



PERSONAL MENU PLAN **CRITICAL ILLNESS COVER**

Plan details - December 2018



WE GIVE THIS BOOKLET OF TERMS AND CONDITIONS TO EVERYONE WHO BUYS CRITICAL ILLNESS COVER UNDER THE PERSONAL MENU PLAN. IT TELLS YOU HOW YOUR COVER WORKS AND EXPLAINS HOW TO MAKE A CLAIM, KEEP YOUR PREMIUMS UP-TO-DATE AND HOW TO MAKE CHANGES TO YOUR COVER.

These terms and conditions are part of the contract between **you**, the plan owner, and **Royal London**. 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, **your cover summary** (which will detail each cover that **you** buy from **us**) and any **endorsements** to these terms and conditions that **we** give **you**. Where there's a conflict between these terms and conditions and **your cover summary**, the terms set out in **your cover summary** will apply.

Cancelling your plan

If, after taking out the plan, **you** feel it isn't suitable, **you** may cancel it by writing to **us** at the address shown on page 4. If **you** do this within 30 days of receiving **your cover summary** and plan details, **we'll** return any premiums **you've** paid. If **you** cancel after the first 30 days, **we** won't refund any of **your** premiums. For information on cancelling **your cover**, see page 23.

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

Before you start, please note:

Any words in **bold** are defined in section 4 of this booklet.

WHAT'S INSIDE

SECTION 1: How your cover works

- 5 How to make a claim
- 5 What happens when you make a claim
- 6 Who we'll pay
- 6 When we will and won't pay a claim
- 12 How much we'll pay
- 17 Your premiums
- 17 When and how your premiums could change

SECTION 2: Changing your cover

- 19 Increasing cover
- 19 Cover Increase Options
- 20 Renewable option
- 21 Joint Life Separation – splitting your joint cover
- 22 Joint Life Reinstatement
- 22 Lifestyle review
- 23 Changing your cover in other ways

SECTION 3: General terms and conditions

- 23 Source of covers
- 23 Membership of Royal London
- 23 Cancelling your cover
- 24 Cash-in value
- 24 Paying claims
- 24 Interest
- 24 Exercise of discretion
- 24 How we use your personal information
- 27 When we may change the terms and conditions applying to your cover or cancel your cover
- 28 Contract
- 28 Mis-statement of age
- 28 Complaints
- 29 If we can't meet our liabilities
- 29 Law
- 29 Notices of assignment
- 29 Rights of third parties

SECTION 4: Definitions of the words we use

TELLING US ABOUT CHANGES

Changes before your cover starts

You must tell **us** if there's a change to anything in **your application** in the time after **you've** applied for **your** cover, but before the **date we assume risk**. These changes could be affecting **you** or the **person covered**. For example, a change to health, occupation or leisure activities of the **person covered** or a change to **your** or the **person covered's** country of residence. If **you** don't let **us** know about any changes **we** might not pay out if **you** make a claim. Or, **we** might change the terms of **your** cover or cancel it.

We'll give **you** a copy of **your application** and any other information **we've** been given, if **you** ask **us**. It will help if **you** have **your** plan number to hand when **you** contact **us**.

Changes at any time

At any time, please remember to tell **us** if any of the following change:

- **you** stop being resident in **the UK**, Jersey, Guernsey or the Isle of Man
- **your** name, or the name of the **person covered**
- **your** address
- **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. HOW YOUR COVER WORKS

Critical Illness Cover is designed to pay out if, during the **term of the cover**, the **person covered** is diagnosed with a **critical illness** **we** cover that meets one of **our** definitions, or if they meet the requirements of **our** definition of **total permanent disability**. **You'll** find the definitions of the **critical illnesses** **we** cover and the requirements of **our total permanent disability** definition in section 4.

If **you** have Critical Illness Cover, **we** automatically include Additional Conditions Cover. **You** can choose whether to add Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover or no cover for **children**. If **you** choose Enhanced Children's Critical Illness Cover **you'll** automatically have cover for **pregnancy complications** as an **additional condition**. Standard Children's Critical Illness Cover doesn't include cover for **additional conditions**.

How to make a claim

If **you** or **your** representatives want to make a claim, please call **us** on 0345 6094 500.

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**. Before **you** call, please read through the information below.

If the **person covered** is living or working outside **the UK** and **you** want to make a claim, **we** might need the **person covered** to return to one of the countries listed opposite.

- | | |
|-------------------|-------------------|
| • 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 |

What happens when you make a claim

Please provide any information **we** ask **you** 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
- paperwork about **your** mortgage
- proof of change of name.

We'll pay what **we** consider to be the reasonable cost of all medical reports or evidence **we** ask for.

Who we'll pay

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

We usually pay the owner of the plan the cover is under 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 there are joint plan owners, **we'll** pay them jointly. If one of the joint plan owners has died, **we'll** pay the survivor of them.

If the plan that **your** cover is under 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 that **your** cover is under is written in 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, validly altered or whether it has been terminated.

When we will and won't pay a claim

Claims for Critical Illness Cover

To confirm that the **person covered** meets one of **our** definitions of a **critical illness**, or meets the requirements of **our** definition of **total permanent disability**, **we** might:

- ask the **person covered** to be examined by a doctor or health specialist **we** choose, or

- ask for any other evidence **we** may reasonably require, for example a report from a GP or treating consultant.

We'll pay a claim if:

- Critical Illness Cover is shown on **your** cover summary,
- during the **term of the cover** the **person covered** (or if there are two people covered, either of them):
 - is diagnosed with a **critical illness** that meets one of **our** definitions, or
 - if **total permanent disability** is shown on **your** cover summary, is diagnosed with **total permanent disability** that meets the requirements of **our** definition of **total permanent disability** shown on **your** cover summary, and
- the information **you** send **us** is correct and complete, and **your** claim is valid according to these terms and conditions.

