or
- implantable cardioverter-defibrillator (ICD).

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol or drug intake.
- 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.

[†]Neurological deficit with persisting clinical symptoms lasting at least 24 hours

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

Critical illnesses covered continued

Coma – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- Requires the use of life support systems; and
- Has associated permanent neurological deficit with persisting clinical symptoms.*

For the above definition, the following are not covered:

- Coma secondary to alcohol or drug intake.
- Medically induced coma.

Coronary artery bypass grafts – with surgery to divide the breastbone or thoracotomy

The undergoing of surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

For the above definition, the following is not covered:

- Any other surgical procedure or treatment.

Creutzfeldt-Jakob disease (CJD) – resulting in permanent symptoms

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.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer’s disease – resulting in permanent symptoms

A definite diagnosis of dementia, including Alzheimer’s disease 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;
- reason; and
- to perceive, understand, express and give effect to ideas.

Encephalitis – resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.*

*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 life insured’s life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Critical illnesses covered continued

Heart attack – of specified severity

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 or other positive findings on diagnostic imaging tests.
- The characteristic rise of biochemical cardiac specific markers such as troponins or enzymes.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes.
- Angina without myocardial infarction.

Heart valve replacement or repair – with surgery

The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

HIV infection – caught from a blood transfusion, physical assault or accident at work

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 5 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 intake.

Kennedy's disease – resulting in permanent symptoms

A definite diagnosis of Kennedy's disease by a consultant neurologist. There must be permanent clinical impairment of motor function caused by Kennedy's disease.

Kidney failure – requiring permanent dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Critical illnesses covered continued

Liver failure – of advanced stage

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 intake.

Loss of hand or foot – permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

Loss of speech – total permanent and irreversible

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Major organ transplant – from another donor

The undergoing as a recipient of a transplant from another donor, of bone marrow or of a complete heart, kidney, lung, pancreas, liver or lobe of the liver, or inclusion on an official UK, Channel Islands or Isle of Man 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 one of the following motor neurone diseases by a consultant neurologist.

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Spinal muscular atrophy (SMA)

There must also be permanent clinical impairment of motor function.

Multiple sclerosis – where there have been symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function, caused by multiple sclerosis.

Critical illnesses covered continued

Open heart surgery – with surgery to divide the breastbone or thoracotomy

The undergoing of surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart.

For the above definition, the following are not covered:

- Any other surgical procedure or treatment.

Paralysis of limb – total and irreversible

Total and irreversible loss of muscle function to the whole of any limb.

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a consultant neurologist or consultant geriatrician. There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

For the above definition, the following are not covered:

- Other Parkinsonian syndromes/Parkinsonism.

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 classifications of functional capacity.**

For the above definition, the following is not covered:

- Pulmonary hypertension secondary to any other known cause, i.e. 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.

Respiratory failure – of advanced stage

Advanced stage emphysema or other chronic lung disease, resulting in all of the following:

- The need for regular oxygen treatment on a permanent basis, and
- 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.

Spinal stroke – resulting in symptoms lasting at least 24 hours

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours[†].

Critical illnesses covered continued

Stroke – resulting in symptoms lasting at least 24 hours

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours[†].

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Death of tissue of the optic nerve or retina/eye stroke.

Systemic Lupus Erythematosus – with severe complications

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.

Third degree burns – covering 20% of the surface area of the body or 20% of the face or head

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.

Total and permanent disability (own occupation) – unable to do their own occupation ever again

Loss of the physical or mental ability through an illness or injury to the extent that the person covered is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the own occupation that can’t reasonably be omitted or modified.

Own occupation means your customer’s trade, profession or type of work they do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the person covered expects to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

†Neurological deficit with persisting clinical symptoms lasting at least 24 hours

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

***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 life insured’s life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Critical illnesses covered continued

Total and permanent disability (specified work tasks) – unable to do three specified work tasks ever again

Loss of the physical ability through an illness or injury to do at least three of the six work tasks listed below ever again. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the person covered expects to retire.

The person covered must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The Specified WorkTasks are:

Walking – the ability to walk more than 200 metres on a level surface.

Climbing – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending – the ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car – the ability to get into a standard saloon car, and out again.

Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

For the above definition, disabilities for which relevant specialists cannot give a clear prognosis are not covered.

Traumatic brain injury – resulting in permanent symptoms

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

*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 life insured's life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

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.

Permanent

Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the person covered expects to retire.

Surgical treatment

We will make an advance payment of the amount of cover, if the life insured is placed on an NHS waiting list for one of the following surgical treatments and meets the full definition:

- **aorta graft surgery** – requiring surgical replacement
- **coronary artery bypass grafts** – with surgery to divide the breastbone or thoractomy
- **heart valve replacement or repair** – with surgery
- **open heart surgery** – with surgery to divide the breastbone or thoracotomy

Full definitions for these surgical treatments are detailed in the Policy Booklet.

Additional cover on Critical Illness Cover

Carcinoma in situ of the breast – treated by surgery

We will pay the lower of:

- 25% of the amount of cover, or
- £25,000.

if decreasing life insurance is chosen the amount payable will be the lower of:

- 25% of the decreasing amount at the time our definition is met, or
- £25,000.

If you choose a Family and Personal Income Plan we’ll pay the lower of:

- 25% of the chosen monthly benefit times the remaining length of the policy, or
- £25,000.

if the person covered, or for a joint life plan the first of the lives covered, or a relevant child meets the following definition:

The undergoing of surgery on the advice of the hospital consultant following the diagnosis of carcinoma in situ of the breast.

For the above definition, the following is not covered:

- any other type of treatment.

Only one claim per policy can be made.

Low grade prostate cancer – requiring treatment

We will pay the lower of:

- 25% of the amount of cover, or
- £25,000.

if decreasing life insurance is chosen the amount payable will be the lower of:

- 25% of the decreasing amount at the time our definition is met, or
- £25,000.

If you choose a Family and Personal Income Plan we’ll pay the lower of:

- 25% of the chosen monthly benefit times the remaining length of the policy, or
- £25,000.

if the person covered, or for a joint life plan the first of the lives covered, or a relevant child meets the following definition:

The undergoing of treatment on the advice of the hospital consultant following the diagnosis of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification between T1N0M0 and T2aN0M0.

For the above definition, the following are not covered:

- Prostatic intraepithelial neoplasia (PIN)
- Observation or surveillance
- Surgical biopsy

Only one claim per policy can be made.

A claim made for carcinoma in situ of the breast or low grade prostate cancer will not affect premiums or the amount of cover on the policy, meaning that full cover is still intact in the case of another critical illness. A payment under additional cover helps to ensure that there is some financial protection against the impact these illnesses have on lifestyle.

Critical Illness Extra (CIX)

If Critical Illness Extra is chosen, the following critical illnesses will be covered, in addition to those listed under the heading 'Critical illnesses covered'.

Critical illnesses covered under Critical Illness Extra

Benign spinal cord tumour – resulting in either specified treatment or permanent symptoms

A non-malignant tumour originating from the spinal cord, spinal nerves or meninges within the spinal canal, resulting in either:

- Surgical removal
- Radiotherapy
- Chemotherapy, or
- Permanent neurological deficit with persisting clinical symptoms*.

For the above definition, the following are not covered:

- Angiomas
- Cysts
- Granulomas
- Haematomas, or
- Osteophytes.

Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to inadequate oxygen supply resulting in permanent neurological deficit with persisting clinical symptoms*.

Cauda equina syndrome – resulting in permanent symptoms

A definite diagnosis of cauda equina syndrome (compression of the lumbosacral nerve roots) by a consultant neurologist resulting in all of the following:

- Permanent bladder dysfunction, and
- Permanent weakness and loss of sensation in the leg.

Drug resistant epilepsy – treated with invasive surgery to brain tissue

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

Heart failure – of specified severity

A definite diagnosis of failure of the heart to function as a pump by a consultant cardiologist which is evidenced by all of the following:

- Permanent and irreversible ejection fraction of 39% or less, and
- Permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity**.

**NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

*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 life insured's life. Symptoms of dysfunction include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Intensive care – requiring mechanical ventilation for seven days

Sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

For the above definition, the following is not covered:

- Sickness or injury resulting in mechanical ventilation secondary to alcohol or drug intake.

Interstitial lung disease – of specified severity

A definite diagnosis of interstitial lung disease resulting in all of the following:

- Radiological evidence of pulmonary fibrosis, and
- Permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.

Myasthenia gravis – with specified symptoms

A definite diagnosis of myasthenia gravis by a consultant neurologist. There must have been clinical impairment of motor function in parts of the body other than the eye muscles caused by myasthenia gravis.

For the above definition, the following is not covered:

- Myasthenia gravis limited to eye muscles only.

Neuromyelitis optica (formerly Devic’s disease) – where there have been symptoms

A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.

Parkinson’s plus syndromes – resulting in permanent symptoms

A definite diagnosis of one of the following Parkinson’s plus syndromes by a consultant neurologist:

- Multiple system atrophy
- Progressive supranuclear palsy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Diffuse Lewy body disease, or
- Corticobasal ganglionic degeneration.

There must also be permanent clinical impairment of at least one of the following:

- Motor function
- Eye movement disorder
- Postural instability or dementia.

For the above definition, the following are not covered:

- Other Parkinsonian syndromes
- Parkinsonism.

Peripheral vascular disease – requiring bypass surgery

A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries requiring bypass graft surgery to an artery of the legs.

For the above definition, the following is not covered:

- Any other surgical procedures or treatment.

Pulmonary artery surgery – requiring surgical replacement

The undergoing of surgery to the pulmonary artery, on the advice of a consultant cardiologist, with excision and surgical replacement of a portion of the pulmonary artery with a graft.

Removal of an entire lung – due to an injury or disease

The undergoing of surgery to remove an entire lung as a result of injury or disease.

For the above definition, the following are not covered:

- Other forms of surgery to the lungs including removal of a lobe.

