



PLAN DETAILS FOR DIABETES LIFE COVER

March 2017



WE GIVE THIS BOOKLET TO EVERYONE WHO BUYS OUR DIABETES LIFE COVER. IT CONTAINS YOUR PLAN'S TERMS AND CONDITIONS, AND IT TELLS YOU HOW YOUR PLAN WORKS. IT ALSO EXPLAINS HOW TO MAKE A CLAIM, KEEP YOUR PREMIUMS UP-TO-DATE AND HOW TO MAKE CHANGES.

These terms and conditions are part of the contract between **you** and **Royal London** so please keep them in a safe place, as **you** may need them in the future.

The contract between **you** and **Royal London** consists of **your application** to **us**, these terms and conditions ('the plan details'), the cover summary and any **endorsements** to these terms and conditions that **we** give **you**. Where there's a conflict between these terms and conditions and the cover summary, the terms set out in the cover summary will apply.

Cancelling your plan

If, after taking out **your** plan, **you** feel it isn't suitable, **you** may cancel it by contacting **us** using the details on page 4. If **you** do this within 30 days of receiving **your** cover summary and plan details, **we'll** refund any premiums **you've** already paid. If **you** cancel after 30 days, **we** won't refund any of the premiums. See page 12 for more information on cancelling **your** plan.

If **you** would like this booklet or any other information in large print, in braille or on audio CD, please call **0345 6094 500**.

Before you start, please note:

Any words in **bold** are defined in section 6.

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TELLING US ABOUT CHANGES

Please remember to tell **us** if:

- **you** stop being resident in **the UK**, Jersey, Guernsey or the Isle of Man
- **you** change **your** name
- **you** change **your** address
- **you** change **your** bank account

You can contact **us** in the following ways:



0345 6094 500



protectionhelp@royallondon.com



0345 6094 522



Royal London, 1 Thistle Street,
Edinburgh EH2 1DG



royallondon.com

If **you** phone **us**, **we** might record or monitor **your** call so **we** have an accurate record of anything **you** tell **us**.

1. ABOUT THE COVER

Our Diabetes Life Cover is designed for people with Type 1 or Type 2 diabetes, who are managing their **HbA1c blood test** levels below 12.0% (108mmol/mol).

The cover pays out if **you** die or are diagnosed with a **terminal illness** that meets **our** definition, within the term of the cover.

For **our terminal illness** definition, please see section 6.

How to make a claim

If **you** or **your** representatives want to make a claim, please call **us** on 0345 6094 500. Before **you** call, please read through the information in this section. Please contact **us** as soon as possible, so **we** can help **you** as quickly as **we** can. It will help **us** if **you** have **your** plan number to hand when **you** contact **us**.

If **you're** living or working outside **the UK** and want to make a **terminal illness** claim, **we** might need **you** to return to one of the countries listed below.

- | | |
|-------------------|-------------------|
| • The UK | • Isle of Man |
| • Australia | • Italy |
| • Austria | • Japan |
| • Belgium | • Latvia |
| • Bulgaria | • Liechtenstein |
| • Canada | • Lithuania |
| • Channel Islands | • Luxembourg |
| • Cyprus | • Malta |
| • Czech Republic | • The Netherlands |
| • Denmark | • New Zealand |
| • Estonia | • Norway |
| • Finland | • Poland |
| • France | • Portugal |
| • Germany | • Slovakia |
| • Gibraltar | • Slovenia |
| • Greece | • South Africa |
| • Hong Kong | • Spain |
| • Hungary | • Sweden |
| • Iceland | • Switzerland |
| • Ireland | • USA |

2. HOW YOUR PLAN WORKS

What happens when you make a claim

We'll send **you** a claim form – please fill it in and send it back to **us**. Depending on what **your** claim is for, **we'll** also ask for other information. For example:

- a birth, marriage or death certificate
- medical information, or medical records

We'll pay the reasonable cost of all medical reports or evidence **we** ask for at the start of the plan. **We** won't pay for **HbA1c blood test** results. **We'll** just need to see a copy of these results.

Who we'll pay

We'll pay the cover amount to the person who is legally entitled to receive it. This will depend on **your** claim, **your** circumstances at the time, and whether the plan has been assigned or put under trust.

We usually pay the plan owner or, if they've died, their personal representatives. If a personal representative wants to claim, they must send **us** an original Grant of Representation or Confirmation.

