

POLICY SUMMARY.

keyfacts[®]

This policy is provided by Legal & General Assurance Society Limited.

OVERVIEW.

These policies are designed to meet the demands and needs of people who want to help protect against the impact of critical illness. The policy could be used to help pay your outstanding mortgage or to help protect your family's lifestyle and everyday living expenses. This Policy Summary is only a brief guide to the cover and exclusions. You will find full details in the Policy Booklet which will form the basis of our contract with you.



WHAT IS COVERED?

Life insurance

You will be covered if before the end of the policy:

- you die
- you are diagnosed as being terminally ill, and in the opinion of your hospital consultant and our medical officer, the illness is expected to lead to death within 12 months.

We'll pay out your amount of cover once. After this happens, the policy will end and you'll no longer have any cover.

Critical illness cover

If you choose to add critical illness cover alongside your life insurance as a separate policy, you will be covered if before the end of the policy:

- You are diagnosed with or undergo a medical procedure for one of the critical illnesses we cover and you survive for 10 days from diagnosis.

We'll pay out your amount of cover in full once. After this happens, the policy will end and you'll no longer have any cover.



WHAT IS NOT COVERED?

You are not covered if you don't give us full and honest answers to the questions we ask you before the policy starts. Please don't assume that we'll contact your doctor to find out your full medical details.

Life insurance

We won't pay out:

- If within the first year of the policy, your death is caused by suicide or, intentional and serious self-injury or an event where, in our reasonable opinion, you took your own life.
- If some elements of cover are restricted based on the information you give us. If we do this we'll tell you what we've excluded in your policy booklet under 'What you are not covered for'.
- The amount of cover more than once if a joint life policy is chosen. This may be when the first person dies or has a valid claim. We have a replacement cover option which could allow the other person covered to take out a new single life policy, ensuring they still have some protection in place.
- If you are diagnosed with a terminal illness which doesn't meet our definition. Terminal Illness cover can't be claimed:
 - after your death
 - or if the length of the policy is less than two years.

Critical illness cover

We won't pay out:

- If you are diagnosed with or undergo a medical procedure for one of the critical illnesses we cover which doesn't meet our definition.
- If death occurs within 10 days of diagnosis of one of the critical illnesses we cover.
- If you die.
- If some elements of cover are restricted based on the information you give us. If we do this we'll tell you what we've excluded in your policy booklet under 'What you are not covered for'.
- The amount of cover more than once if a joint life policy is chosen. This will be when the first has a valid claim. We have a replacement cover option which could allow the other person covered to take out a new single life policy, ensuring they still have some protection in place.

For both policies

- Life cover policies have no cash value and we will not pay out if you reach the end of the policy without making a valid claim.
- If you stop paying your premiums your cover will end 30 days after the first missed premium.

ABOUT THE POLICY.

YOUR PREMIUMS

Your premiums will remain the same during the length of the policy unless you make any changes.

Increasing cover

If you choose an increasing policy your premiums will increase in line with the change in the Retail Prices Index (RPI) multiplied by 1.5 subject to a maximum increase of 15% per annum. The RPI provides an indication of inflation on a monthly basis. The RPI measures and tracks the average change in the purchase price of goods and services such as housing expenses and mortgage interest payments.

AGE LIMITS

Product	Maximum age for buying a policy	Minimum length of the policy	Maximum length of the policy	Your policy must end before age
Life Insurance*	77	1 year	50 years	90
Decreasing Life Insurance*	74	5 years	50 years	90
Increasing Life Insurance*	77	2 years	50 years	90
Critical Illness Cover*	67	2 years	40 years	70
Increasing Critical Illness Cover*	67	2 years	40 years	70

The minimum age to take out a policy is 18. The policy must not end before your 29th birthday.

*Guaranteed premiums

YOUR COVER

Level cover

If you choose level cover, your amount of cover will stay the same unless you change it. If the policy is to help repay a mortgage, you need to ensure that your amount of cover matches your outstanding mortgage. The policy may not completely pay off your outstanding mortgage, if you change the mortgage you have in any way and you don't adjust your cover to match your new arrangements.