Removal of an eyeball – due to an injury or disease

Surgical removal of an eyeball as a result of injury or disease.

For the above definition, the following are not covered:

- Self-inflicted injuries.

Severe Crohn's disease – treated with two surgical intestinal resections or removal of entire large bowel

A definite diagnosis of Crohn's disease by a consultant gastroenterologist resulting in either:

- Surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions, or
- Removal of entire large bowel (total colectomy).

For the above definition, the following are not covered:

- Surgical treatment for abscesses, fistulas or strictures.

Syringomyelia or syringobulbia – with surgery

The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

Ulcerative colitis – resulting in the removal of the entire large bowel

A definite diagnosis of ulcerative colitis confirmed by a consultant gastroenterologist, resulting in a removal of the entire large bowel (total colectomy).

Surgical treatment

We will make an advance payment of the cover amount if the life insured is placed on an NHS waiting list for one of the following surgical treatments and meets the full definition:

- aorta graft surgery – requiring surgical replacement
- coronary artery bypass grafts – with surgery to divide the breastbone or thoracotomy
- heart valve replacement or repair – with surgery
- open heart surgery – with surgery to divide the breastbone or thoracotomy
- peripheral vascular disease – requiring bypass surgery
- pulmonary artery surgery – requiring surgical replacement
- Severe Crohn's disease – treated with two surgical intestinal resections or removal of entire large bowel
- syringomyelia or syringobulbia – with surgery
- ulcerative colitis – with total colectomy

Full definitions for these surgical treatments are detailed in the Policy Booklet.

Additional cover for Critical Illness Extra

If Critical Illness Extra is chosen, the following critical illnesses will be included automatically.

We will pay the lower of:

- £30,000,
- 25% of the amount of cover, or
- £30,000 or 25% of the decreasing amount of cover at the time our definition is met (if decreasing cover is chosen).

We will not pay a claim under additional cover where more than one diagnosis is made within the same period of investigation or treatment and your customer is eligible for payment of full cover for a critical illness.

If your customer has an illness covered by additional cover, it 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 illness.

Aortic aneurysm – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

For the above definition, the following are not covered:

- Procedures to any branches of the thoracic or abdominal aorta.

Aplastic anaemia – categorised as severe

A definite diagnosis of severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology.

There must be an absolute neutrophil count of less than $0.5 \times 10^9/L$ and at least one of the following:

- A platelet count of less than $20 \times 10^9/L$.
- A reticulocyte count of less than $20 \times 10^9/L$.

Carotid artery stenosis – of specified severity resulting in surgery

The undergoing of endarterectomy or angioplasty on the advice of a hospital consultant to treat narrowing of at least 50% of the carotid artery.

Central retinal artery or vein occlusion – resulting in permanent symptoms

Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

For the above definition, the following are not covered:

- Occlusion or haemorrhage of the branches of the retinal artery or vein only, or
- Traumatic injury to tissue of the optic nerve or retina.

Cerebral or spinal aneurysm – with specified treatment

The undergoing of craniotomy, direct spinal surgery, endovascular repair or radiotherapy to treat a cerebral or spinal aneurysm.

Cerebral or spinal arteriovenous malformation – with specified treatment

The undergoing of craniotomy, direct spinal surgery, endovascular repair or radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

Crohn’s disease – treated with one surgical intestinal resection

A definite diagnosis of Crohn’s disease by a consultant gastroenterologist resulting in surgical intestinal resection to remove part of the small intestine or bowel.

For the above definition, the following are not covered:

- Surgical treatment for abscesses, fistulas or strictures.

Desmoid type fibromatosis – with specified treatment

A positive diagnosis with histological confirmation of non-malignant aggressive fibromatosis by a hospital consultant resulting in either:

- Surgical removal
- Radiotherapy, or
- Chemotherapy.

Diabetes mellitus type 1 – requiring specified treatment

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- Gestational diabetes
- Type 2 diabetes (including type 2 diabetes treated with insulin).

Drug resistant epilepsy – treated with vagus nerve stimulation

The undergoing of implantation under the skin of a stimulator, which is connected to the vagus nerve in order to control epilepsy that cannot be controlled by oral medication.

Guillain-Barre syndrome – with persisting clinical symptoms

A definite diagnosis of Guillain-Barre syndrome by a consultant neurologist. There must be ongoing clinical impairment of motor or sensory function caused by Guillain-Barre syndrome which must have persisted for a continuous period of at least six months.

Less advanced cancer – of named sites and specified severity

There must be a positive diagnosis with histological confirmation for any of the following:

Anus – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the anus.

For the above definition, the following is not covered:

- Anal intraepithelial neoplasia (AIN) grade 1 or 2.

Appendix, colon or rectum – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the appendix, colon or rectum.

Carcinoma in situ of the breast – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the breast.

For the above definition, the following is not covered:

- Any other type of treatment.

Cervix – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove the cervix (trachelectomy) or hysterectomy on the advice of a hospital consultant following the diagnosis of carcinoma in situ of the cervix.

For the above definition, the following are not covered:

- loop excision
- laser surgery
- conisation and cryosurgery, or
- cervical intraepithelial neoplasia (CIN) grade 1 or 2.

Extrahepatic bile ducts – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the extrahepatic bile ducts.

Gallbladder – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the gallbladder.

Larynx – with specified treatment

The undergoing of surgery, laser treatment or radiotherapy on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the larynx.

Low grade prostate cancer – requiring treatment

The undergoing of treatment on the advice of a hospital consultant following diagnosis of a malignant tumour of the prostate positively diagnosed and having a Gleason score between 2 and 6 inclusive and having progressed to a clinical TNM classification between T1N0M0 and T2aN0M0.

For the above definition, the following are not covered:

- Prostatic intraepithelial neoplasia (PIN)
- Observation or surveillance, or
- Surgical biopsy.

Lung and bronchus – treated by surgery

Any other type of treatment. The undergoing of wedge resection or lobectomy on the advice of a hospital consultant following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the lung or bronchus.

Oesophagus – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the oesophagus.

Oral cavity or oropharynx – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the oral cavity or oropharynx. The oropharynx includes lips, inside of cheeks, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

For the above definition, the following is not covered:

- Any other type of treatment.

Ovary – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove an ovary following the diagnosis of ovarian tumour of borderline malignancy/low malignant potential.

For the above definition, the following is not covered:

- Removal of an ovary due to a cyst.

Pancreas – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the pancreas.

Renal pelvis (of the kidney) or ureter – of specified severity

A positive diagnosis on the advice of a hospital consultant of carcinoma in situ of the renal pelvis or ureter.

Stomach – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of a low malignant potential of the stomach.

Testicle – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a testicle (orchidectomy) following the diagnosis of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU).

Thyroid – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the thyroid.

Urinary bladder – of specified severity

A positive diagnosis of carcinoma in situ of the urinary bladder.

For the above definition, the following are not covered:

- Non-invasive papillary carcinoma.
- TNM classification stage Ta bladder cancer.

Uterus – treated by surgery

The undergoing of hysterectomy on the advice of your hospital consultant following the diagnosis of carcinoma in situ of the lining of the uterus (endometrium).

Vagina – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the vagina.

For the above definition, the following are not covered:

- Laser surgery and diathermy, and
- Vaginal intraepithelial neoplasia (VAIN) grade 1 and 2.

Vulva – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the vulva.

For the above definition, the following are not covered:

- Laser surgery and diathermy, and
- Vulval intraepithelial neoplasia (VIN) grade 1 or 2.

Other cancer in situ or neuroendocrine tumour (NET) of low malignant potential – with surgery

The undergoing of surgery on the advice of a hospital consultant following the diagnosis of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential.

For the above definition, the following are not covered:

- Any skin cancer (including melanoma).
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment, or
- Tumours already covered elsewhere in the policy.

Non-invasive gastro intestinal stromal tumour

A positive diagnosis with histological confirmation of non-invasive gastro intestinal stromal tumour by a hospital consultant.

Pituitary gland tumour – with specified treatment or resulting in permanent symptoms

A non-malignant tumour originating from the pituitary gland resulting in either:

- Surgical removal
- Radiotherapy
- Chemotherapy, or
- Permanent neurological deficit with persisting clinical symptoms*.

For the above definition, the following are not covered:

- Tumours originating from bone tissue, or
- Angiomas and cholesteatoma.

Removal of one or more lobe(s) of a lung – due to injury or disease

The undergoing of surgery to remove one or more lobe(s) of the lung as a result of injury or disease.

For the above definition, the following are not covered:

- Removal of a portion of a lobe of the lung only, or
- Any other form of lung surgery.

Removal of urinary bladder – due to injury or disease

The undergoing of surgery to remove the urinary bladder (total cystectomy). For the above definition, the following is not covered:

- Removal of a portion of the urinary bladder.

Significant visual loss – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids vision is measured at 6/24 or worse in the better eye using Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as measured by an ophthalmologist.

Third degree burns – covering 10% of the surface area of the body or 10% of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the:

- body's surface area, or
- face or head.

***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 life insured's life. Symptoms of dysfunction include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma. The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Terminal Illness Cover (TIC)

Terminal Illness Cover is designed to pay out a lump sum or a monthly benefit (depending on the product chosen) if the person covered is diagnosed as terminally ill. Any claim for Terminal Illness Cover won’t pay out if the person covered dies. Once the claim has been paid out, the policy will end and no further claims can be made. Terminal Illness Cover is not available after the death of the person covered.

Once a payment under TIC has been paid, if they survive we will not seek a return of payment.

For decreasing life insurance the amount payable will be the amount of cover we calculate on the date that it is established that the person covered has met our definition of terminal illness.

For joint life cover TIC will only pay out once for the first to be diagnosed with a terminal illness.

Definition

Terminal illness is defined as a definite diagnosis by the person covered’s hospital consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the person covered’s hospital consultant and our medical officer, the illness is expected to lead to death within 12 months.