If the plan has been assigned, **we'll** pay the assignee. If an assignee wants to claim, they must send **us** the original Deed of Assignment.

If the plan is under trust, **we'll** pay the trustees. The trustees must then follow the terms of the trust to distribute the money to the chosen beneficiaries. If trustees want to claim, they must send **us** the original Trust Deed, and any original deeds altering the trust. **We** won't be responsible for checking that the trust has been properly established or terminated.

When we will and won't pay a claim

We'll pay a claim if:

- **you** die or meet **our** definition of **terminal illness**, during the term of the cover, and
- the information **you** send **us** is correct and complete and **your** claim is valid according to these terms and conditions.

We won't pay a claim if:

- the claim is for death and it's the result of **intentional self-inflicted injury** within 12 months of the cover starting or restarting
- the claim is for **terminal illness** and **you** don't meet **our** definition of **terminal illness**
- it's the result of any **exclusion** shown on **your** cover summary.

We might not pay a claim or **we** might reduce the amount we pay if:

- **you** don't send **us** everything **we** ask for, or if the information **you** provide is incorrect or incomplete, or
- **you** didn't answer the questions on **your application** fully, honestly and to the best of **your** knowledge

If **you** die or meet **our** definition of **terminal illness** within the first six months of the date **your** plan started but **we** haven't received evidence of **your HbA1c blood test** result or any other information **we've** requested in connection with **your** application, **we'll** continue to request that information until **we've** received everything **we** need.

3. YOUR PREMIUMS

When **we've** received everything **we** need, if **we** don't need to change **our** initial decision, **we'll** assess **your** claim based on the terms **we** offered **you** when **your** plan started. If **we** do need to change **our** initial decision, **we'll** amend the terms of **your** plan and assess **your** claim based on those new terms.

This means that if **we** would have charged an extra premium **we'll** reduce **your** amount of cover to reflect the amount of cover **we** would have offered based on the premium **you've** been paying. If **we** wouldn't have offered **you** cover, **we'll** cancel **your** plan and won't pay **your** claim. If this happens, **we'll** refund any premiums **you've** paid.

If **we** decide **we** can't offer **you** cover, or **we** have to defer making a decision on **your** plan, **your** cover will end immediately.

How much we'll pay

The cover will be paid as a lump sum. **We'll** pay the amount of cover shown on **your** cover summary.

It's really important that **you** keep up to date with paying **your** premiums. Otherwise, **we** may cancel **your** plan.

When your premiums are due

Your first premium is due on the date **your** plan starts. **We'll** tell **you** what **your** premium will be when **your** plan starts. **We'll** collect **your** premium on this date or shortly after, by direct debit.

Your last premium is due on the date shown on **your** cover summary.

You must pay a premium every month for the term of **your** cover, from **your** first premium to **your** last. **Your** premiums are usually due on the same day of the month that **your** plan started. If **you'd** rather **we** collected **your** premiums on a different day of the month, please ask **us**.

What happens if you don't pay a premium

If **you** don't pay **your** first premium, **your** plan won't start and **you** won't be covered. If any other premium is five weeks overdue, **we'll** cancel **your** plan – so **you** won't be covered anymore. **We'll** write to **you** to tell **you** that **we've** cancelled **your** plan.

What to do if we cancel your plan

If **we** cancel **your** plan because **you** didn't pay a premium, **you** can ask **us** to restart it within six months of the first missed premium being due. Please get in touch and **we'll** tell **you** what **we** need before **we** can restart **your** plan. However, there may be times when **we** can't restart it or **we** need to charge an extra premium or apply an **exclusion**. This could happen if **your** health has changed since **you** completed **your** application. If this happens, **we'll** explain **our** decision to **you**.

When and how your premiums could change

We'll base the initial amount you pay for your premium on your HbA1c blood test result and the answers you gave us in your application. You'll need to give us evidence of your most recent HbA1c blood test result at the start of your plan (your initial result'). If you don't do this within three months of your plan starting, we'll cancel your plan and refund any premiums paid. We'll tell you if we have to cancel your plan. You can give us evidence of your most recent HbA1c blood test result by using the contact details on page 4.

