

Diabetes Life Cover

Plan details - August 2021



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.

We're happy to provide your documents in a different format, such as Braille, large print or audio, just ask us when you get in touch.

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

Before you start, please note:

Any use of the words 'we', 'our' or 'us' refers to **Royal London**. Any use of the words 'you' or 'your' refers to the plan owner or their legal successors except where a different meaning is given in these terms and conditions.

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Section 6

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Before your cover starts

You can contact us in the following ways:

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.



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.

We reserve the right to restrict Diabetes Life Cover to certain parts of the world. This means that 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.

We may also accept evidence from other countries if, in our assessment, the evidence is comprehensive enough and of a sufficient standard for us to properly assess the claim.

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

2. How your plan works

What happens when you make a claim

Please provide any information we ask for. 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.

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.

3. Your premiums

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 below. 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 your 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 below, 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 12, 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 12, 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.

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.

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, details of which is set out on pages 14-16. We may update this notice from time to time and we'll alert you to the important updates. It's not meant to be a legal contract between you and **Royal London** and this doesn't affect your rights under data protection laws.

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 provide us with the information we request to verify the identity of any person, organisation or bank account required under legislation or regulation within 12 weeks of the date your plan starts, or
- 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 don't accept 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

As a customer of **Royal London** we use your information in a number of ways. This is a notice which we are required to give you under the data protection laws. It tells you how **Royal London** will use your personal information.

In this notice we've included the uses that we feel would be most important to you. There's further information in our full privacy notice on our website.

How do you use my information?

We use your information, which may be provided by you, through your adviser or from your medical professional,

in order to set up and service your plan and meet our legal obligations, such as when:

- Setting up and administering your plan.
- Completing any requests or managing any queries or claims you make.
- Verifying your identity and preventing fraud. This is usually where we have a legal obligation.
- Fulfilling any other legal or regulatory obligations.

We also use your information for activities other than plan administration or to comply with legal obligations. Where we do this we need to have a 'legitimate interest'. Activities are assessed and your rights and freedoms are taken into account to ensure that nothing we do is too intrusive or beyond your reasonable expectations. We use legitimate interests for:

- Researching our customers' opinions and exploring new ways to meet their needs – we use personal information to help us understand that our products, services and propositions suit our customers' needs and meet their expectations, as well as improving your customer experience.

- Assessing and developing our products, systems, prices and brand – we generally combine your information with other customers’ in order to check if our products are priced fairly, are suitable for our customers and to check if our communications are easy to understand.
- Sending you marketing information – we don’t currently send you marketing information about our products. However, we’re looking to start communicating with you more frequently about your plan and also finances in general.
- Monitoring the use of our websites. You can see our cookies policy at royallondon.com/cookies.

If we lose touch we’ll use a trusted 3rd party to find you and reunite you with your plan, if we can.

We may also monitor and record phone calls for training and quality purposes. This means we have an accurate record of what you tell us to do.

If you want further information about our use of your information for our legitimate interests, you can contact us using the details below. You also have the right to object to any processing

done under legitimate interests, which means we may stop using your information in some circumstances.

Who sees and uses my personal information?

Employees of **Royal London** who need to see or **work** on your plan are given access to your personal information in order to support you. For example, our call centre staff will access your plan details if you call us.

In addition to our own staff we share your information with other companies so that we can administer your plan and provide our services to you. We only use trusted 3rd parties, such as:

- Service providers, for example Blue Circle Life, who provide our diabetes portal and automated underwriting.
- ID authentication and fraud prevention agencies.
- Your authorised financial adviser(s).
- Auditors.
- Reassurers.
- Medical agencies.
- Legal advisers and legal/regulatory bodies.

- Other insurance providers.
- External market research agencies.
- Data Brokers, for example Experian, in order for us to best understand the products that would be most suited to you.

We make sure the use of your information is subject to appropriate protection and we will never sell your information.

Overseas transfers

If you apply for or hold Diabetes Life Cover with us, your personal data is stored in **the UK** but can be viewed by our service provider in South Africa. We take specific steps to ensure that your data is treated securely and has the appropriate legal safeguards. If you wish to find out more there's further information in our full notice on our website.

What are my rights?

Access – You have the right to find out what personal information we hold about you.

Rectification – If any of your details are incorrect or incomplete, you can ask us to correct them for you.

Erasure – You can also ask us to delete your personal information in some circumstances.

Object – If you have concerns about how we're using your information, you have the right to object in some circumstances.

Direct marketing – You have a specific right to object to direct marketing, which we'll always act upon.

Restriction – You have the right to ask us to restrict the processing of your personal information in some circumstances.

Data Portability – In some circumstances, you can ask us to send an electronic copy of the personal information you have provided to us, either to you or to another organisation.

We also make automated underwriting decisions about you when you request a quote or make an **application**. We use the information you provide as part of the **application** to decide what price to offer you. You have a right to ask for a person to reassess any automated underwriting decisions we make.

More information can be found at royallondon.com/protectionprivacy

If you wish to exercise any of these rights please contact us in writing using the contact details below.

How can I find out more?

Our full privacy notice contains more detail on how we use your information, how long we keep your information for our ‘lawful basis’ and your rights under data protection laws.

You’ll find the full notice at royallondon.com/privacynotice or you can call **0800 085 8352** for a recorded version or if you want this in another format.

How to contact our Data Protection Officer (DPO):



GDPR@royallondon.com

Royal London,
Royal London House,
Alderley Park, Congleton Road,
Nether Alderley, Macclesfield,
SK10 4EL

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,
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.



Royal London

1 Thistle Street, Edinburgh EH2 1DG

royallondon.com

**We're happy to provide your documents in
a different format, such as Braille, large print or audio,
just ask us when you get in touch.**

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

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