Income Protection Benefit (IPB)

Income Protection Benefit is designed to provide a regular monthly benefit if the person covered can’t work due to incapacity caused by illness or injury resulting in loss of earnings during the length of the policy. This product automatically includes Waiver of Premium which means that the premiums would be waived for the duration of a valid claim. While a claim is being assessed it is important that the premiums are paid when they are due.

Maximum monthly benefit payable:

The maximum monthly benefit is based on earnings immediately before becoming incapacitated. We can cover 60% of gross annual income up to and including £60,000 and 50% of gross annual income over £60,000.

What’s not covered

- No monthly benefit or Hospitalisation Benefit will be paid for any incapacity arising from or being aggravated by any exclusion we have specified in the Policy Booklet.
- We won’t consider a claim that arises solely from the normal effects of pregnancy.
- The policy does not include unemployment cover, and therefore will not pay out if the person covered becomes unemployed.

The following risks will apply:

- The benefit we pay under this policy may affect the ability to claim benefits under other Income Protection policies.
- The benefit we pay may affect the ability to claim some means tested state benefits. The entitlement to employment related non-means tested state benefits (such as contributory Employment and Support Allowance) shouldn’t be affected. However, state benefit rules may change.
- If earnings do not support the chosen cover and/or continuing income is received, the benefit will be reduced at the time of claim, which means we may not pay the original monthly benefit chosen. If this happens, we won’t refund any difference in premiums.

Definition of incapacity

The definition that applies to the person covered will be shown in their Policy Booklet and will depend on their employment status and whether they’re paid for work. To claim the monthly benefit, they must be under appropriate medical treatment and not doing any other work.

If they work more than 16 hours per week, and are paid for their work, their incapacity definition will be own occupation. This means if, due to illness or injury, they’re unable to work in their own occupation and not following any other occupation, we’ll consider them to be incapacitated.

If they work less than 16 hours per week, are not in paid employment or are not working at the time of claim, we will consider them to be a houseperson. The incapacity definition will be Activities of Daily Living (ADL). This means if, due to illness or injury and in our opinion, they’re unable to carry out at least three of the following activities, we’ll consider them to be incapacitated.

Activities of Daily Living:

Walking – the ability to walk more than 200 metres on a level surface.

Climbing – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending – the ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car – the ability to get into a standard saloon car, and out again.

Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

Foreign travel and residency

For IPB

We provide protection products for customers who live permanently in the UK, providing they have a UK bank account and a UK address (a 'care of' address will not be accepted).

The cover is applicable if:

- The person covered resides in or travels 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
- they 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 they are outside the countries listed above.

For all other products

We provide protection products for customers who live permanently in the UK, providing they have a UK bank account and a UK address (a 'care of' address will not be accepted).

However, in certain circumstances we may be able to offer cover to those customers who are currently or are likely to be temporarily resident outside the UK. This includes those that are Crown Employees or in the Merchant Navy. This would be on an individual consideration basis.

Additional benefits

The following benefits are automatically included at no extra cost.

Free Life Cover

We will provide free life cover between exchange and completion (between conclusion of missives and date of entry in Scotland), provided the person covered is accepted on standard terms for one of our mortgage protection plans and we have everything we need to start their policy.

Once exchange of contracts has taken place the person covered has a legal responsibility to complete the purchase. If the person covered died before completion the lender could withdraw the mortgage offer, meaning that the funds to purchase the property may not be available. Free life cover aims to protect from such a situation as there would still be an obligation to pay for the property.

The amount payable will be the amount of cover applied for, the amount of the mortgage or £300,000 whichever is lower. The cover is provided for up to 90 days between exchange and completion (between conclusion of missives and date of entry in Scotland). The following conditions apply.

- The person covered is under 55 when the mortgage is taken out. For joint life policies, this applies to the oldest life insured.
- No other policies covering the same mortgage can be in force or applied for.
- We still need to know if any of the information given in the application changes before the completion date (or date of entry for Scotland).

Once a valid claim for free life cover has been paid, no further benefit will be payable.

In the event of a claim we'll only pay out once on either Accidental Death Benefit, free life cover, Immediate Cover or the policy itself.

For plans that include critical illness cover, this benefit will only be payable on death.

Accidental Death Benefit (ADB)

For all Plans except Income Protection Benefit

If the person covered dies as the result of an accident whilst their application is being underwritten, the cover starts automatically once a completed application is electronically submitted or a paper application is received by us.

The benefit will be paid out if the person covered sustains bodily injury caused by accidental, violent, external and visible means which is the sole cause of death and if the death occurs within 90 days of such an accident.

The amount payable will be the amount of cover applied for up to a maximum of £300,000.

In the case of joint life applications, payment will only be on the first life.

The cover will last for 90 days or until we accept, postpone or decline the application or we are notified that the cover is no longer required, whichever is earliest.

We don't provide this benefit if we have been told that the application is to replace an existing policy with us while cover is still provided under the existing policy.

The benefit will not be paid out if death occurs from:

- Suicide or intentional and serious self-injury or an event where, in our reasonable opinion, the person covered took their own life
- Taking part or attempting to take part in a dangerous sport or pastime
- Taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline
- Committing, attempting or provoking an assault or criminal offence
- War (whether declared or not), riot or civil commotion
- Taking alcohol or drugs (unless these drugs were prescribed by a registered doctor in the United Kingdom)
- Accidents that have occurred prior to application.

In the event of a claim we'll only pay out once on either Accidental Death Benefit, Free Life Cover, Immediate Cover or the policy itself.

Legal & General Nurse Support Services

For all plans apart from WOLPP

Legal & General Nurse Support Services is provided by qualified nurses that are designed to give long-term practical advice and emotional support to those affected by a serious physical or mental health condition, disability, trauma, bereavement or caring for a relative be this a child, partner or parent.

These support services are available to the person covered and their family as soon as they take out their policy. Support is available for the following:

- Heart attack
- Cancer
- Stroke
- Disability
- Mental Illness
- Trauma
- Bereavement
- Caring for another

Access to the support services is gained by contacting Legal & General Nurse Support Services on the dedicated telephone number. In the event of a claim, we will also ask if the claimant is happy for Legal & General Nurse Support Services to have a dedicated nurse contact them about the support that can be offered to them at that time.

Legal & General Nurse Support Services are offered in conjunction with RedArc Assured Limited (an independent nurse service) who will appoint a dedicated nurse with the most appropriate experience for each individual's personal circumstance.

A dedicated nurse will:

- be available to speak to the individual over the phone when they need it
- spend time understanding their needs
- provide practical and emotional support
- help with understanding health conditions, discuss options and navigation through the NHS
- when clinically appropriate, provide a course of therapy, counselling, practical help at home or some medical equipment
- continue to support them as long as they need it.

Support services available

- UK face-to-face second medical opinion offering a consultation from a UK private consultant.
- Serious Illness/Disability/Bereavement – treatments explained, advice on coping strategies and sourcing equipment.
- Mental Health/Trauma – supporting through depression, stress, anxiety, psychosis, trauma and more. The person covered can speak to a mental health personal nurse adviser and access a mental health microsite.
- Help for carers and those caring for the elderly.
- Help at Home – practical help for those leaving hospital and short-term help at home.

Full terms and conditions on this service are detailed within the Customer Flyer Q37696.

Accident Hospitalisation Benefit

Only for Plans with Critical Illness Cover

We will pay £5,000 if the person covered is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause.

We will only pay one claim in respect of each person covered. This benefit is not payable if a valid claim has been made for:

- A terminal illness
- A critical illness

Children's Critical Illness Cover

For Plans with Critical Illness Cover except Business Protection

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

- any critical illness that's listed in the section headed 'Critical Illness Cover' apart from Total and Permanent Disability,
- Carcinoma in situ of the breast, requiring surgery, or
- Low grade prostate cancer, requiring treatment.

The amount payable will be the lower of 50% of the original amount of cover or £25,000. Payment of the benefit will not affect the amount of cover for the person covered. For Family and Personal Income Plans we'll pay 60 times the chosen monthly benefit up to a maximum of £25,000.

We will not pay a claim if:

- the child's condition was present at birth,
- the symptoms first arose before the child was covered,
- the child dies within 10 days of meeting our definition of critical illness, or
- it is for Total and Permanent Disability.

Only one claim will be paid per relevant child*, up to a maximum of two relevant children will be paid under this policy. After the second claim has been paid, the Children's Critical Illness Cover will end. 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*.

Child Accident Hospitalisation Benefit

We'll pay £5,000 if a relevant child* is admitted to hospital with physical injuries for a minimum of 28 consecutive days, immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and independent from any other cause.

Only one claim can be made for each relevant child*, to a maximum of two relevant children. If the same relevant child* is covered by more than one policy issued by us, we will pay a maximum of £10,000 for that relevant child*.

Child Funeral Benefit

On the death of a relevant child*, we will contribute £5,000 towards their funeral.

Up to a maximum of two claims per policy. We will not pay the claim if:

- The relevant child's* condition was present at birth.
- The cause of death first arose before the relevant child* was covered.
- We have paid a children's critical illness claim for the relevant child*.

Childcare Benefit

If we have paid a claim for Critical Illness Cover under the policy and the person covered has a natural, legally adopted child or stepchild under five years old, we'll pay up to £1,000 towards childcare with a registered childminder. This benefit covers childcare that takes place in the 18 months following diagnosis of the person covered.

Family Accommodation Benefit

For every night a relevant child* spends in hospital, in the three months immediately following diagnosis of one of the critical illnesses covered, we will pay £100 per night up to a maximum of £1,000.

*Relevant child definition

A natural child, legally adopted child or stepchild of the person covered, who is at least 30 days old and younger than 22 years old.

Changing your policy (previously Guaranteed Insurability option)

This option allows your client to increase their life cover on certain life events, without providing further medical evidence. The customer won't qualify for this option if we added an additional premium at application and must be taken out before their 45th birthday.