If:

- your initial result is different to the HbA1c blood test result you gave us on your application,
- you didn't provide an HbA1c blood test result on your application and when we receive evidence of your initial result we need to change our initial decision, or
- we need further information to assess your application and the information we receive means we need to change our initial decision

we'll amend the terms and your premium from the date your next premium is due after we receive your initial result or change our initial decision. If we wouldn't have offered cover, we'll cancel your plan and refund all premiums paid.

Your premium could also change each year, but this will never be more than your initial premium amount. You'll need to send us evidence of your HbA1c blood test result each year on or before the anniversary of your previous HbA1c blood test ('the anniversary date'). We'll remind you each year that your HbA1c blood test result is due, but it's your responsibility to give this to us. We'll only change your premium once each year on the anniversary of the date your plan started.

The amount your premium could change by depends on your yearly HbA1c blood test results. Each year we'll review your premium based on how your yearly HbA1c blood test result compares to your initial result you gave us when you took out your plan. The amount your premium will change by depends on the band your initial result fell into and how your yearly result compares to this. The two results are compared in terms of the number of bands difference between them. The definitions of the bands are shown in table 1 opposite. If your initial result falls into band 1, your premium won't change as you're already paying the lowest premium we could offer you when you applied.

Table 1

Band	Your initial result	
	%	mmol/mol
1	Less than 7.0%	Less than 53.0
2	7.0% - 7.99%	53.0 - 63.8
3	8.0% - 8.99%	63.9 - 74.8
4	9.0% - 9.99%	74.9 - 85.7
5	10.0% - 10.99%	85.8 - 96.6
6	11.0% or greater	96.7 or greater

If **you** yearly **HbA1c blood test** result falls into a lower band than **your** initial result, **your** premium will go down. **Your** premium will go down by the percentage shown in table 2 below, based on the number of bands **your HbA1c blood test** result has reduced by. However, **your** premium will never go down by more than the maximum total reduction percentage shown in table 2 below. If **you** continue to achieve **HbA1c blood test** results that fall into a lower band than **your**

initial result, **your** premium will continue to reduce until **you** reach the maximum total reduction level for the number of bands **you** have reduced by. The maximum total reduction percentage **your** premium can reduce by depends on the number of bands **your HbA1c blood test** reduces by, and will only occur after a number of years, provided **your HbA1c blood test** result remains in a lower band than **your** initial result. Please see example 1 on page 10, for how this may affect **you**.

Table 2

Number of bands your HbA1c blood test result has reduced by	1	2	3	4	5
Percentage reduction in total premium each year	1.75%	3.5%	5.5%	6.5%	8%
Maximum total reduction	10%	20%	30%	35%	40%

If **we** have reduced **your** premium because **your HbA1c blood test** result has decreased, and **your HbA1c blood test** result goes back up to **your** initial band or higher, or **you** don't send **us your** most recent **HbA1c blood test** result, **your** premium will go up. **Your** premium will go up by the percentage shown in table 3 on page 10, based on the number of bands between the band for **your HbA1c**

blood test result when **we** last reduced **your** premium and the band for **your** initial result. However, **your** premium will never go above **your** starting premium. Please see example 2 on page 10, for how this may affect **you**.

If **we** have previously reduced **your** premium by an amount that is more than the maximum total reduction for the **HbA1c blood test** result band of **your** most recent

yearly **HbA1c blood test** result, **your** premium will go up. **Your** premium will go up by the percentage shown in table 3 below, based on the number of bands between the band for **your HbA1c blood test** result when we last reduced **your** premium and the lower

of the band for **your** latest **HbA1c blood test** result and the band for **your** initial result. However, **your** premium will never go above **your** starting premium. Please see example 3 on page 11, for how this may affect **you**.

Table 3

Number of bands your HbA1c blood test result has increased by	1	2	3	4	5
Percentage increase in total premium each year	1.78%	3.62%	5.82%	6.95%	8.70%

Your total premium after any adjustment will still include the plan charge, which is shown in **your** cover summary.

If the calculated change in **your** premium in a single year is less than £1, **your** premium won't change. If **your** premium in one year doesn't change but the cumulative total calculated change in that year plus any subsequent year is more than £1, **your** premium will change by the cumulative total. Please see example 4 on page 11, for how this may affect **you**.