You'll find **our critical illness** and **total permanent disability** definitions and the relevant requirements in section 4.

We'll pay out once and then **your** cover will stop.

We won't pay a claim if:

- it's the result of an **exclusion** shown on **your** cover summary,
- it's the result of **intentional self-inflicted injury**,
- the **person covered** dies within 10 days of meeting one of **our critical illness** definitions or the requirements of **our total permanent disability** definition shown on **your** cover summary, or

- the **person covered** doesn't meet one of **our** definitions of **critical illness** or the requirements of **our** definition of **total permanent disability** shown on **your** cover summary.

We might also not pay **your** claim if:

- **you** or the **person covered** didn't answer the questions on **your application** fully, honestly and to the best of **your** or their knowledge and ability,
- **you** didn't tell **us** about a change in circumstances between when **you** originally submitted **your application** and the **date we assumed risk**. This includes changes to information about the health, occupation or leisure activities of the **person covered** or **your** or the **person covered's** country of residence, or
- **you** don't send **us** everything **we** ask for, or if the information **you** do provide is incorrect or incomplete.

Claims for Additional Conditions Cover

To confirm that the **person covered** meets one of **our** definitions of **additional conditions**, **we** might:

- ask the **person covered** to be examined by a doctor or health specialist **we** choose, or
- ask for any other evidence **we** may reasonably require, for example a report from a GP or treating consultant.

We'll pay a claim for Additional Conditions Cover if:

- Critical Illness Cover is shown on **your** cover summary,

- during **the term of the cover** the **person covered** (or if there are two people covered, either of them) is diagnosed with an **additional condition** other than **pregnancy complications** that meets one of **our** definitions of **additional conditions**. **You'll** find **our** definitions of **additional conditions** in section 4, and
- the information **you** send **us** is correct and complete, and **your** claim is valid according to these terms and conditions.

We'll also pay a claim for Additional Conditions Cover if:

- Critical Illness Cover is shown on **your** cover summary and the additional features show that Enhanced Children's Critical Illness Cover applies to this cover,
- during the **term of the cover** the **person covered** (or if there are two people covered, either of them) or the **person covered's** spouse, civil partner or partner is diagnosed with a **pregnancy complication** that meets **our** definition. **You'll** find **our** definition of **pregnancy complications** in section 4, and
- the information **you** send **us** is correct and complete, and **your** claim is valid according to these terms and conditions.

If **we** pay a claim under Additional Conditions Cover, this won't affect **your** Critical Illness Cover.

For claims other than for **pregnancy complications**, **we'll** pay out once for each **additional condition**. If there is more than one **person covered**, **we'll** pay out once for each of them.

We won't pay a claim if:

- it's the result of an **exclusion** shown on **your** cover summary,
- it's the result of **intentional self-inflicted injury**,
- the **person covered** dies within 10 days of meeting one of **our additional condition** definitions,
- the **person covered** also meets one of **our** definitions of **critical illness** set out in section 4,
- the **person covered** doesn't meet one of **our** definitions of **additional conditions**, or
- it's a claim for **pregnancy complications** and the person in respect of whom the claim is being made had suffered from, or **you** or they were aware of an increased risk of suffering from, a **pregnancy complication** before the latest of:
 - the start date of **your** cover,
 - the date Enhanced Children's Critical Illness Cover was added to **your** cover, or
 - the latest restart date of **your** cover.

We might also not pay **your** claim if:

- **you** or the **person covered** didn't answer the questions on **your application** fully honestly and to the best of **your** or their knowledge and ability,
- **you** didn't tell **us** about a change in circumstances between when **you** originally submitted **your application** and the **date we assumed risk**. This includes changes to information about the health, occupation or leisure activities of the **person covered** or **your** or the **person covered's** country of residence, or

- **you** don't send **us** everything **we** ask for, or if the information **you** do provide is incorrect or incomplete.

If **your** Critical Illness Cover is cancelled or comes to an end, **you** will no longer have Additional Conditions Cover.

Claims for Standard Children's Critical Illness Cover

To confirm that the **child** meets one of **our** definitions of **critical illness** or meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, we might:

- ask the **child** to be examined by a doctor or health specialist **we** choose, or
- ask for any other evidence **we** may reasonably require, for example a report from a GP or treating consultant.

We'll pay a claim for Standard Children's Critical Illness Cover if:

- Critical Illness Cover is shown on **your** cover summary and the additional features show that Standard Children's Critical Illness Cover is included,
- during the **term of the cover** a **child** of the **person covered** (or if there are two people covered a **child** of either of them):
 - is diagnosed with a **critical illness** that meets one of **our** definitions, or
 - is diagnosed with total permanent disability that meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, and
- the information **you** send **us** is correct and complete, and **your** claim is valid according to these terms and conditions.

You'll find **our critical illness** and **total permanent disability for Children's Critical Illness Cover** definitions and the relevant requirements in section 4.

If **we** pay a claim under Standard Children's Critical Illness Cover, this won't affect **your** Critical Illness Cover.

We won't pay a claim if:

- **you** were aware of an increased risk of the **child** suffering the **critical illness** or meeting the requirements for **total permanent disability for Children's Critical Illness Cover** before the latest of:

- the start date of **your** cover,
- the date the **child** was adopted by or started to reside with and became financially dependent on the **person covered**,
- the date Standard Children's Critical Illness Cover was added to **your** cover, or
- the latest restart date

(for example if the **person covered** had received counselling or medical advice in relation to the **critical illness** before the cover started),

- symptoms relating to the **critical illness** or the requirements for **total permanent disability for Children's Critical Illness Cover** had arisen before the latest of:
 - the start date of **your** cover,
 - the date the **child** was adopted by or started to reside with and became financially dependent on the **person covered**,
 - the date Standard Children's Critical Illness Cover was added to **your** cover, or
 - the latest restart date,

- the **child** was born, or adopted by, or started to reside with and became financially dependent on the **person covered** before the latest of:
 - the start date of **your** cover, or
 - the date Standard Children's Critical Illness Cover was added to **your** cover, or
 - the latest restart date, and
- had already suffered a **critical illness** that meets one of **our** definitions or the requirements for **total permanent disability for Children's Critical Illness Cover** unless:
 - treatment for the **critical illness** has been completed, and
 - the **child** has been discharged from follow-up for the **critical illness**, and
 - the **child** has not consulted any medical practitioner or received further treatment or advice for the **critical illness** within the last 5 years,
- the **child** dies within 10 days of meeting one of **our critical illness** definitions or the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**,
- the **child** is over the age of 21 years when diagnosed with a **critical illness** that meets one of **our** definitions or meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**,
- the **child** doesn't meet **our** definition of **critical illness** or the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, or
- it's the result of **intentional self-inflicted injury**.