If this option is used, a new policy will be issued for the additional amount requested. The policy will be issued with new terms and conditions, the original policy will also continue. The new policy end date can't be later than one year after the original policy end date or their 65th birthday, whichever is earlier. The person covered will not be able to increase their cover on the new policy without medical evidence. The new policy won't include Legal & General GP24.

Product	Event	Limits	What is covered?	What is not covered?
<p>All mortgage and family Protection (excluding IPB and WOLPP)</p>	<p>This option may be used up to 3 times in total for any of the following events, except for marriage or entry into a registered civil partnership where the person covered can only use this as an event once.</p> <p>This option must be used within 6 months of the event.</p> <ul style="list-style-type: none"> • Marriage or entry into a registered civil partnership. • Becoming a parent. • Mortgage increase due to a house move or undertaking major home improvements. • Salary increase due to a new job or promotion. 	<p>The lower of:</p> <ul style="list-style-type: none"> • £150,000, or • 50% of the original amount of cover, or • the amount of the mortgage increase (if applicable), or • percentage increase in salary. <p>The maximum amount for all increases can total £200,000.</p> <p>If FPIP</p> <p>The lower of:</p> <ul style="list-style-type: none"> • £1,050 per month, or • the amount of the mortgage increase (if applicable), or • percentage increase in salary and 10% of the original amount of cover (if applicable). <p>The maximum amount for all increases is the lower of £1,400 per month or 50% of the original amount of cover.</p>	<ul style="list-style-type: none"> • The original policy must be started before the 45th birthday of the person covered (for a joint policy this applies to the oldest life insured). • The person covered is only able to use this option before their 55th birthday. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> • the person covered has been diagnosed with or is receiving medical treatment for a terminal illness, critical illness or carcinoma in situ of the breast or low grade prostate cancer, or • a Waiver of Premium claim has been made or is being paid, or • the person covered has symptoms of, or is having tests for a condition covered by the policy.

Product	Event	Limits	What is covered?	What is not covered?
IPB and Increasing IPB	<p>This option may be used up to 3 times in total for any of the following events. This option must be used within 6 months of the event.</p> <ul style="list-style-type: none"> An increase in salary due to a new job or promotion. An increase in the mortgage. Every third policy anniversary date. 	<p>The lower of:</p> <ul style="list-style-type: none"> 50% of the original monthly benefit, or £10,000 per annum (£833.33 per month). <p>The maximum amount must not exceed the maximum benefit level.</p>	<ul style="list-style-type: none"> The original policy must be started before the 45th birthday of the person covered. The person covered is only able to use this option before their 50th birthday. All deferred periods will remain unchanged. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> the customer is receiving monthly benefit or is unable to work due to incapacity.
WOLPP (GIO)	<p>The person covered may use this option up to 3 times in total for any of the following events, except for marriage/divorce or entry into/ dissolution of a registered civil partnership or Inheritance Tax, where they can only use this as an event once.</p> <p>Protecting the Family:</p> <p>This option must be used within 6 months of the event.</p> <ul style="list-style-type: none"> Marriage or entry into a registered civil partnership. Mortgage increase due to a house move or undertaking major home improvements. Divorce or dissolution of a registered civil partnership. Becoming a parent. <p>For Inheritance Tax (IHT):</p> <p>This option must be used within 6 months of the event:</p> <ul style="list-style-type: none"> An increase in IHT liability due to an inheritance. <p>These options must be used within 3 months of the event:</p> <ul style="list-style-type: none"> An increase in the IHT rate. A reduction in the IHT bands, exemptions or reliefs. 	<p>Protecting the Family:</p> <p>The lower of:</p> <ul style="list-style-type: none"> 1/3 of the original amount of cover, or the amount of increase in the mortgage, or £50,000. <p>The maximum amount for all increases can total £150,000.</p> <p>For Inheritance Tax (IHT):</p> <p>The lower of:</p> <ul style="list-style-type: none"> £100,000, or the amount of increase in IHT liability, or 50% of the original amount of cover. 	<p>Protecting the Family:</p> <ul style="list-style-type: none"> The original policy must be started before the 45th birthday of the person covered (for a joint policy this applies to the oldest life insured). The person covered is only able to use this option before their 50th birthday. <p>For Inheritance Tax (IHT):</p> <ul style="list-style-type: none"> The original policy must be started before the 45th birthday of the person covered (for a joint policy this applies to the oldest life insured). The person covered is only able to use this option before their 65th birthday. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> a Waiver of Premium claim has been made or is being paid.

Product	Event	Limits	What is covered?	What is not covered?
Business WOLPP (GIO)	<p>This option must be used within 6 months of the event.</p> <ul style="list-style-type: none"> The share of a partnership, limited liability partnership or shareholding in a company increases. The policy is taken out to cover a key person within the business and their value to the business increases. The business loan increases. 	<p>The lower of:</p> <ul style="list-style-type: none"> 1/3 of the original amount of cover, or Maximum increase of £100,000 or, if less, the increase in the loan, the increase in the value of the employee, or the increase in the ownership interest (whichever applies). <p>The maximum amount for all increases is £250,000.</p>	<ul style="list-style-type: none"> The original policy must be started before the 45th birthday of the person covered (for a joint policy this applies to the oldest life insured). The person covered is only able to use this option before their 50th birthday. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> a Waiver of Premium claim has been made or is being paid.
All Business Protection (excluding RLP's and Business WOL)	<p>This option must be used within 6 months of the event.</p> <p>Business Loan Protection</p> <ul style="list-style-type: none"> The business loan increases for the purpose of a business acquisition, or a business expansion, or buying, extending or altering business premises. <p>Key Person Protection</p> <ul style="list-style-type: none"> The policy is taken out to cover a key person within the business and their value to the business increases or they receive a salary increase. <p>Director/Partner Share Protection</p> <ul style="list-style-type: none"> The share of a partnership, limited liability partnership or shareholding in a company increases. 	<p>The lower of:</p> <ul style="list-style-type: none"> 50% of the original amount of cover, or £150,000 or, if less, the increase in the loan, the increase in the value of the employee, or the increase in the ownership interest (whichever applies). <p>The maximum amount for all increases is £250,000.</p>	<ul style="list-style-type: none"> The original policy must be started before the 45th birthday of the person covered (for a joint policy this applies to the oldest life insured). The person covered is only able to use this option before their 55th birthday. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> the person covered has been diagnosed with or is receiving medical treatment for a terminal illness, critical illness or carcinoma in situ of the breast or low grade prostate cancer, or a Waiver of Premium claim has been made or is being paid, or the person covered has symptoms of, or is having tests for a condition covered by the policy.

Product	Event	Limits	What is covered?	What is not covered?
<p>All RLP's</p>	<p>This option may be used up to 3 times in total for any of the following events, except for marriage or entry into a registered civil partnership where the person covered can only use this as an event once.</p> <p>This option must be used within 6 months of the event.</p> <ul style="list-style-type: none"> • Marriage or entry into a registered civil partnership. • Becoming a parent. • Mortgage increase due to a house move or undertaking major home improvements. • Remuneration increase due to a new job or promotion. 	<p>The lower of:</p> <ul style="list-style-type: none"> • £150,000, or • 50% of the original amount of cover, or • the amount of the mortgage increase (if applicable), or • percentage increase in remuneration. <p>The maximum amount for all increases can total £200,000.</p>	<ul style="list-style-type: none"> • The original policy must be started before the 45th birthday of the person covered. • The person covered is only able to use this option before their 55th birthday. 	<p>Can't be used if:</p> <ul style="list-style-type: none"> • the person covered has been diagnosed with or is receiving medical treatment for a terminal illness.

Other changes to the policy

We've designed our plans so that customers can make changes to certain aspects of their policy.

We may ask your customer to fill in a short form, the 'Protection Plan Amendment Form' (W13044), or the 'Income Protection Benefit Plan Amendment Form' (W13887) for IPB. If your customer is able to answer 'No' to all questions asked we can proceed with making the change, so long as they meet all other eligibility criteria. If they answer 'Yes' to any of the questions asked or don't meet the eligibility criteria, they will have to go through the full underwriting process.

We will confirm if the change your customer has requested means the existing policy needs to be cancelled and a new policy issued, which may have different terms and conditions.

Any changes that they make may affect the premiums that are payable. Premiums will need to be recalculated based on the type of change your customer requests, your customer's age at the start of their policy, their age now and any other contributing factors. We can then provide a quotation for your customer.

For all policies except Income Protection Benefit Plans, Relevant Life Plans and Whole of Life Protection Plan

These are the eligibility criteria that apply if a customer wants to make changes to their policy. For joint life plans, where there is a maximum age for making a change, this applies to the oldest life insured.

Changes to the policy can only be made subject to meeting the following criteria:

- The original policy must have been taken out before the 50th birthday of the person covered
- The person(s) covered will need to be aged less than 55 to be able to make this change to their policy.
- The person covered must have been accepted on standard rates on their original policy.

For all plans that include CIC:

- No changes will be allowed if the person covered is being investigated regarding, or has been diagnosed with, or if they are making a claim for critical illness, terminal illness, carcinoma in situ of the breast, low grade prostate cancer or waiver of premium.
- There must be more than two years remaining on the original policy.

There are also specific eligibility criteria that may apply dependent on the type of change being made. These are detailed in the table below.