Examples of how and when your premium could change

Example 1

When **your** plan started **your HbA1c blood test** result was between 9.00% and 9.99%, so **your** initial result was in band 4. At the anniversary date the following year, **your HbA1c blood test** result is between 7.00% and 7.99%, so **your HbA1c blood test** result is now in band 2 and has gone down by 2 bands in comparison to **your** initial result. **Your** premium will therefore go down by 3.5% on the anniversary of the date **your** plan started.

If in the following year **your HbA1c blood test** result is between 8.00% and 8.99%, **your HbA1c blood test** result would be in band 3 and only 1 band lower than **your** initial result. **Your** premium for that year will still go down but only by a further 1.75%. If **your HbA1c blood test** result remains within this band for subsequent years, **your** premium will continue to reduce by 1.75% each year until it has reduced by a total of 10%, which is the maximum total reduction for maintaining **your HbA1c blood test** result 1 band lower than **your** initial result.

Example 2

When **your** plan started **your** initial result was in band 4, and the last time **we** reduced **your** premium **your HbA1c blood test** result was in band 3. If **you** don't give us evidence of **your HbA1c blood test** result, **we'll** treat **you** as having increased by 1 band. **Your** premium for that year will therefore go up by 1.78%. If **you** continue to not provide **your HbA1c blood test** result, **your** premium will continue to go up each year, but it will never be more than **your** starting premium.

Example 3

When **your** plan started **your** initial result was in band 4 and **we** have reduced **your** premium by more than 10% because **your HbA1c blood test** results have fallen within band 2 over a number of years. In a subsequent year, **your HbA1c blood test** result rises and is within band 3 so is now only 1 band lower than **your** initial result. **We'll** therefore increase **your** premium by 1.78% each year until it is only 10% less than **your** starting premium as this is the maximum total reduction **you** can receive for maintaining **your HbA1c blood test** result 1 band below **your** initial result and **your HbA1c blood test** has increased by 1 band since **we** last reduced **your** premium.

Example 4

If at the end of year one the calculated change is a decrease of £0.90, **your** premium won't change. If at the end of year two, the calculated change is another decrease of £0.90 **your** premium will change by the cumulative total of £1.80. If at the end of year three, the calculated change is an increase of £0.80, **your** premium won't change. If at the end of year four, the calculated change is another increase of £0.80, **your** premium will increase by the cumulative total of £1.60.

Alternative to increasing your premium

If **your HbA1c blood test** result indicates a premium increase, but **you** don't want to pay the higher amount, **you** have the option of keeping **your** premium the same, but reducing **your** cover amount. If **you'd** like to do this, **we'll** tell **you** what **your** new cover amount will be before **we** change it. If **you** decrease **your** cover amount, **you** won't be able to increase it afterwards. This means if **you'd** like to increase **your** cover amount, **you'll** need to apply and be accepted for a new plan which will be subject to the terms and conditions available at the time **you** apply for **your** new plan.

If **we** change **your** premium, **we'll** do this on the anniversary of **your** plan starting.

4. CHANGING YOUR PLAN

Increasing cover

If **you** want to increase **your** cover, **you'll** need to apply and be accepted for a new plan for the additional amount of cover **you** need. This will be subject to the terms and conditions available at the time of applying.

The premium for **your** new plan will be based on **your** age, lifestyle, **HbA1c blood test** result, other medical history and **our** rates at the time.

Lifestyle review

If **we** accepted **your** cover on **non-standard terms** or charged smoker rates, and **you** change **your** lifestyle in a way that **you** think reduces the likelihood of **you** making a claim, **you** can ask **us** to review the terms for **your** cover. This will only apply if:

- **you** were a smoker when **you** took out the plan but have now stopped and haven't smoked or used nicotine replacement products or e-cigarettes during the last 12 months, or
- **you** took part in hazardous pursuits or **your occupation** resulted in a higher premium and **you** have since stopped that pursuit or **occupation**.

If **we** can, **we'll** change the terms to reflect the change in **your** lifestyle. This may mean **we** could reduce **your** premium or remove an **exclusion**. If **we** can't change the terms, **we'll** explain why.

Changing your plan in other ways

You can ask **us** to reduce **your** existing cover amount at any time. If **you** decrease **your** cover, **you** won't be able to increase it afterwards.

5. GENERAL TERMS AND CONDITIONS

Source of covers

This plan is issued out of **our** Ordinary Long-Term Business Fund but is not eligible to participate in the profits of that fund or any other funds.

Membership of Royal London

This plan doesn't entitle **you** to membership of **Royal London**.