Additional conditions are not covered under Standard Children's Critical Illness Cover.

If **your** Critical Illness Cover is cancelled or comes to an end, **you** will no longer have Standard Children's Critical Illness Cover.

Claims for Enhanced Children's Critical Illness Cover

To confirm that the **child** meets one of **our** definitions of an **additional condition**, **children's critical illness**, **critical illness** or **terminal illness** or meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, we might:

- ask the **child** to be examined by a doctor or health specialist **we** choose, or
- ask for any other evidence **we** may reasonably require, for example a report from a GP or treating consultant.

We'll pay a claim for Enhanced Children's Critical Illness Cover if:

- Critical Illness Cover is shown on **your** cover summary and the additional features show that Enhanced Children's Critical Illness Cover is included,
- during the **term of the cover** a **child** of the **person covered** (or if there are two people covered a **child** of either of them):
 - dies or is diagnosed with a **terminal illness**, or
 - is diagnosed with an **additional condition**, **children's critical illness** or **critical illness** that meets one of **our** definitions, or

- is diagnosed with total permanent disability that meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, and
- the information **you** send **us** is correct and complete, and **your** claim is valid according to these terms and conditions.

You'll find **our additional conditions**, **children's critical illness**, **critical illness**, **terminal illness** and **total permanent disability for Children's Critical Illness Cover** definitions and the relevant requirements in section 4.

If **we** pay a claim under Enhanced Children's Critical Illness Cover, this won't affect **your** Critical Illness Cover.

We won't pay a claim if:

- **you** were aware of an increased risk of the **child** suffering the **additional condition**, **children's critical illness**, **critical illness** or **terminal illness** or meeting the requirements for **total permanent disability for Children's Critical Illness Cover** before the latest of:
 - the start date of **your** cover,
 - the date the **child** was adopted by or started to reside with and became financially dependent on the **person covered**,
 - the date Enhanced Children's Critical Illness Cover was added to **your** cover, or
 - the latest restart date

(for example if the **person covered** had received counselling or medical advice in relation to the **additional condition**, **children's critical illness** or **critical illness** before the cover started),

- symptoms relating to the **additional condition, children’s critical illness, critical illness** or **terminal illness** or the requirements for **total permanent disability for Children’s Critical Illness Cover** had arisen before the latest of:
 - the start date of **your** cover,
 - the date the **child** was adopted by or started to reside with and became financially dependent on the **person covered**,
 - the date Enhanced Children’s Critical Illness Cover was added to **your** cover, or
 - the latest restart date,
- the **child** was born or adopted by or started to reside with and became financially dependent on the **person covered** before the latest of:
 - the start date of **your** cover,
 - the date Enhanced Children’s Critical Illness Cover was added to **your** cover, or
 - the latest restart date, and
 had already suffered an **additional condition, children’s critical illness** or **critical illness** that meets one of **our** definitions or the requirements for **total permanent disability for Children’s Critical Illness Cover** unless:
 - treatment for the **additional condition, children’s critical illness** or **critical illness** has been completed, and
 - the **child** has been discharged from follow-up for the **additional condition, children’s critical illness** or **critical illness**, and
- the **child** has not consulted any medical practitioner or received further treatment or advice for the **additional condition, children’s critical illness** or **critical illness** within the last 5 years,
- the claim is because the **child** meets one of **our additional conditions, children’s critical illness** or **critical illness definitions** or **our** definition of **total permanent disability for Children’s Critical Illness Cover** and the **child** dies within 10 days of meeting that definition,
- the claim is for **pregnancy complications** and the **child** had suffered from, or **you** or they were aware of an increased risk of suffering from, a **pregnancy complication** before the latest of the start date of **your** cover, the date Enhanced Children’s Critical Illness Cover was added to **your** cover, or the latest restart date of **your** cover,
- the claim is for the death of a **child** and the **child** dies within 14 days of the day they were born,
- the **child** is over the age of 21 years when diagnosed with an **additional condition, children’s critical illness, critical illness** or **terminal illness** that meets one of **our** definitions, meets the requirements of **our** definition of **total permanent disability for Children’s Critical Illness Cover** or dies,
- the **child** doesn’t meet **our** definition of an **additional condition, children’s critical illness, critical illness** or **terminal illness** or the requirements of **our** definition of **total permanent disability for Children’s Critical Illness Cover**, or
- it’s the result of **intentional self-inflicted injury**.

If **your** Critical Illness Cover is cancelled or comes to an end, **you** will no longer have Enhanced Children's Critical Illness Cover.

How much we'll pay

Critical Illness Cover

Your cover summary shows how much **we'll** pay for a claim for each cover **you** have with **us**.

If **you** have chosen to receive **your** amount of cover in regular payments, these will be paid in arrears.

We work out **your** amount of cover from the date the claim meets **our** definition of **critical illness** or **our** requirements for the definition of **total permanent disability** shown on **your** cover summary. **We** won't take into account any change to **your** amount of cover after this date.