Type of change	Amendment form needed?	Specific eligibility criteria	Limits
Remove a life	No	Written confirmation from both parties	N/A
Reduce amount of cover	No	N/A	N/A
Reduce the length of the plan	No	N/A	N/A
Increase amount of cover	Yes	For policies to be eligible, they must have been taken out after 23 May 2005.	Increase is subject to a maximum of 50% of the original amount of cover or £150,000 – whichever is lower. There is an overall maximum limit for all increases of £200,000.

continues

Type of change	Amendment form needed?	Specific eligibility criteria	Limits
Increase the length of the plan – due to re-mortgaging	Yes	<p>This can only be done within the first five years of the cover start date.</p> <p>The original length of the policy must be at least 15 years.</p> <p>The increase needs to be done within six months of the re-mortgage.</p> <p>Proof of the re-mortgage is required.</p>	The length of the policy can be increased up to a maximum of five years or to your customer’s 65th birthday, whichever occurs first.
Increase the length of the plan – not due to re-mortgaging	Yes	<p>This can only be done within the first six months of the cover start date.</p>	The length of the policy can be increased up to a maximum of 10 years or to your customer’s 65th birthday, whichever occurs first.
Joint life policy separation	Yes	<p>Evidence to support your request in the form of:</p> <ul style="list-style-type: none"> • a decree absolute if your client gets divorced, or a final order for the dissolution of your customer’s registered civil partnership, or proof of ownership of the relevant mortgage. Can only be done within six months of the event being finalised. Can be exercised in the event of: <ul style="list-style-type: none"> – divorce, or dissolution of your customer’s registered civil partnership, or – where your customer has a joint mortgage and either party: <ul style="list-style-type: none"> – takes over a joint mortgage in one name, or – takes out a new mortgage in one name. 	Original amount of cover up to a maximum of £1 million.
Change the frequency of premiums between annually and monthly	No	N/A	N/A

For all Income Protection Benefit Plans

Changes to the policy can only be made subject to meeting the following criteria:

- The original policy must have been taken out before the 50th birthday of the person covered
- The person covered will need to be aged less than 55 to be able to make this change to the policy
- The person covered must have been accepted on standard rates on their original policy.

There are also specific eligibility criteria that may apply dependent on the type of change being made. These are detailed in the table below.

Type of change	Amendment Form needed?	Specific eligibility criteria	Limits
Increase the monthly benefit	No	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 the Policy Booklet, subject to a maximum of £833.33 per month.	The monthly benefit payable in any one year will be limited to 60% of your customer’s employed earnings up to, and including, £60,000 plus 50% of your customer’s employed earnings over £60,000. If your customer is self-employed for 12 months or less, we will limit the total monthly benefit to 35% of yearly earnings at the point of incapacity.
Decrease the monthly benefit	No	N/A	N/A
Increase the length of the policy	Yes	Any increase in expiry age must be exercised after the first 12 months of the start of the policy and prior to the last 5 years of the policy expiry.	The increase cannot be higher than the maximum expiry age of 70*. This change cannot be made in the first 12 months or last 5 years of the policy.
Decrease the length of the policy	No	N/A	The decrease cannot be reduced below the minimum expiry age of 50.
Increase the deferred period	No	N/A	Available deferred periods are 4, 13, 26 and 52 weeks.
Decrease the deferred period	Yes	Any decrease in deferred period must be exercised after the first 12 months of the start of the policy, and prior to the last 5 years of the policy expiry.	Available deferred periods are 4,13, 26 and 52 weeks. This change cannot be made in the first 12 months or last 5 years of the policy.
Change the frequency of the premiums between annually and monthly	No	N/A	N/A

* For some occupations the maximum expiry age allowed is 50 or 65.

All Relevant Life Plans

Changes to the policy can only be made subject to meeting the following criteria:

- The original policy must have been taken out before the 50th birthday of the person covered
- The person covered will need to be aged less than 55 to be able to make a change to the policy
- The original policy must have been accepted on standard rates
- There must be more than two years remaining on the original policy.

There are also specific eligibility criteria that may apply dependent on the type of change being made. These are detailed in the table below.

Type of change	Amendment Form needed?	Specific eligibility criteria	Limits
Increase the amount of cover	Yes	N/A	Increase is subject to a maximum of 50% of the original amount of cover or £150,000 – whichever is lower. There is an overall maximum limit for all increases of £200,000.
Decrease the amount of cover	No	N/A	N/A
Extend the period of cover	Yes	Can only be done within the first six months of the cover start date.	The length of the policy can be increased up to a maximum of 10 years or the 65th birthday of the person covered, whichever occurs first.
Decrease the period of cover	No	N/A	N/A
Change the frequency of premiums between annually and monthly	Yes	N/A	N/A

Whole of Life Protection Plans

Type of change	Amendment Form needed?	Specific eligibility criteria	Limits
Decrease the sum assured	No	<p>Available on policies underwritten on standard, rated and excluded terms as the original decision will be transferred to the new policy.</p> <p>For policies to be eligible they must have been taken out after 23 May 2005.</p> <p>The original policy must have been taken out before the 50th birthday of the person covered.</p> <p>The person covered will need to be aged less than 55 to be able to make a change to their policy.</p>	This option can be exercised once per policy and does not apply if the case is subject to claim.
Change the frequency of the premiums between annually and monthly	No	N/A	N/A

If the policy is changed

Commission where premiums have increased

If a change means premiums have increased, there will be an increase in commission. In most cases, this will involve cancelling and re-issuing the contracts. There will be a commission claw back if the case being cancelled is in the initial commission period. This initial commission will always be paid back to the original agent, although it may involve a manual adjustment and so may not be shown on the same statement as the claw back. Renewal commission will also increase and will commence at the end of the initial commission period of the new policy, which may be different from the original initial commission period.

On any new policy that is set up, initial commission will only be paid on any increase in premium. Therefore, it may also be necessary to claim back part of the initial commission paid on the newly set up policy to avoid a duplication of initial commission paid by Legal & General.

For an increase in the amount of cover, additional commission is paid in the normal way.

Commission where premiums have decreased

Where making a change to a policy means that premiums have decreased, there will be a decrease in commission. In most cases, this will involve cancelling and re-issuing the contracts. There will be a commission claw back if the case being cancelled is in the initial commission period. The correct reduced amount of initial commission will always be paid back to the original agent, although it may involve a manual adjustment and so may not be shown on the same statement as the claw back. Renewal commission will also decrease and will commence at the end of the initial commission period of the new policy, which may be different from the original initial commission period.

Commission where a change is not made via the originating agent

Where commission increases, the originating agent will maintain the original initial commission. Making a policy change may mean we have to claw back commission but this will always be repaid to the originating agent[†]. The new agent will receive initial commission for the increase amount only and then all renewal commission.

[†]Payback of initial commission will be highlighted on commission statements with the customer’s surname prefixed with ‘flx’.

Continuation cover

For Relevant Life Plans only

If the employee leaves their employment they have two options, both of which must be used within 90 days otherwise the cover will end.

Option 1 – They can take their policy with them and pay the premiums themselves. However, the policy will no longer have Terminal Illness Cover.

Option 2 – The new employer can apply to continue with the policy without the need for further medical evidence and the policy will continue to include Terminal Illness Cover.

Most Relevant Life Plans sold before April 2012 had different continuation options. If relevant, please contact us for further information.

Hospitalisation benefit

For Income Protection Benefit Plans only

This benefit is due if the person covered has to stay in hospital for more than seven consecutive nights.

We'll pay 1/30th of the monthly benefit for each night, from the 8th consecutive day spent in hospital.

This is only payable during the deferred period and is limited to £150 per night.

This benefit will continue until the earliest of:

- The person covered leaves hospital, or
- The end of the deferred period is reached, or
- After 13 weeks of stay in hospital, or
- The fixed end date of the policy, or
- The person covered dies.

If Stepped Benefit has been selected then the hospitalisation benefit will be based on the first deferred period and the first level of benefit.

Proportionate benefit

For Income Protection Benefit Plans only

If following a claim, the person covered returns to work or takes up a different occupation on reduced earnings, as a direct result of the incapacity being claimed for, an appropriately reduced monthly benefit will be payable. This benefit will be equivalent to the reduction in earnings when compared to the earnings in the 12 months before incapacity. If the Low Cost Option is chosen, Proportionate Benefit will only be payable if the most recent claim did not reach 24 monthly benefit payments and will only be paid for the remainder of the 24 month claim period.

Deferred periods

For Income Protection Benefit Plans only

There is an initial period when the person covered is unable to work when we do not pay benefit. They can choose either a 4, 13, 26 or 52 week deferred period. Benefit payments will start one month after the deferred period and are paid monthly in arrears.

NHS doctors, nurses and surgeons

If the customer is employed by the NHS as a doctor, nurse or surgeon, we can provide special terms for these individuals in order to match their sick pay structure should they come to claim within their first five years' employment with the NHS.

The plan should be set up on a stepped benefit basis with a 26 and 52 week deferred period split, this matches their sick pay structure after five completed years' of service.

Should the customer need to make a claim before completing five years' service, we will match their situation at the time and start paying the monthly benefit when their NHS sick pay reduces or stops.

This option:

- should only be used to cover earnings through the NHS for that specific employment,
- will not cover any additional earnings received from a private medical practice, and
- can only be provided if the policy was set up with a stepped benefit of 26 and 52 weeks.

Restrictions and limits relating to the maximum allowable benefit still apply.

Linked claims

For Income Protection Benefit Plans only

If on returning to work the person covered becomes incapacitated within 12 months from the same or a related cause, payment of the monthly benefit will resume immediately, providing no other restrictions apply. If the Low Cost Option is chosen a linked claim will only be possible if the most recent claim did not reach 24 monthly benefit payments.

Income guarantee

For Income Protection Benefit Plans only

The monthly benefit at claim is calculated based on earnings immediately before incapacity, not earnings at the start of the policy. This could mean that if earnings go down, the customer may not receive what they asked for. The Income Guarantee is in place to ensure the monthly benefit we pay, plus any continuing income received whilst incapacitated, provides the customer with the chosen monthly benefit as stated in their Policy Booklet.

We will base the Income Guarantee on the lower of £1,500 per month or the chosen monthly benefit at the start of the policy, even if earnings at the time of claim do not support this level of monthly benefit. If the customer is an NHS doctor, nurse or surgeon we will base the Income Guarantee on the lower of £3,000 per month or their chosen monthly benefit at the start of the policy even if their earnings at the time of claim do not support this level of monthly benefit.