Increasing cover

If you choose increasing cover this is designed to protect the policy against inflation. Every year, we'll give you the option to increase the amount you're insured for by the changes in the Retail Prices Index (RPI) up to a maximum of 10% of your current amount of cover, without the need for further medical evidence. The RPI is a way of measuring the impact of inflation on family budgets and is set by the Government.

Your premium will increase at a different rate to your amount of cover because it's indexed by the change in the RPI multiplied by 1.5 up to a maximum of 15% of your current premium. This takes into account the fact that the likelihood of claiming increases as you get older.

If the change in the RPI is less than 1% then both your premium and amount of cover will stay the same until the next review.

If you decide not to increase the amount you're insured for, we won't offer you this option again.

BENEFITS FOR LIFE INSURANCE.

The following benefit(s) may have eligibility criteria and restrictions that apply.

ACCIDENTAL DEATH BENEFIT

Included at no extra cost.



WHAT IS COVERED?

We'll cover you from when we receive your application, for up to 90 days or until we accept, postpone or decline your application. This means that if you die due to an accident during this time, we'll pay out the amount you've asked to be insured for, up to a maximum of £300,000 for all applications.

The benefit will be paid out if the the person covered, or one of the persons covered, sustains a bodily injury caused by accidental, violent, external and visible means, which solely and independently of any other cause results in death within 90 days of the accident.



WHAT IS NOT COVERED?

We won't pay out if death occurs from:

- Suicide, intentional and serious self-injury or an event where, in our reasonable opinion, you took your 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 happened before you applied.

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.
- From the date you tell us that you no longer want the application to proceed.

Your lump sum will be paid only once either under the Accidental Death Benefit, Free Life Cover or the policy itself.

FREE LIFE COVER

Included at no extra cost if you are moving home.



WHAT IS COVERED?

We'll cover you if you die between exchange of contracts and completion of your property purchase up to a maximum of 90 days, provided you are accepted on standard terms and we have everything we need to start your policy.

Your Free Life Cover will end as soon as the policy starts.

You'll be covered for the lower of your proposed amount of cover or the amount of your mortgage, up to a maximum of £300,000.

If you live in Scotland, you'll be covered between completion of missives and your date of entry.



WHAT IS NOT COVERED?

You won't be accepted for Free Life Cover if you are 55 years old or over. For joint life policies you both need to be under this age for Free Life Cover to apply.

We won't provide cover if you have another policy with any provider covering the same mortgage.

Your amount of cover will be paid only once either under Free Life Cover, Accidental Death Benefit or the policy itself.

WAIVER OF PREMIUM

Optional, must be chosen at the start of the policy and will be an additional cost.



WHAT IS COVERED?

You won't have to pay your premiums after 26 weeks if you're too ill or incapacitated due to sickness or injury to do your normal job. If you're not in work, we'll use Specified Work Tasks (see section headed Specified Work Tasks) to see whether or not you have to pay your premiums.

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.



WHEN IS IT NOT AVAILABLE?

You won't be able to include Waiver of Premium if:

- You are 55 years old or older when your application is accepted.
- After assessment, we have had to increase your premium.
- We've applied an exclusion (something we'll not cover you for).

Please see the Policy Booklet for further information.

CRITICAL ILLNESSES COVERED.

If you choose Critical Illness Cover, you will be covered for the illnesses shown below. For a claim to pay out, your illness must meet Legal & General's definition. It must also be verified by a consultant at a hospital in the UK, who is a specialist in an area of medicine appropriate to the cause of your claim as in some instances cover may be limited. For example:

- some types of cancer are not covered
- to make a claim for some illnesses, you need to have permanent symptoms.

Please check the full definitions found in the Guide to Critical Illness Cover and Policy Booklet to make sure that you understand exactly what is covered.