If your cover is payable as a level lump sum or level regular payments

We'll pay the amount of cover shown on **your** cover summary. For level regular payments, **we'll** pay this in equal monthly payments until the date **your** cover ends, which will be the date shown on **your** cover summary.

If your cover is payable as an increasing lump sum or increasing regular payments

We'll pay:

- the amount of cover shown on **your** cover summary, or
- the amount of cover **we've** written to tell **you** following an increase in cover, if that's greater.

Your amount of cover will continue to increase each year on the date the plan **your** cover is under started, which is shown on **your** cover summary. The additional features in **your** cover summary will show whether **your** cover will increase by a fixed rate or by the **retail price index**. If **you** select this option, **your** premiums will also increase each year. This is explained further on page 17.

Getting a lump sum instead of regular payments

If **you** have chosen to receive **your** amount of cover as regular payments, **you** or **your** personal representatives can ask **us** to pay a commuted value instead. A commuted value is the amount **we'll** pay **you** as a lump sum straightaway instead of making the regular payments **you** had originally requested. **We'll** consider **your** request when **you** make a claim or while **we're** paying a claim.

We'll work out the commuted value by first of all multiplying the regular monthly payment amount **we** would have paid by the number of months left until **your** cover ends, based on the date shown on **your** cover summary. **We'll** then reduce this amount fairly and reasonably to reflect the fact that **you'll** be getting all the regular payments early. If **you** ask **us** to work out a commuted value, **we'll** tell **you** how much this fair and reasonable reduction would be. As a result of this reduction, the commuted value will be less than the total amount that the regular payments would have been if **you** continued to receive them.

If your cover is payable as a decreasing lump sum, and the additional features in your cover summary show that the mortgage repayment guarantee applies

We'll pay a lump sum equal to the amount outstanding under **your** loan or mortgage at the date the claim becomes payable, less any arrears of capital and interest, if:

- **you** took out Critical Illness Cover in connection with a capital and interest loan or mortgage,
- the term of the loan or mortgage was the same as the **term of the cover** when the cover started,
- the amount of the loan or mortgage was the same as the amount of cover shown on **your** cover summary when the cover started, and
- **you** changed the amount or term of the loan or mortgage and **you** also changed the amount of cover and/or the **term of the cover** by the same amount.

You'll be liable for any arrears of capital and interest in connection with the loan or mortgage, as they're not covered under Critical Illness Cover.

If:

- any of the above don't apply to **you**, or
- the loan or mortgage repayments have been suspended for a while, reduced or increased, other than because of an interest rate change, or
- **you've** repaid the loan or mortgage already when **you** claim,

we'll pay **you** a decreasing lump sum.

This decreasing lump sum will be equal to the amount that would have been outstanding on a capital and interest loan or mortgage, if this loan or mortgage:

- was equal to the amount of cover shown on **your** cover summary when the cover started,
- had a term the same as the **term of the cover** when the cover started,
- had a yearly interest rate equal to 6%, and
- had equal monthly repayments made between the date the cover started (as shown on **your** cover summary) and the date the claim became payable.

As a result, the amount of cover will decrease each month for the remaining **term of the cover**. The amount of cover may not be enough to pay off the loan or mortgage if the interest rate of the loan or mortgage went above 6%.

If your cover is payable as a decreasing lump sum, and the additional features in your cover summary show that a mortgage interest rate applies

We'll pay the amount that would have been outstanding under a loan or mortgage if the loan or mortgage:

- was equal to the amount of cover shown on **your** cover summary on the date cover started,
- had a term the same as the **term of the cover** on the date cover started,
- had a yearly interest rate equal to that shown in the additional features in **your** cover summary, and

- had equal monthly repayments made between the date the cover started (as shown on **your** cover summary) and the date the claim became payable.

As a result, the amount of cover will decrease each month for the remaining **term of the cover**. The amount of cover may not be enough to pay off the loan or mortgage if the interest rate of the loan or mortgage was different to the yearly interest rate shown in the additional features in **your** cover summary or the term is different.

Additional Conditions Cover

If the claim is for an **additional condition** other than **pregnancy complications**, we'll pay whichever of the following amounts is lower:

- if the Critical Illness Cover is payable as a lump sum, 25% of the amount of cover **you** have at the date the **person covered** meets one of **our additional conditions** definitions,
- if the Critical Illness Cover is payable as regular payments, 25% of the amount of cover **you** have at the date **the person covered** meets one of **our additional conditions** definitions, multiplied by the remaining number of full years left of the **term of the cover**, or
- £25,000.

If the claim is for **pregnancy complications**, we'll pay £5,000 per pregnancy unless the claim is because of foetal death in utero, neo-natal death or still birth as defined in section 4, in which case we'll pay £5,000 per foetus or **child**.

We'll pay a claim under Additional Conditions Cover as a lump sum.

If **your** plan includes more than one Critical Illness Cover or **you** have more than one plan with **us** covering the same person, and these provide Critical Illness Cover, the limits above apply to all Critical Illness Cover and plans **you** have with **us**. If the claim is for an **additional condition** other than **pregnancy complications**, we'll make only one payment for each **person covered** for each **additional condition**. The limits above apply to all plans **you** have with **us** that include a cover similar to Additional Conditions Cover.

We'll work out **your** amount of cover at the date the **person covered** meets one of **our additional conditions** definitions. This means that if **your** Critical Illness Cover is payable as a decreasing lump sum, the amount of cover **you** have under Additional Conditions Cover will be based on the amount of cover **your** Critical Illness Cover has decreased to at the date the **person covered** meets one of **our additional conditions** definitions. Any change to **your** amount of cover after this time won't be taken into account.

If we pay an Additional Conditions Cover claim for an **additional condition** other than **pregnancy complications**, we won't pay any further claim for that **additional condition** in respect of that **person covered**, but **you** may still make a claim in relation to that **person covered** if they are diagnosed with one of the other **additional conditions** set out in section 4.