If the customer is a houseperson at the time of incapacity, they will not qualify for the Income Guarantee.

Other sources of continuing income received whilst incapacitated, will be deducted from the monthly benefit stated in the Policy Booklet, 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, or the customer is an NHS doctor, nurse or surgeon and the chosen monthly benefit is more than £3,000 per month and the maximum monthly benefit at claim is less than £3,000 per month, any continuing income will be deducted from the Income Guarantee.

As 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 an Increasing Income Protection product.

Continuous cover

For Income Protection Benefit Plans only

If the customer becomes unemployed or is on a career break at the time of incapacity then they will be entitled to receive the lower of the monthly benefit or £1,666.67 per month. The definition of incapacity will be Activities of Daily Living (ADL). This means the customer must be unable to carry out at least three of the activities as listed on page 21. If they return to employment, the definition of incapacity will return to the definition shown in the Policy Booklet.

If the customer is on statutory maternity, paternity or adoption leave and becomes incapacitated then they will be entitled to receive the monthly benefit provided they were in employment immediately before taking this statutory maternity, paternity or adoption leave. The definition of incapacity used will be own occupation as stated in the Policy Booklet.

Rehabilitation Support Service

This service is available at no extra cost, offers qualifying claimants access to a specialist rehabilitation team who will build a structured return to work programme.

Following an initial assessment, the customer will be provided with the appropriate early intervention treatments, as well as support and guidance from our dedicated team of healthcare professionals, including trained nurses, physiotherapists and occupational therapists. The team will provide specialist advice and support, to facilitate the return to work.

In the event that the recommended treatment doesn't get the customer back to work within the deferred period, they will start to receive their monthly benefit – payments as normal.

Optional benefits

Children's Critical Illness Extra

For Plans with Critical Illness Cover except Business Protection

Optional benefit available if Critical Illness Cover is chosen at the start of the policy, and it will be an additional cost. This benefit will replace the cover in the section headed 'Children's Critical Illness Cover'.

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

- any critical illness that's listed in the section headed 'critical illnesses covered', apart from total and permanent disability,
- carcinoma in situ of the breast – treated by surgery, or low grade prostate cancer, requiring treatment,
- low grade prostate cancer – requiring treatment.

The amount payable will be the lower of 60 times the chosen monthly benefit, or £30,000.

Claims paid under Children's Critical Illness Extra will not reduce the amount of cover or change the premium for the person covered.

The relevant child* is covered from birth and must be diagnosed on or before the policy expiry date and survive for 10 days from the date of diagnosis. We will pay a claim if the relevant child* survives these 10 days, even if this is:

- after the policy expiry date, or
- after the relevant child's* 22nd birthday.

Only one claim per relevant child* will be paid under the policy. There is no limit to the number of relevant children that can be covered by the policy. 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*.

This benefit can be removed at any time during the period of cover. We will contact the customer to let them know about the change in their premium and cover. Once removed, this benefit cannot be added back to the customer's policy.

We will not pay a claim if:

- the symptoms first arose before the relevant child* was covered,
- the relevant child* dies within 10 days of meeting our definition of the critical illness,
- it is for Terminal Illness Cover,
- it is for total and permanent disability,
- either parent was advised by a medical professional before the policy start date that the relevant child* already had, or had an increased risk of developing, the critical illness being claimed for. This includes advice which was received before the child was born.

Additional benefits included in Children's Critical Illness Extra

Child Accident Hospitalisation Benefit

We'll pay £5,000 if the relevant child* is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause.

We will only pay this benefit if the accident doesn't result in us paying out under Children's Critical Illness Extra as described in the section headed 'Children's Critical Illness Extra'.

We will only pay one claim per relevant child* under the policy. If the same relevant child* is covered by more than one policy issued by us, we will pay a maximum of £10,000 for that relevant child* under this benefit.

Child Funeral Benefit

On the death of a relevant child*, we will contribute £5,000 towards their funeral.

We will not pay the claim if:

- The cause of death first arose before the relevant child* was covered.
- We have paid a children's critical illness claim for the relevant child*.

Childcare Benefit

If we have paid a claim under the policy due to the diagnosis of the life insured with:

- any critical illness as defined in the section headed 'critical illnesses covered', or
- carcinoma in situ of the breast – treated by surgery, or
- low grade prostate cancer – requiring treatment.

We will pay up to £1,000 towards childcare with a registered childminder if the person covered has a natural child, legally adopted child or stepchild under five years old at the time of diagnosis.

We will only pay the childcare benefit when we have received receipts or proof of payment from the registered childminder. This benefit covers childcare that takes place in the 18 months following the life insured's diagnosis.

Family Accommodation Benefit

For every night a relevant child* spends in hospital, in the three months immediately following a diagnosis of one of the critical illnesses covered in the sections headed 'critical illnesses covered' and 'Children's Critical Illness Extra', we'll pay £100 per night up to a maximum of £1,000.

Children terminal illness

We'll pay £10,000 if the relevant child* is diagnosed by a hospital consultant with an advanced or rapidly progressing incurable condition with a life expectancy of less than 12 months during the period of cover and survives for more than 10 days following the date of diagnosis.

We will accept one claim per relevant child*. Once we have accepted a claim, that relevant child* will no longer be covered for any other benefits in the policy, except for the benefits in the section headed 'Additional Benefits for Children's Critical Illness Extra'.

Additional illnesses for Children's Critical Illness Extra

If the relevant child* is diagnosed with any of the following conditions by a hospital consultant during the period of cover, we will pay the lower of £30,000 or 50% of the amount of cover.

Benign spinal cord tumour – resulting in either specified treatment or permanent symptoms

A non-malignant tumour originating from the spinal cord, spinal nerves or meninges within the spinal canal, resulting in either:

- surgical removal
- radiotherapy
- chemotherapy, or
- permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Angiomas
- Cysts
- Granulomas
- Haematomas, or
- Osteophytes.

Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to inadequate oxygen supply resulting in permanent neurological deficit with persisting clinical symptoms.

Cerebral palsy

A definite diagnosis of cerebral palsy by a hospital consultant resulting in permanent neurological deficit with persisting clinical symptoms.

Child's diabetes mellitus type 1 – with specified treatment

A definite diagnosis of type 1 insulin dependent diabetes mellitus by a hospital consultant, with the use of permanent insulin injections.

For the above definition, the following are not covered:

- Gestational diabetes.
- Type 2 diabetes (including type 2 diabetes treated with insulin).

Child's intensive care benefit – requiring mechanical ventilation for 7 days

Sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

For the above definition, the following are not covered:

- Sickness or injury resulting in mechanical ventilation secondary to alcohol or drug intake.
- Premature birth (before 37 weeks).

Severe Crohn's disease – treated with two surgical intestinal resections or removal of entire large bowel

A definite diagnosis of Crohn's disease by a consultant gastroenterologist resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; and
- removal of entire large bowel (total colectomy).

For the above definition, the following are not covered:

- Surgical treatment for abscesses, fistulas or strictures.

Cystic fibrosis

A definite diagnosis of cystic fibrosis by a hospital consultant.

Craniosynostosis – treated by surgery

The undergoing of surgery on the advice of a hospital consultant to treat craniosynostosis.

Down's syndrome

A definite diagnosis of Down's syndrome by a hospital consultant.

Hydrocephalus – treated with invasive surgery to the brain tissue

The undergoing of invasive surgery to brain tissue in order to treat hydrocephalus.

Muscular dystrophy

A definite diagnosis of muscular dystrophy by a hospital consultant.

Spina bifida meningocele and myelomeningocele

A definite diagnosis of spina bifida meningocele or myelomeningocele by a hospital consultant.

For the above definition, the following is not covered:

- Spina bifida occulta.

Ulcerative colitis – resulting in the removal of the entire large bowel

A definite diagnosis of ulcerative colitis confirmed by a consultant gastroenterologist, resulting in removal of the entire large bowel (total colectomy).

***Relevant child definition**

A natural child, legally adopted child or stepchild of the person covered, who is younger than 22 years old.

Legal & General GP24

General practitioner services

For all Critical Illness Cover and Critical Illness Extra policies

The person covered* will have access to General Practitioner (GP) Services 24 hours a day, 365 days a year from anywhere in the world. These services are available over the telephone or via webcam for a face-to-face consultation with a practicing, qualified GP.

Legal & General GP24 is provided by Healix Health Services and Medical Solutions UK Ltd and must be chosen at the start of your customer's policy for an additional cost. It is an optional benefit that's available if Critical Illness Cover and Guaranteed Premiums are chosen. It will be reviewed every three years, at which point they can choose to keep or remove the benefit. There is no limit to how many times the service can be used.

* The person covered or their immediate family can use this service.

What is provided?	What is included?
Private prescription services	The GP can arrange and electronically authorise private prescription medication. The online pharmacy can deliver the medication the next working day. All costs associated with the private prescription must be paid for in full.
Open private referral letter	If the GP thinks the person covered* would benefit from a referral, they can provide an open private referral letter, which can be posted or emailed directly. This letter lets them choose where to access care privately – this does not act as a claims authorisation, so any treatment must be privately funded.
Message GP	The person covered* can send the GP a short, medical query online through the mobile app. The GP will respond by the next working day.
Private fit notes	Following a full consultation with a GP, they may feel it's appropriate to issue a Private Fit Note. Private fit notes may not be accepted by all employers and may not be acceptable for statutory sick pay.

Private concierge service

Designed to help the person covered* quickly and easily locate a specialist and can help them make an appointment. The person covered can choose from a number of private consultants and specialists for medical treatment, but any private treatment must be referred by either their own GP or through the Legal & General GP24 service.

The cost of consultation and any additional medical treatment will need to be paid for in full. If the person covered* has private medical insurance they will need to get pre-authorisation from the private medical insurer.