How you can cancel your plan

When **your** plan starts **you** have the right to change **your** mind and cancel **your** plan. **You** have 30 days from the date **you** receive **your** cover summary and plan details to cancel **your** plan. If **you** cancel in this time **we'll** refund any premiums **you've** paid to **us**.

You can cancel **your** plan by contacting **us**. **Our** contact details are on page 4 of this booklet.

You should also contact **your** bank to cancel **your** direct debit instruction.

If **your** plan is under trust, or if **you've** assigned **your** legal rights under the plan to someone else, the trustees or assignee must give **us** written notice to cancel.

If **you** cancel **your** plan after 30 days, it will end on the day **your** next premium would be due. **You'll** still be covered by **your** plan until that date. So, if **you've** asked **us** to collect **your** premium on a different date to the one on which it's due, **we'll** still collect that premium from **you**. **We** won't refund any premiums **you've** paid to **us**.

For example, if:

- **your** plan started on 1 February,
- **you** ask **us** to collect **your** premiums on the 15th day of each month, and
- on 10 April **you** ask **us** to cancel **your** plan,
- **we'll** collect **your** premium due on 1 April because this became payable before **you** asked **us** to cancel **your** plan,
- **we'll** collect this on 15 April because **you've** asked **us** to collect **your** premiums on that day, and
- **we'll** cancel **your** plan on 1 May because this is the first day on which **your** next premium would be due.

If **you** don't pay **your** final premium:

- **we'll** cancel **your** plan from the date **your** final premium was due,
- **you** won't be covered from that date, and
- **we** won't pay any claim under **your** plan.

If **you** cancel, **we'll** tell **you** the date on which **your** cover will end, and whether **you** need to pay a final premium.

When we may change the terms and conditions applying to your plan or cancel your plan

We may make changes to the terms and conditions applying to **your** plan (including **your** premiums) in the circumstances set out in the paragraphs numbered 1 to 4 below.

We can separately make changes to how **we** use **your** personal information and verify **your** identity (details of which are set out on page 14).

We will, where appropriate, take account of actuarial advice when **we** make any changes.

We may cancel **your** cover in the circumstances set out in paragraph 1.

We'll normally give **you** 90 days' written notice of a change. This may not be possible for changes which are outside **our** control.

We'll give **you** as much notice as we can in these circumstances.

1. **We** may make changes to the terms and conditions applying to **your** plan (including **your** premiums) or cancel **your** plan if:

- **you** don't tell **us** about changes to any of the answers **you** gave in **your application**, or to information provided in relation to **your application**
- **you** don't provide **your** consent for **us** to ask for medical information within six months of the start of **your** plan from any doctor **you** have consulted about **your** physical or mental health to check the accuracy of any statement made in, or in connection with, **your application**
- any question answered or any statement made in, or in connection with, **your application** is inaccurate or misleading and this affects **our** decision of what cover **we're** willing to provide under **your** plan
- **you** make a claim and **we** find that **you** haven't told **us** something that affects **your** cover
- **you** don't keep **your** premiums up-to-date.

We'll cancel **your** plan if:

- **you** don't give **us** evidence of **your HbA1c blood test** result within three months of **your application**

- **we** decline **your application** as a result of any further information we ask for to assess **your application**, or
 - we don't receive any further information we ask for to assess **your application** within six months of the date **your** plan started.
2. **We** may make changes to the terms and conditions applying to **your** plan (including **your** premiums) that **we** reasonably consider are proportionate in the circumstances if, because of a change in legislation, regulation or established practice in relation to such legislation or regulations, or any relevant change or circumstance beyond **our** control:
 - it becomes impracticable or impossible to give full effect to the terms and conditions applying to **your** plan
 - failing to make the change could, in **our** reasonable opinion, result in **Royal London's** policyholders not being treated fairly, or
 - the way that **we're** taxed or the way that **your** plan is taxed is changed.
 3. **We** may make changes to the terms and conditions applying to **your** plan (including **your** premiums) that **we** reasonably consider won't adversely affect **you**. These may include, for example, changes needed to reflect new services or features that **we** wish to make available to **you**.
 4. **We** may make changes to the terms and conditions applying to **your** plan (including **your** premiums) if **we** become aware of any error or omission in this plan details booklet. **We'll** only make such changes to bring the plan details booklet into line with **your** cover summary or the key facts document relevant to **your** plan.