Standard Children's Critical Illness Cover

We'll pay whichever of the following amounts is lower:

- if the Critical Illness Cover is payable as a lump sum, 50% of the amount of cover **you** have at the date the **child** meets one of **our** definitions of **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**,
- if the Critical Illness Cover is payable as regular payments, 50% of the amount of cover **you** have at the date the **child** meets one of **our** definitions of **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**, multiplied by the remaining number of full years left of the **term of the cover**, or
- £25,000.

If **your** plan includes more than one Critical Illness Cover, or **you** have more than one plan with **us** covering the same person, and these provide cover similar to Standard Children's Critical Illness Cover, the limits on this page in relation to Standard Children's Critical Illness Cover apply to each Critical Illness Cover and plan. **We'll** make only one payment for Standard Children's Critical Illness Cover for any **child**.

If **your** plan includes more than one Critical Illness Cover for different people, or **you** have more than one plan with **us** for different people, and these provide cover similar to Standard Children's Critical Illness Cover,

the limits on this page in relation to Standard Children's Critical Illness Cover apply to each Critical Illness Cover and plan. **We'll** make only one payment for Standard Children's Critical Illness Cover for any **child** in respect of each **person covered**.

We'll work out the amount of cover at the date the **child** meets one of **our** definitions of **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**. This means that if **your** Critical Illness Cover is payable as a decreasing lump sum, the amount of cover **you** have under Standard Children's Critical Illness Cover will be based on the amount of cover **your** Critical Illness Cover has decreased to at the date the **child** meets one of **our** definitions of **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**. Any change to **your** amount of cover after this time won't be taken into account.

Enhanced Children's Critical Illness Cover

If the claim is because of the death of a **child**, **we'll** pay £5,000.

If the claim is because the **child** meets one of **our** definitions of **additional conditions** other than **pregnancy complications**, **we'll** pay whichever of the following amounts is lower:

- if the Critical Illness Cover is payable as a lump sum, 25% of the amount of cover **you** have at the date the **child** meets one of **our** definitions of **additional conditions**,

- if the Critical Illness Cover is payable as regular payments, 25% of the amount of cover **you** have at the date the **child** meets one of **our** definitions of **additional conditions**, multiplied by the remaining number of full years left of the **term of the cover**, or
- £25,000.

If the claim is because the **child** meets **our** definition of **pregnancy complications**, **we'll** pay £5,000 per pregnancy unless the claim is because of foetal death in utero, neo-natal death or still birth as defined in section 4, in which case **we'll** pay £5,000 per foetus or **child**.

If the claim is because the **child** is diagnosed with a **terminal illness**, meets one of **our** definitions of **children's critical illness** or **critical illness** or meets the requirements of **our** definition of **total permanent disability for Children's Critical Illness Cover**, **we'll** pay whichever of the following amounts is lower:

- if the Critical Illness Cover is payable as a lump sum, 50% of the amount of cover **you** have at the date the **child** meets **our** definition of **terminal illness** or one of **our** definitions of **children's critical illness** or **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**,
- if the Critical Illness Cover is payable as regular payments, 50% of the amount of cover **you** have at the date the **child** meets **our** definition of **terminal illness** or one of **our** definitions of **children's critical illness** or **critical illness** or **our**

requirements for the definition of **total permanent disability for Children's Critical Illness Cover**, multiplied by the remaining number of full years left of the **term of the cover**, or

- £50,000.

If **your** plan includes more than one Critical Illness Cover, or **you** have more than one plan with **us** covering the same person, and these provide cover similar to Enhanced Children's Critical Illness Cover, the limits on this page in relation to Enhanced Children's Critical Illness Cover apply to all **your** Critical Illness Covers and plans. **We'll** make only one payment for Enhanced Children's Critical Illness Cover for any **child**.

If **your** plan includes more than one Critical Illness Cover for different people, or **you** have more than one plan with **us** for different people, and these provide cover similar to Enhanced Children's Critical Illness Cover, the limits on this page in relation to Enhanced Children's Critical Illness Cover apply to all **your** Critical Illness Covers and plans. **We'll** make only one payment for Enhanced Children's Critical Illness Cover for any **child** in respect of each **person covered**.

We'll work out the amount of cover at the date the **child** dies or is diagnosed with a **terminal illness** or meets one of **our** definitions of **additional conditions**, **children's critical illness** or **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**. This means that if **your** Critical Illness Cover is payable as a decreasing lump sum, the amount of cover **you**

have under Enhanced Children's Critical Illness Cover will be based on the amount of cover **your** Critical Illness Cover has decreased to at the date the **child** dies or is diagnosed with a **terminal illness** or meets one of **our** definitions of **additional conditions, children's critical illness** or **critical illness** or **our** requirements for the definition of **total permanent disability for Children's Critical Illness Cover**. Any change to **your** amount of cover after this time won't be taken into account.

Your Premiums

It's really important that **you** keep up to date with paying **your** premiums.

When your premiums are due

You first premium is due on the date **your** cover starts. **We'll** collect it on this date or shortly after, by direct debit. **Your** last premium is due on the date shown on **your** cover summary. **We'll** tell **you** before **we** collect the first premium.

If you're paying your premiums monthly

You must pay a premium every month from the date **your** first premium is due 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**.

If you're paying your premiums yearly

You must pay a premium every year from the date **your** first premium is due to **your** last. **Your** premiums are usually due on the same day of the year that **your** plan started. If **you'd** rather **we** collected **your** premiums on a different day in the same 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 – so **you** won't be covered.

If any other premium is five weeks overdue, **we'll** cancel the plan **your** cover is under – so **you** won't be covered at all any more. **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. **We'll** need **you** to tell **us** if there has been a change to the health, occupation or leisure activities of the **person covered** since **your** plan start date, so there may be times when **we** can't restart **your** plan. If this happens, **we'll** explain **our** decision to **you**.