What is provided?	What is included?
Finding consultants and/or hospitals	Search online for a consultant and/or hospital facility by specialism and geographic location.
Finding appropriate clinical pathways	Helping the person covered* navigate to the required medical treatment at the appropriate time.
Understand and explain the relative cost options of private treatments	Provide guidance on the expected costs of treatment in the person covered's* local area.

Conditions

- Legal & General GP24 is provided on a three-year renewal basis.
- The benefit can only be cancelled during the renewal period, and if it is cancelled the premium will be recalculated. This benefit cannot be reapplied to the policy.
- We will contact the person covered three months prior to when this benefit is due for renewal and let them know about any change in the premium.
- The premium for this benefit is due from the policy start date and at monthly or annual intervals, depending on how the premiums are being paid.
- Prescriptions must be received by the online pharmacy by 4pm the previous day to be eligible for next working day delivery, provided the medication is in stock.
- Medication can be sent internationally, where legally permitted, depending on the medication type and country. Delivery times and costs can vary.
- The benefit will end:
 - on the policy expiry date, or
 - if there is a valid claim under full cover, or
 - if the policy or benefit is cancelled at renewal stage.
- In circumstances where we no longer offer this benefit, we will refund any premiums paid.

See Policy Booklet for further details.

Immediate Cover

For all Plans except Whole of Life Protection Plan, Income Protection Benefit Plans, Relevant Life Plans and Family and Personal Income Plans

Immediate Cover is available for customers who require cover urgently. We will assume risk for a customer before they have been fully underwritten, whilst the necessary evidence is being obtained.

Immediate Cover is provided for up to 60 days provided a completed Direct Debit mandate and an Immediate Cover Request Form are supplied.

The amount payable will be the amount of cover applied for, with an overall maximum £3,000,000 for Life Cover, £1,500,000 for policies that include Critical Illness Cover. Whichever is the lower.

The benefit will not pay out if death or Total or Permanent Disability occurs from:

- Intentionally taking own life, or
- Self-inflicted injury, or
- Hazardous activities, or
- Whilst they are outside the UK.

Acceptance of Immediate Cover is not automatic or guaranteed and the cover may be refused at the underwriting stage.

In the event of a claim we'll only pay out on one of the following: Accidental Death Benefit, Free Life Cover, Immediate Cover on the policy applied for, not on all three.

Waiver of Premium (WOP)

For all Plans except Income Protection Benefit Plans and Relevant Life Plans

The person covered won't have to pay premiums after 26 weeks if they are incapacitated due to illness or injury and are unable to do their normal job. This option must be selected at the start of the policy and before the 55th birthday of the person covered. They must be accepted without an additional premium or exclusion added.

We must be notified within sixteen weeks (or four months for WOLPP) of the start of the incapacity.

Premiums will be waived until the person covered, whichever occurs first:

- No longer fulfills the definition of incapacity.
- Payment of the amount of cover.
- On the policy expiry date.
- For Whole of Life Protection Plan, WOP will end at age 60.

The person covered may be required to have a medical examination by an appropriate medical specialist appointed by us regardless of the incapacity definition applied at claim.

Incapacity

For a valid claim of Waiver of Premium:

- The person covered must be unable to carry out their normal occupation.
- If they're not in paid employment, then they must be unable to perform three or more of the Specified Work Tasks listed below. However, for Whole of Life Protection Plans they will be assessed against the Functional Assessment Tests (FATs) listed below.

Specified work tasks

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

Functional Assessment Tests (FATs)

For Whole of Life Protection Plan only

- **Walking** – the ability to walk a distance of 200 metres on flat ground with or without the aid of a walking stick and without stopping or experiencing discomfort.
- **Bending** – the ability to get into or out of a standard saloon car and the ability to bend or kneel to pick up an object from the floor and straighten up again.
- **Communicating** – the ability to answer a telephone and to take a message.
- **Reading** – having the required eye sight (corrected if necessary) to be able to read a daily newspaper.
- **Writing** – having the physical ability to write legibly using a pen or pencil without aid.
- **Climbing** – having the ability to climb up a flight of 12 stairs without stopping or suffering severe discomfort.

Residency requirement

For all plans except Income Protection Benefit Plans, Relevant Life Plans and Whole of Life Protection Plan

A person is covered for Waiver of Premium if they:

- a) reside or travel within the European Union, or
- b) travel outside the European Union for no more than three consecutive months in any 12 months.

If they travel outside the European Union for more than three consecutive months in any 12 months, we will act reasonably when assessing whether the person covered meets the definition of incapacity.

For Whole of Life Protection Plan

Waiver of Premium will apply if the person covered resides in or travels to the USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands or any part of the countries that form part of the European Union (as at 1 November 2003), namely Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the UK.

If the person covered travels or resides in any other part of the world for a period not exceeding three months in any 12 months, Waiver of Premium will continue to apply.

However, if this time period is exceeded, the benefit will cease to apply unless we provide the person covered with written confirmation to the contrary. If the person covered lives or travels outside the European Union for more than 12 consecutive months, then this benefit may be cancelled.

Exclusions

For Whole of Life Protection Plan only

We won't pay premiums if the event of incapacity arises from or is aggravated by:

- intentional self-inflicted injury or attempted suicide.
- alcohol abuse or the taking of drugs other than under the direction of a registered medical practitioner.
- either directly or indirectly from any war, whether declared or not.
- any special provisions as specified in the policy document.

Indexation (WOLPP)

For Whole of Life Protection Plans only

Indexation protects the policy against inflation. Every year, we'll give the person covered the option to increase the amount they are insured for, in line with any changes in the Retail Prices Index (RPI) without the need for further medical evidence. If this option is chosen the premium will also increase.

The amount of cover will increase each year up to a maximum of 10%. The premium will increase each year up to a maximum of 15%. If changes to RPI are 1% or less then both the premium and amount of cover will stay the same until the next review. The premium will increase at a different rate to the amount of cover because it is indexed in line with the change in RPI, multiplied by 2, which takes into account the fact that the likelihood of claiming increases as the older the person covered gets.

If the person covered decides not to increase the amount they are insured for, we won't offer this option again and the premium will stay the same for the remaining length of the policy.

Indexation doesn't apply if the person covered has an additional premium added at the start of their policy.

Total and Permanent Disability

Only for Plans with Critical Illness Cover

Depending upon the policy purchased and the occupation of the person covered, we use different definitions to describe a condition when the person covered is totally unable to do their own job, or carry out a number of physical tests and, in the opinion of a medical officer, will remain so permanently. Please see the Occupational Class Guide for full details on which definition applies. The different definitions are listed in the critical illness section. If the person is not in paid employment at the time of claim, the claim will be assessed under the Specified Work Tasks definition as described in the critical illness cover section.

Stepped Benefit

For Income Protection Benefit Plans only

When the policy is first taken out, the person covered has the option to choose from two different deferred periods linking to two different monthly benefits. The deferred period is the period of time from the start of incapacity when the person covered can't work and we don't pay any monthly benefit. The deferred period must pass before any monthly benefit can be paid.

For example, the person covered may receive sick pay from their employer. In this case, the person covered may wish to set the first deferred period with a lower level of benefit. They could then choose to increase the level of benefit at the second deferred period, the timing of which could coincide with the date that the employer's sick pay stops altogether.

The maximum benefit limit will apply to the higher level of benefit.

If Stepped Benefit has been selected, then the Low Cost Option is not available.

Low Cost Option

For Income Protection Benefit Plans only

When the policy is first taken out, the person covered may choose to select the Low Cost Option as a way to keep their premiums down. The maximum claims period for any individual claim is limited to 24 months. Multiple claims can be made.

If the person covered is a houseperson, after the monthly benefit has been paid for 24 months (this doesn't need to be consecutive) the policy will end.

If the Low Cost Option is selected then Stepped Benefit is not available.

Types of business protection

Key Person Protection

Key Person Protection is designed to protect a business against the financial loss it may suffer as a result of the death, terminal illness or critical illness (if chosen) of a key person. The business may choose to cover the key person for either life or critical illness cover.

The company, LLP or Scottish partnership applies for a policy on the life of the key person. In these cases, the business will be the owner of the policy.

However, a partnership in England, Wales and Northern Ireland cannot be the owner of a policy because it does not have a separate legal identity. If the key person is one of the partners, that partner could take out a single life plan and write it in trust at outset for the other partners.

If the key person were to leave or retire before the end of the policy, then the business has the following options to:

- stop paying the premiums and the policy would end;
- continue paying the premiums until the end of the policy and in event of a claim, the business would receive a lump sum;
- transfer the policy to the key person who then would become the legal owner of the policy and could continue paying the premiums to continue their cover.

For Partnerships, Key Person Protection should be placed within a trust.

For full information on Key Person Protection and the key taxation effects, please see the Key Person Protection Technical Guide.

Business Loan Protection

Business Loan Protection is designed to help protect a business against the financial impact it may suffer as a result of the death, terminal illness or critical illness (if chosen) of a key person which could result in the business being unable to repay a loan.

The amount of cover must be regularly reviewed to ensure that it is sufficient to cover the business loan. Business Loan Protection has a different tax treatment to Key Person Protection which is used to protect a loss of profits. Please see the Key Person Technical Guide for further information.

Share Protection

A Share Protection arrangement enables the remaining owners of a business to purchase the deceased owner's share of the business. In addition, it ensures that the deceased owner's estate has a willing buyer. This means that the remaining business owners keep control of their business, avoiding being part owned by someone else with no real interest in the business. In order for the arrangement to be implemented, each owner must effect and maintain a Life or Critical Illness Cover policy which is written in trust from the outset for the other owners. An agreement, typically a cross option agreement, provides the basis for the Share Protection and details how the purchase can be made.

A cross option agreement is essentially two agreements which are set up to protect the business owners in the event of death of one of the owners:

1. The remaining owners have the option to buy the shares from the deceased owner's estate and the deceased owner's estate is obliged to sell them. The remaining owners must use their option to buy the share of the business within three months of the date of death.
2. The deceased owner's estate has the option to sell the shares to the remaining owners and the remaining owners are obliged to purchase them. The estate must use the option to sell the share of the business within six months of the date of death.