- **Aorta graft surgery** – *requiring surgical replacement*
- **Aplastic anaemia** – *categorised as very severe*
- **Bacterial meningitis** – *resulting in permanent symptoms*
- **Benign brain tumour** – *resulting in either specified treatment or permanent symptoms*
- **Blindness** – *permanent and irreversible*
- **Brain injury due to trauma, anoxia or hypoxia** – *resulting in permanent symptoms*
- **Cancer** – *excluding less advanced cases*
- **Cardiac arrest** – *with insertion of a defibrillator*
- **Cardiomyopathy** – *of specified severity or resulting in specified treatment*
- **Coma** – *of specified severity*
- **Creutzfeldt-Jakob disease (CJD)**
- **Deafness** – *permanent and irreversible*
- **Dementia including Alzheimer's disease** – *resulting in permanent symptoms*
- **Encephalitis** – *resulting in permanent symptoms*
- **Heart attack** – *of specified severity*
- **Heart valve replacement or repair** – *with surgery*
- **Kidney failure** – *requiring permanent dialysis*
- **Liver failure** – *of advanced stage*
- **Loss of use of hand or foot**
- **Loss of speech** – *total permanent and irreversible*
- **Major organ transplant**
- **Motor neurone disease** – *resulting in permanent symptoms*
- **Multiple sclerosis** – *where there have been symptoms*
- **Parkinson's disease** – *resulting in permanent symptoms*
- **Pulmonary hypertension** – *of specified severity*
- **Respiratory failure** – *of advanced stage*

- **Specified heart surgery**
- **Spinal stroke** – *resulting in symptoms lasting at least 24 hours*
- **Stroke** – *resulting in symptoms lasting at least 24 hours*
- **Systemic Lupus Erythematosus** – *with severe complications*
- **Third degree burns** – *covering 20% of the surface area of the body or 20% of the face or head*

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 specified surgical treatments and meet the full definition:

- **aorta graft surgery** – *requiring surgical replacement*
- **heart valve replacement or repair** – *with surgery*
- **specified heart surgery**

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

ADDITIONAL COVER IF CRITICAL ILLNESS COVER IS CHOSEN.

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



WHAT IS COVERED?

Unless specifically excluded in the Policy Booklet under the heading 'What you are not covered for':

We'll pay out 25% of your amount of cover up to a maximum of £25,000.

Your amount of cover and premiums will not be affected if we make an additional payment to you and we'll still pay out the amount you are covered for under the main policy in case of a critical illness.

We'll only pay out once for each definition shown above.

If joint life cover is chosen both lives insured will be able to claim.



WHAT IS NOT COVERED?

Please check the full definitions found in the Guide to Critical Illness Cover and Policy Booklet to make sure you understand exactly what is not covered.

EXTRA BENEFITS INCLUDED IF CRITICAL ILLNESS COVER IS CHOSEN.

ACCIDENT HOSPITALISATION BENEFIT



WHAT IS COVERED?

We'll pay £5,000 if you are in hospital with physical injuries for a minimum of 28 consecutive days, immediately following an accident.



WHAT IS NOT COVERED?

This benefit will not be payable if a valid claim has been made for Critical Illness Cover. We'll only pay one claim for each person covered

CHILDREN'S CRITICAL ILLNESS COVER



WHAT IS COVERED?

We'll cover a relevant child* or any children you have in the future if, before the end of your policy, they're diagnosed with one of the critical illnesses we cover, including Additional Cover. They are covered from when they're 30 days old to their 18th birthday (or 21st birthday if they're in full time education). 22nd birthday.

We'll pay out 50% of your original amount of cover up to a maximum of £25,000 for a valid claim.

Your amount of cover and premiums will not be affected if we make an additional payment to you.

We'll pay out one claim per relevant child* under the policy. Once two claims in total have been made, children's cover will end. If the same relevant child* is covered by more than one policy issued by us, we'll pay out a maximum of £50,000 for that relevant child*.



WHAT IS NOT COVERED?

Your children will not be covered:

- For any condition that was present at birth.
- Where the symptoms arose before the relevant child* was covered.
- If death occurs within 10 days of diagnosis of one of the critical illnesses we cover.