When and how your premiums could change

Guaranteed premiums

If your cover is level lump sum, decreasing lump sum, or level regular payments

As long as **you** pay **your** premiums on time, **your** premiums won't change for the **term of the cover**.

If your cover is payable as an increasing lump sum or increasing regular payments

On each anniversary of **your** plan starting, **your** premium will increase by the rate shown in the additional features section of **your** cover summary, multiplied by 1.2. **We'll** tell **you** how much the increase will be at least a month before it takes place.

Reviewable premiums

If **you** choose this option, **your** premiums will stay the same for the first five years of **your** cover. After this time, **we'll** review them every five years. **Your** premiums could go up or down after each review, depending on a number of factors.

When **we** first work out how much **your** premiums should be, **we** look at different factors such as:

- the future level of claims **we** expect to pay
- the amount of money **we'll** pay to reinsurance companies with whom **we** share the costs of claims
- the number of plan owners who give up their plans early
- **our** expenses
- inflation
- investment returns
- taxes
- the amount of money **we** need to hold as financial reserves.

When **we** review **your** premiums, **we'll** look at these factors again. If their combined effect has been positive for **us**, **we** might be able to make **your** premiums cheaper. If not, **your** premiums may stay the same or increase.

If **we** change **your** premiums, **we'll** do this on the anniversary of **your** plan start date, which is shown on **your** cover summary. **We'll** tell **you** at least a month in advance if this is going to happen.

2. CHANGING YOUR COVER

Increasing cover

This only applies where **you** have chosen **your** amount of cover to be payable as an increasing lump sum or increasing regular payments.

The amount of cover will increase each year on the anniversary of the date **your** plan started, which will be shown on **your** cover summary. The additional features in **your** cover summary shows whether **your** cover will increase each year by a fixed rate or by the **retail price index**. As **your** amount of cover increases, **your** premiums will also increase.

We'll write to **you** at least a month before the increase takes place to tell **you** how much the increase in **your** amount of cover will be and how much **your** new premium will be. If **you** don't want **your** amount of cover or **your** premium to increase, **you** must tell **us** at least five days before the increase is due to take place and **we'll** cancel the increase. If **we** cancel two consecutive increases **we** won't offer **you** any further increases to **your** amount of cover.

If, as a result of an increase, the total amount of cover on all plans **you** have with **us** would be more than £3,000,000, **your** cover won't increase. **We'll** tell **you** if this happens.

When working out **your** total amount of cover **we** include all cover **you** have in this plan and any other plan **you** have with **us**.

If **you** add a new cover to **your** plan, **your** new cover may start on a different day than **your** plan started. The date **your** original plan started can be found on **your** original cover summary. Where this happens, the first increase in **your** amount of cover for **your** additional cover will be on the first anniversary of **your** plan start date which comes after this additional cover has been in force for 12 months.

Cover Increase Options

Your cover comes with Cover Increase Options if **we** give **you** **standard terms**. This means **you** can increase **your** amount of cover in certain circumstances without giving **us** any medical information.

How it works

You can increase **your** amount of cover, without giving **us** any medical information, if the **person covered**:

- gets married or divorced, or enters into or dissolves a civil partnership
- increases their mortgage
- has or adopts a **child**
- gets an increase in salary.

All **we** need to see is some evidence of the event, for example: the certificate for the marriage, civil partnership, birth or adoption, or a copy of their mortgage loan offer, or a letter from their employer confirming an increase in salary.

You need to ask **us** to increase **your** cover within six months of the event happening. And the **person covered** must be under the age of 55 – if there are two people covered, both of them must be under the age of 55 at the time of the request to increase. **We'll** work out a new premium for **your** cover, and **you** can then decide whether **you** want to go ahead with the increase.

Limits on increasing your cover

You can increase **your** cover more than once but the total **you** can increase **your** cover by is the lowest of:

- half **your** original amount of cover,

- £200,000 for cover payable as a lump sum, or
- £10,000 a year for cover payable as regular payments.

If **you** have more than one type of cover or more than one plan with **us** on the life of the same **person covered**, the limits apply to all of them added together – not separately to each cover or plan.

Your new cover will have the same additional features as **your** original cover, which are shown on **your** cover summary. **Your** new cover will be on the terms and conditions that **we** offer at the time of the increase. It must last at least as long as **our** minimum term at that time, but no longer than the time remaining on **your** original cover. **You** can find the end date of **your** original cover on **your** cover summary that **we** sent to **you** at the time **you** took out **your** original plan. So, if the time remaining on **your** original cover is less than **our** minimum term at that time, **you** can't increase **your** cover in this way.

Your new premiums will be based on:

- the same terms **we** applied to **your** original cover – or the terms that applied if **your** cover has been restarted,
- **our** pricing when **we** increase **your** cover, and
- the age of the **person covered** when **we** increase **your** cover.

We can't offer **you** Cover Increase Options if:

- **we** didn't accept **your** cover on **standard terms** – so if **we** had to charge **you** a higher premium, or if **we** had to apply some **exclusions**,

- **we're** paying a claim, considering a claim, or if a medical practitioner has given the **person covered** a diagnosis or possible diagnosis that would allow **you** to make a claim, or
- **you're** not resident in **the UK**, Jersey, Guernsey or Isle of Man.

Renewable option

This option is available if **your** cover summary shows that the **term of the cover** is renewable. **You** have an option to choose a renew period of five or 10 years depending on the **term of the cover you** chose when **your** cover started and the age that the **person covered** will be on **your** new cover end date.

How it works

You'll still have an end date for **your** cover, which is shown on **your** cover summary, but just before that end date **we'll** ask **you** if **you** want to renew **your** cover. **We'll** ask **you** to confirm if **you** want to renew **your** cover at least a month before the date **your** original cover was due to end.