Cash-in value

Your plan doesn't have any cash-in value at any time. So if **you** cancel it **you** don't get anything back.

Paying claims

We'll pay all claims by direct credit to a bank account or another method **we** agree with **you**.

Interest

We'll pay interest if payment of any claim is delayed by more than two calendar months after the claim event. The rate of interest will be the Bank of England base rate less 0.5% a year, with an overall minimum of 0.5% a year, calculated on a daily basis.

Exercise of discretion

We'll act reasonably and in good faith when exercising **our** discretion to make decisions that relate to **your** plan.

How we use your personal information and verify your identity

We may obtain personal information either from **you** directly, or with **your** consent, from **your** approved intermediary or from other sources such as **your** doctor or an identification agent.

We'll use **your** personal information, including sensitive personal information for the following purposes:

- Providing and developing **our** products and services
- Improving **our** customer care
- Verifying **your** identity and fraud prevention
- Research and analysis

- Marketing
- Legal and regulatory reasons
- Administering **your** plan

We'll keep **your** personal information for a reasonable time and **we** may also share information about **you** with other companies within the **Royal London Group, your** approved intermediary, **our** service providers and agents and with third parties such as auditors, underwriters, reinsurers, medical agencies, identity authentication and fraud prevention agencies, other financial institutions and legal and regulatory bodies.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of **your** data and comply with the requirements of the Data Protection Act 1998.

We may contact **you** by mail, phone, fax, email or other electronic messaging either directly or through **your** approved intermediary with further offers, promotions and information about **our** products and services that may be of interest to **you**. By providing **us** with this information **you** consent to being contacted by these methods for these purposes.

We may also share **your** information with carefully selected third parties, who may contact **you** by mail, phone, fax or electronic messaging to let **you** know about products and services which they believe may be of interest to **you**. By providing **us** with this information **you** consent to being contacted by these methods for these purposes.

We may carry out an identity authentication check to verify **your** identity. This involves checking the details **you** supply against those held on any databases that may be accessed by the reputable third party company which carries out **our** checks. This includes information from the Electoral Register and fraud prevention agencies.

We'll use scoring methods to verify **your** identity. A record of this search will be kept and may be used to help other companies verify **your** identity. **We** may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect **ourselves** and **our** customers from theft and fraud. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we'll** record this and share this information with other organisations.

We may monitor and record phone calls and retain these for the purposes of training and quality assurance and to ensure that **we** have an accurate record of **your** instructions.

If **you** provide **us** with information about another person, **you** confirm that they've appointed **you** to act for them to consent to the processing of their personal data and that **you've** informed them of **our** identity and the purposes (as set out on pages 14 and 15) for which their personal data (including sensitive personal data) will be processed.

You have the right to ask for a copy of the information that **we** hold on **you**, for which **we're** entitled to charge a small fee. **You** can ask **us** to correct any inaccuracies in **your** information.

If **you** have any questions about how **we'll** use **your** personal information, or if **you** would like to receive **our** marketing communications by some but not all of the methods listed on page 15, please contact us:



0345 6094 500



protectionhelp@royallondon.com



0345 6094 522



Royal London, 1 Thistle Street,
Edinburgh EH2 1DG

Contract

Diabetes Life Cover is a contract between **you** and **Royal London** based on **your application** to **us**. These terms and conditions are part of the contract between **you** and **us** and should be kept in a safe place. The contract consists of these terms and conditions, the cover summary for **your** cover and any **endorsements** to these terms and conditions that **we** give **you**. Where there's a conflict between the terms and conditions and the cover summary, the terms set out in the cover summary will apply.

Mis-statement of age

If when **you** took out **your** plan **we** were told **you** are older than **you** really are, **we'll** reduce **your** premiums to the amount that would have been charged if **we'd** been told **your** correct age and will refund any overpayment **you've** made.

If when **you** took out **your** plan **we** were told **you** were younger than **you** really are, **we'll** reduce the amount of cover to the amount that would have been available if **we'd** been told **your** correct age. This means that, in the event of a claim, **we'll** pay an amount which is lower than the amount shown on **your** cover summary.