ADDITIONAL BENEFITS INCLUDED FOR CHILDREN'S CRITICAL ILLNESS COVER

Your amount of cover and premiums will not be affected if we make an additional benefit payment to you.

For further details, please read your Policy Booklet.

Child Accident Hospitalisation Benefit – pays £5,000 if a relevant child* is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident.

Child Funeral Benefit – contributes £5,000 towards the funeral of a relevant child*.

Childcare Benefit – if we have paid a claim for a critical illness under this policy, and you have a natural child, legally adopted child or stepchild under 5 years old, we'll pay up to £1,000 towards childcare with a registered childminder.

Family Accommodation Benefit – pays £100 for every night a relevant child* spends in hospital, in the three months immediately following diagnosis of one of the critical illnesses covered (up to a maximum of £1,000).

*Relevant child – 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.

FURTHER INFORMATION.

CAN I INCREASE MY COVER?

You can apply to increase your cover at anytime. Usually, changes to your amount of cover will be assessed at the time. However, if the 'Changing your policy' section is shown in your Policy Booklet then you can increase your cover, for certain life events, without the need to provide us with further medical information. Please see your Policy Booklet for further information. Eligibility criteria apply.

CAN I MAKE CHANGES?

You can make changes to the policy. Please talk to us and we'll consider your request and let you know if what you're asking for is possible and what your new premium will be. If you make any changes to the policy then a new policy may be set up and different terms and conditions could apply.

WHAT HAPPENS IF I MOVE ABROAD?

If you move abroad during the length of the policy, please check the Policy Booklet, as your policy may be affected.

ARE PAY OUTS TAXED?

For life insurance

Any pay outs we make should be free from UK Income Tax and Capital Gains Tax. The Government may change this tax position at any time. If the policy is written under a suitable trust, the amount of cover payable should not form part of the estate for Inheritance Tax purposes. If the policy is not written in trust, the amount of cover payable will normally go into the estate and Inheritance Tax may apply.

For critical illness cover

Any pay outs that we make should be free from UK Income Tax and Capital Gains Tax. The Government may change this tax position at any time. If you are diagnosed with or undergo a medical procedure for one of the specified critical illnesses we cover and you survive 10 days from diagnosis then the policy may pay out after you die in which case the amount of cover will be payable to your estate and may be subject to Inheritance Tax. If the policy is absolutely assigned, the amount of cover payable should not form part of the estate for Inheritance Tax purposes. The policy cannot be issued or assigned into a trust.

WHAT IF I WANT TO CANCEL OR CLAIM?

You can cancel the policy at any time. When you first take out the policy you will have the opportunity to cancel. If you cancel within 30 days, we'll refund any premiums you've paid. If you cancel the policy at a later stage, you will not get any money back.

To cancel or claim you can write to us at:

Claims or Cancellations Department, Legal & General Assurance Society Limited, City Park, The Droveaway, Hove, East Sussex BN3 7PY.

Or call or email us:

- **For critical illness claims:**
0800 068 0789*
health.claims@landg.com
- **For Waiver of Premium claims:**
0800 068 0789*
health.claims@landg.com
- **For Cancellations:**
0370 010 4080*

HOW DO I COMPLAIN?

If you have a complaint about our service or would like a copy of our internal complaint handling procedure, please contact us at:

Legal & General Assurance Society Limited, Knox Court, 10 Fitzalan Place, Cardiff, CF24 0TL
0370 010 4080*

Making a complaint doesn't affect your legal rights. If you're not happy with the way we handle your complaint, you can talk to the Financial Ombudsman Service at: Exchange Tower, London E14 9SR

- **0800 023 4567**
- **0300 123 9123**
- **complaint.info@financial-ombudsman.org.uk**
- **www.financial-ombudsman.org.uk**

* Calls may be recorded and monitored. Call charges may vary.

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. Whether or not you are able to claim and how much you may be entitled to will depend on the specific circumstances at the time. For further information about the scheme please contact the FSCS at: **www.fscs.org.uk** or call them on: **0800 678 1100**.



www.legalandgeneral.com

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055

Registered office: One Coleman Street, London EC2R5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.