Critical illness (if chosen) and terminal illness can also be included as part of an arrangement. This would be a single option agreement where the terminally/critically ill owner has the option to sell their shares to the remaining co-owners who would be obliged to buy them. There is not an option for the other owners to buy the share of the business from the terminally/critically ill owner. A single option agreement leaves the terminally/critically ill owner in control, with the option to sell, but with no corresponding option to buy given to his/her co-owners. The option is only available for six months following the payment of a valid claim.

Under their agreement, each owner must have their own Life Insurance or Life Insurance with Critical Illness Cover policy to provide the required amount of money to purchase their share of the business. This must be written in trust at the start and the beneficiaries of the trust would be the co-owners. The policy will then pay out on death, terminal illness or critical illness (if chosen) ensuring that the remaining business owners have the funds to purchase the share of the business. We offer trusts for Partnerships, Limited Liability Partnerships and Companies.

The amount to be paid for the share of the business needs to be calculated and the amount of cover should be matched to this amount. Our cross option agreement template has been drafted to enable the shareholders to set a value of the business which will apply for three years from the start of the agreement. After three years, a fair value would be payable, as determined by an independent auditor or professional valuer. It is important that the amount of cover on each policy is regularly reviewed to ensure that it is sufficient to cover the cost of purchasing the relevant share of the business.

Please note that it is important that each business consults their own legal advisers and amends our cross option agreement template accordingly with their own business requirements.

For full information on Share Protection and the key taxation effects, please see the Share Protection Technical Guide.

Ownership and trusts

Single Life

Your customer can take out a policy on their own life only. This is called a single life policy.

Life of Another

Your customer can take out a policy on the life of someone else. This is called life of another.

Joint Life Cover

Your customer can take out cover for two people under one policy. This is called joint life cover.

For joint life cover the policy will pay out in the event of death, terminal illness or critical illness (if chosen) when the first person covered has a valid claim before the end of the policy. For Joint Life Cover on our Whole of Life Protection Plan you can choose whether this will be when the first person (Joint Life First Death) or after both the first and second person (Joint Life Second Death) die and the policy will end.

Benefit	Impact on Joint Life Cover
Free Life Cover	To qualify for Free Life Cover the eldest must be under 55 years old.
Accidental Death Benefit	For Accidental Death Benefit we will only pay one claim per policy.
Accident Hospitalisation Benefit (CIC ONLY)	Will only pay one claim in respect of each person covered.
Increasing the Cover	Where there is a maximum age for qualifying this applies to the eldest.
Making changes to the Plan	Where there is a maximum age for qualifying this applies to the eldest.
Definition of Disability for Total and Permanent Disability (CIC ONLY)	<p>Only one definition of disability will apply to both lives.</p> <p>Scenario 1: If one applicant is occupation class 1 or 2 and the other applicant is a Houseperson, the definition applied will be 'own occupation'. If the person claiming is not in paid employment then the Specified WorkTasks definition will apply.</p> <p>Scenario 2: If one applicant is occupation class 1 or 2 and the other applicant is class 3 or 4, the definition applied when the policy is taken out and at claim will be the Specified WorkTasks definition.</p>
Additional cover (CIC ONLY) Carcinoma in situ of the breast – treated by surgery or Low grade prostate cancer – requiring treatment	We will only pay one claim per policy.

Joint Life policy separation

If your customers have joint life cover and they:

- divorce, or
- dissolve their registered civil partnership, or
- either of them:
 - takes over an existing mortgage in one name, or
 - takes out a new mortgage in one name,

they may be able to separate their cover. We will cancel this policy and start a new Single Life policy for each person covered. They must request to separate their joint life policy within six months of the event being finalised.

Joint life policy separation is not available if either of the people covered has had a valid claim for either of the following benefits:

- Carcinoma in situ of the breast – treated by surgery
- Low grade prostate cancer – requiring treatment

Replacement cover

If one of the persons covered makes a valid claim under full cover they can request to continue cover for the other person covered as a new single life policy.

They must request this option within six months of a valid claim being paid under full cover.

Replacement cover is not available if the person covered requesting replacement cover has had a valid claim for either of the following benefits:

- Carcinoma in situ of the breast – treated by surgery
- Low grade prostate cancer – requiring treatment

Trusts for Mortgage and Family Protection Plans

Why use a trust?

Placing a policy in trust is one way of helping make sure that the policy proceeds are given to those that the policy owner wishes them to go to, without unnecessary delays.

- **Control of funds** – a trust allows the policy proceeds to be given away for the benefit of others (the beneficiaries). This is done without giving the beneficiaries full control or access to the proceeds.
- **Inheritance Tax** – it should help to ensure that any money paid out from the policy would not be part of the estate of the person covered, helping to minimise the Inheritance Tax liability.
- **Quicker payout** – it should help to ensure that the money paid out from the policy can be paid to the right people quickly, without the need for lengthy legal processes.

Who's involved in a trust?

The settlor – the person giving away their life policy is called the settlor for a discretionary trust and the donor for an absolute trust. They choose the trustees and the beneficiaries.

The beneficiaries – the people who can receive payment from the trust fund are called the beneficiaries.

The trustees – the trustees take legal ownership of the trust fund from the settlor. They then look after the trust fund, and, following a claim on the policy will make arrangements for the payments to be made to the beneficiaries.

Discretionary Trust

This trust offers most flexibility as the trustees can appoint from a wide range of beneficiaries. The trustees have discretion about which of the beneficiaries will receive any benefits, how much they will receive and when they will receive it. This can ensure that children receive some financial support from the money, but do not have full access to it. The settlor can give the trustees guidance on how they would like the trust fund to be used via a Letter of Wishes.

Absolute Trust

The beneficiaries are chosen at the start and are absolutely entitled to the trust fund and can't be changed in the future. This ensures that the people chosen as beneficiaries at the start by the donor will receive any policy proceeds.

Survivor's Discretionary Trust

This is a special trust which is only suitable for use with joint life first death policies. The trustees can pay the policy proceeds to the surviving settlor if he or she survives the first to die by 30 days. However, should both people covered die within 30 days of each other, the policy proceeds will be part of a discretionary trust, and payable to the beneficiaries of the trust.

Please note: It is a good idea to put the policy in trust at outset. However, a Legal & General Mortgage and Family Protection policy can be placed in trust at any time.

We also still offer a Flexible Trust.

For Business Protection and Relevant Life Plans

We offer the following Trusts for Business Protection:

- LLP Share Protection Trust
- Partnership Share Protection Trust
- Director's Share Protection Trust
- Relevant Life Plan Trust

Our Relevant Life Plans must be placed in a trust. For Partnerships, Key Person Protection should also be placed within a trust. Please see the relevant technical guides for more information.

Premiums/ payments

Premiums

The minimum premium will depend on the terms of the individual policy. For example, we offer reduced rates to non-smokers. We class a smoker as someone who has smoked cigarettes, cigars, a pipe or used nicotine replacements during the last 12 months.

There is no maximum premium.

For some products the person covered can choose guaranteed or reviewable premiums.

Guaranteed premiums

The premiums are guaranteed to stay the same throughout the length of the plan, unless:

- The person covered converts their plan (Conversion option – no longer offered).
- The person covered chooses to alter their plan or uses the Changing Your Policy option.
- An Increasing policy, or the Indexation option for WOLPP, is chosen.

Reviewable premiums

We will assess any change to the premiums fairly every five years. We review premiums every five years. The factors we look at are:

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

The state of health or individual circumstances won't be a factor at review.

If, after a premium review we recalculate the premium to within 5%, we won't make any changes. However, any change in premium not taken into account at the review will be taken into account at future reviews.

Payment of premiums

Premiums may be paid either monthly or annually by Direct Debit.

Premiums not paid

If the policy owner or the premium payer stops paying premiums or the policy owner cancels the policy, they will be given 30 days, after which the policy and cover will end. They will not receive any money back.

Charges

The premium payments are shown in the Key Features Illustration/Personal Quote and include all the costs of administration, underwriting, claims and selling expenses, commission and the fees payable for any medical examinations that we ask the person covered to attend.

Second Medical Opinion service

For all Plans except Whole of Life Protection Plan, Business Whole of Life Protection Plan and Relevant Life Plans

The Second Medical Opinion is an optional service which provides access to a database of consultant specialists throughout the UK, allowing a face-to-face consultation with a supporting report which is sent to the person covered and their GP. An alternative diagnosis may be used by the person covered to support a claim. This new diagnosis or information will not be used to reverse an accepted claim decision.

It is an independent Second Medical Opinion service available on policies taken out from 29 June 2015.

The service is provided and managed by Healix Health Services, a UK company employing over 90 fully qualified doctors and nurses. They manage and co-ordinate appointments, the transfer of medical records and billing on behalf of the person covered.

Legal & General will contribute up to £300 for the cost of the consultation (this varies by consultant with an average charge of £250). Any additional cost for the initial consultation, travel costs, or resulting treatment including medication are to be paid for by the person covered.

To use our Second Medical Opinion service for life or critical illness cover a claim must be made for the person(s) covered on a condition covered under their policy. The service can be used a maximum of once per single life plan and a maximum of once per person covered for joint life plans.

If Children's Critical Illness Cover is included in the policy, the service can be used once per child up to a maximum of two children per policy.

For Income Protection Benefit Plans the service can be used a maximum of twice per policy, if the person covered meets our definition of incapacity.

Full details on this service can be found in the Customer Flyer (W14015).

Contact us

If you have any general queries, or would like more information, you can call our helpdesk.



0370 010 4080

Lines open Monday to Friday 8.30am to 6pm.
Saturday 9am to 1pm.

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



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

Legal & General Assurance Society Limited
Registered in England and Wales No. 00166055.
Registered office: One Coleman Street, London EC2R 5AA.

Legal & General Assurance Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

W12549 05/19