All **you** have to do is confirm to **us** at least five days before the date that **your** cover is due to end that **you** want to use this renewable option. The **person covered** doesn't need to answer any medical questions. If **you** don't confirm that **you** want to renew **your** cover using the renewable option, then **your** existing cover will end on the cover end date shown on **your** cover summary. **You** won't be covered after that date.

If the age of the **person covered** at the new end date for **your** cover would be more than the maximum age that **we** allow at that time, the new cover will have a term equal to the number of whole years between the end date of **your** original cover, as shown on **your** cover summary, and the date the **person covered** reaches **our** maximum age at that time. If this term is less than **our** minimum term at that time, **you** can't use the renewable option and **your** cover will end on the date shown on **your** cover summary. **You** won't be covered after that date.

Your premiums when **you** exercise the renewable option will be based on:

- the same terms **we** applied to **your** original cover – or the terms that **we** applied if **your** cover has been restarted,
- **our** pricing when **you** applied for **your** original cover, and
- the age of the **person covered** when the new cover starts.

Your new cover will have the same additional features as **your** original cover. And it will be on the same terms and conditions **we** offered at the time **your** original cover started.

Joint Life Separation – splitting your joint cover

You can use this option if **you** and **your** partner have taken out **your** Critical Illness Cover on a joint life basis to cover a mortgage and **you** and **your** partner are the people covered. **You** can change **your** cover into two separate single life covers if **you** later separate and as a result:

- **you** rearrange **your** mortgage to be in the name of just **you** or **your** partner, or
- either of **you** takes out a new mortgage on a new house.

Your new single life cover

When **you** split **your** joint cover to become a single life cover, **your** premiums for **your** new single life cover will be based on:

- the same terms **we** applied to **your** original cover – or the terms **we** applied if **your** cover has been restarted,
- **our** pricing when **you** applied for **your** original cover, and
- the age of the **person covered** at the time **you** took out **your** original cover.

Your new single life cover will have:

- the same terms **we** applied to **your** original cover – or the terms **we** applied if **your** cover has been restarted,
- the same additional features, extra premiums or **exclusions** as **your** original cover,
- an amount of cover that's no greater than the amount of cover **you** had when **you** asked **us** to split **your** joint cover, and
- a term that is at least as long as **our** minimum term at that time, but no longer than the term remaining on **your** original cover. This means that if the time remaining on **your** original joint cover at the time **you** ask **us** to split **your** joint cover is less than **our** minimum term at that time, **we** can't split **your** cover.

Setting up your new single life covers

Both **you** and **your** partner must agree to separate **your** cover in this way. **We'll** need confirmation that **your** mortgage has been rearranged – this can be either a written confirmation from the lender, or a copy of the new loan offer. **Your** new cover must begin within six months of rearranging **your** mortgage or taking a new one out, whichever **you** choose to do.

Joint Life Reinstatement

Joint life reinstatement will only apply:

- when two people are covered under one cover, and
- **we've** paid a claim for Critical Illness Cover.

In this situation, **you** may take out new Critical Illness Cover but only for the **person covered** on the original cover who wasn't the cause of the claim. This person will have to agree to this new cover being taken out.

We'll base **your** new premium on:

- the same terms **we** applied to **your** original cover – or the terms that applied if **your** cover has been restarted,
- **our** pricing when **you** applied for **your** original cover, and
- the **person covered's** current age when **you** take up the option.

Your new Critical Illness Cover will have:

- the same terms **we** applied to **your** original cover – or the terms that applied if **your** cover has been restarted,
- the same additional features, extra premiums or **exclusions** as **your** original cover, and

- an amount of cover that's no greater than the amount of cover that **you** had when **we** paid the claim.

Your reinstated cover must have a term at least as long as **our** minimum term at that time, but no longer than the time remaining on **your** original cover. So, if the term remaining on **your** original cover is less than **our** minimum term at that time, **we** can't reinstate **your** cover in this way.

You can only reinstate **your** cover once.

Lifestyle review

If **we** didn't accept **your** cover on **standard terms** or **we** charged smoker rates, and the **person covered** changes their lifestyle in a way that **you** think reduces the likelihood of a claim, **you** can ask **us** to review the terms for **your** cover. For example, perhaps the **person covered** was a smoker when the cover started but has now given up.

We may need to ask for medical information about the **person covered**, or see proof that the **person covered** has changed their occupation before **we** make any changes to the terms of **your** cover.

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

Even if **we** later review **your** terms, cover that wasn't originally on **standard terms** cannot be changed to include Cover Increase Options.

3. GENERAL TERMS AND CONDITIONS

Changing your cover in other ways

You can ask **us** to change **your** cover in other ways not included in this section. For example, **you** might want to add a new cover to **your** plan or reduce an existing cover. Or **you** might want to add or remove either Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover. **You** can ask **us** to do this at any time. If **you** want to add a new cover to **your** plan, **we'll** need to ask the **person covered** for new medical information.

You can't add a new cover to **your** plan or increase an existing cover if **you're** no longer resident in **the UK**, Jersey, Guernsey or Isle of Man. If **you** remove a cover **you** may not be able to add it back on at a later date if **your** circumstances or the circumstances of the **person covered** have changed.

Source of covers

This cover 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

Neither **your** cover nor the plan that it is under, entitles **you** to membership of **Royal London** or participation in profit share.

Cancelling your cover

When **your** cover starts **you** have the right to change **your** mind and cancel **your** cover. If **you** do so within 30 days of receiving **your** cover summary and plan details, **we'll** refund any premiums **you've** paid to **us**. If **you** cancel after 30 days, **your** cover will end and **you** won't get anything back.

You can cancel **your** cover or the plan that it is under by contacting **us**. **Our** address is on page 4 of this booklet. **You** may also want to contact **your** bank to cancel **your** direct debit instruction. **You** should only do this if **you** intend to cancel all of the covers under **your** plan. If **you** intend to only cancel some of **your** covers, **we'll** automatically reduce the amount **we** collect once those covers have been cancelled.