Complaints

We hope that **you'll** never have reason to complain, but if **you** do, **you** can contact **us** at:



0345 6094 500



protectionhelp@royallondon.com



Royal London, 1 Thistle Street,
Edinburgh EH2 1DG

We'll always try to resolve complaints as quickly as possible. If **we're** unable to deal with a complaint within five working days of receiving it, **we'll** send **you** a letter to acknowledge **your** complaint and give **you** regular updates until **your** complaint is resolved.

We can give **you** more information about **our** complaint handling procedures on request.

If **we** can't resolve a matter satisfactorily, **you** may be able to refer **your** complaint to the Financial Ombudsman Service.

We'll send **you** a leaflet explaining the service. The leaflet is also available on request or **you** can contact the Ombudsman direct:



Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR



0800 0234 567
(calls to this number are now free on mobile phones and landlines)



0300 1239 123
(calls to this number cost no more than calls to 01 and 02 numbers)



complaint.info@financial-ombudsman.org.uk



financial-ombudsman.org.uk

The Financial Ombudsman Service has been set up by law to help settle individual disputes between consumers and financial firms. They can decide if **we've** acted wrongly and if **you've** lost out as a result. If this is the case they'll tell **us** how to put things right and whether this involves compensation.

Their service is independent, free of charge and **we'll** always abide by their decision. If **you** make a complaint, it won't affect **your** legal rights.

If we can't meet our liabilities

Your plan is covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation if **we're** unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme.

Law

The law of England and Wales applies to this plan.

Notices of assignment

If **you** assign any of **your** legal rights under the plan to someone else, **we** must see notice of the assignment. Please send the notice to:



Royal London, 1 Thistle Street,
Edinburgh EH2 1DG

An assignment could take place when **you're** using the plan as security for a loan or have put the plan under trust.

Rights of third parties

No term of this contract is enforceable under the Contracts (Rights of Third Parties) Act 1999 by a person who is not party to this contract but this doesn't affect any right or remedy of a third party which may exist or be available otherwise than under that act.

6. DEFINITIONS OF THE WORDS WE USE

This section explains all of the words in **bold** found within the plan details together with **our** definition of **terminal illness**.

Application

This is the **application** completed either on paper, online or over the phone containing the information that **we** have used to set up the plan and includes any related information provided to **us** (or to the medical examiner for **us** or a third party acting on **our** behalf). Any data capture form used by **your** financial adviser in order to complete the online **application** doesn't form part of **your application** to **us**.

Endorsements

Means documents used to add additional information to **your** plan to amend existing wording which become part of the terms and conditions. **We'll** send an **endorsement** to **you** only if **we've** the ability to make certain types of changes to **your** plan.

Exclusion

Means a reason shown on **your** cover summary when **we** won't pay a claim.

HbA1c blood test

The **HbA1c blood test** measures **your** average blood glucose levels over two to three months and is an important part of how **your** diabetes is managed. The test is done by a doctor or nurse and it helps to show how well **your** blood glucose levels are being controlled month after month.

Intentional self-inflicted injury

If the cause of the claim is **your** death, **intentional self-inflicted injury** means in **our** reasonable opinion the most likely cause of death is that **you** took **your** own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation.

If the cause of the claim is anything other than **your** death, **intentional self-inflicted injury** means any injury **you've** suffered that is in **our** reasonable opinion a result of **your** own deliberate act.

Non-standard terms

Your plan is on **non-standard terms** where **we've** charged an extra premium or applied an **exclusion** to **your** cover.

Royal London

The Royal London Mutual Insurance Society Limited.

Royal London Group

Royal London Group means the Royal London Mutual Insurance Society Limited and its subsidiaries.

Standard terms

Your plan is on **standard terms** unless **we've** charged an extra premium or applied an **exclusion** to **your** cover.

Term of your cover

The period between the date **your** cover starts and the date **your** cover ends.

Terminal Illness – where death is expected within 12 months

A definite diagnosis by the attending 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 attending consultant the illness is expected to lead to death within 12 months.

The UK

Means Scotland, England, Wales and Northern Ireland.

We or us or our

Means **Royal London**.

You or your

Means the plan owner or their legal successors except where a different meaning is given in these terms and conditions.



Royal London
1 Thistle Street, Edinburgh EH2 1DG
royallondon.com

All literature about products that carry the Royal London brand is available
in large print format on request to the Marketing Department at
Royal London, 1 Thistle Street, Edinburgh EH2 1DG.

All of our printed products are produced on stock which is from FSC® certified forests.

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