If the plan that **your** cover is under is jointly owned, both owners must give **us** notice. If **you've** put **your** plan under trust, or if **you've** assigned **your** legal rights under **your** plan to someone else, the trustees or assignee must give **us** written notice that they wish to cancel.

If **you** cancel **your** cover, or the plan that **your** cover is under, after 30 days, **your** cover will end on the day **your** next premium would be due. **You'll** still be covered 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**.

Because **you** are cancelling after the 30 day cancellation period, **we** won't refund any premiums **you've** paid to **us** for the cover **you're** cancelling.

For example, if:

- **your** cover 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** cover, then,
- **we'll** collect **your** premium due on 1 April because this became payable before **you** asked **us** to cancel **your** cover,
- **we'll** collect this on 15 April because **you've** asked **us** to collect **your** premiums on that day, and
- **we'll** cancel **your** cover on 1 May because this is the first day on which **your** next premium would be due.

If **you** cancel, **we'll** tell **you** the date on which **your** cover will end, and whether **you** need to pay a final premium. If **you** don't pay **your** final premium:

- **we'll** cancel **your** cover 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.

Cash-in value

Your cover, and the plan that it is under, have no cash-in value at any time. This means that if **you** cancel **your** cover or the plan that it is under after the 30 day cancellation period, **you** won'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** cover.

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 UnderwriteMe, who we work with to provide our 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

Depending on the plan you have, some of your personal information might be processed outside of the European Economic Area (EEA). For more information see the full privacy 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 Road, Wilmslow, Cheshire
SK9 1PF

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

We may make changes to the terms and conditions applying to **your** cover (including **your** premiums) in the circumstances set out in the paragraphs numbered 1 to 4 on page 27 and 28.

We can separately make changes to how **we** use **your** personal information, details of which is set out on pages 24 to 27. **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 such circumstances.

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

- **you** don't tell **us** about changes to any of the answers **you** or the **person covered** gave in the **application**, or to information provided in relation to **your application**, between the date it was completed and the **date we assume risk** on **your** cover,
- the **person covered** doesn't provide their consent for **us** to ask for medical information within six months of the start of **your** cover from any doctor they have consulted about their 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 on the cover **we're** willing to provide,
- **you** make a claim and **we** find that **you** or the **person covered** haven't told **us** something that affects **your** cover, or
- **you** don't keep **your** premiums up-to-date.

2. **We** may make changes to the terms and conditions applying to **your** cover (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** cover,
- 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 the plan that **your** cover is under is taxed is changed.

3. **We** may make changes to the terms and conditions applying to **your** cover (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** cover (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** cover.

Contract

The Personal Menu Plan 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 **your application**, these terms and conditions, **your** cover summary for each cover **you** buy and any **endorsements** to these terms and conditions that **we** give **you**. Where there's a conflict between the terms and conditions and **your** cover summary, the terms set out in **your** cover summary will apply.

Mis-statement of age

If when **you** took out **your** cover **we** were told the **person covered** is older than they really are, **we'll** reduce **your** premiums to the amount that **you** would have been charged if **we'd** been told their correct age, and refund any overpayment **you've** made. If when **you** took out **your** cover **we** were told the **person covered** is younger than they really are, **we'll** reduce the amount of cover to the amount that would have been available if **we'd** been told their correct age. This means that, on 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**:



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 three 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.

We're committed to resolving complaints whenever possible through **our** complaints procedures. If **we** can't resolve a matter satisfactorily, **you** may be able to refer **your** complaint to the Financial Ombudsman Service.

If **you** make a complaint **we'll** send **you** a leaflet explaining the Financial Ombudsman 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 www.fscs.org.uk.

Law

The law of England and Wales applies to **your** cover and the plan that it is under.

Notices of assignment

If **you** assign any of **your** legal rights relating to the plan that **your** cover is under 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 **your** cover is under in trust.

Rights of third parties

No term of **your** contract is enforceable under the Contracts (Rights of Third Parties) Act 1999 by a person who is not party to **your** 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.

4. DEFINITIONS OF THE WORDS WE USE

This section explains all of the words in **bold** found within this booklet.

Additional conditions

The following are **our** definitions of **additional conditions**. Before **we** will pay a claim, the **person covered** must meet one of these definitions.

For **us** to accept the **person covered's** diagnosis as evidence of a claim, it must be:

- made by an **appropriate medical specialist**,
- the first and unequivocal diagnosis of the **additional condition**, and
- confirmed by **our** chief medical officer.

Accident hospitalisation – requiring a hospital stay for 28 consecutive days

An accident that results in physical injury which requires the **person covered** to stay in hospital for 28 consecutive days or more on the advice of an **appropriate medical specialist**.

For the above definition the following is not covered:

- an accident as a result of drug or alcohol intake or other self-inflicted means.

Aortic aneurysm – with endovascular repair

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

For the above definition, the following is not covered:

- procedures to any branch of the thoracic and abdominal aorta.

Carcinoma in situ of the breast – with surgery to remove the tumour

Carcinoma in situ of the breast positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

Carcinoma in situ of the cervix uteri – requiring trachelectomy (removal of the cervix) or hysterectomy

Carcinoma in situ of the cervix uteri diagnosed with histological confirmation by biopsy together with the undergoing of trachelectomy or hysterectomy to remove the tumour.

For the above definition, the following are not covered:

- loop excision, laser surgery, conisation and cryosurgery.

Carcinoma in situ of the colon or rectum – resulting in intestinal resection

Carcinoma in situ of the colon or rectum resulting in intestinal resection.

For the above definition, the following are not covered:

- local excision and polypectomy.

Carcinoma in situ of the larynx – with specified treatment

Carcinoma in situ of the larynx supported by histological confirmation, which has been treated with surgery, laser or radiotherapy.

Carcinoma in situ of the renal pelvis or ureter – supported by histological evidence

A definite diagnosis of carcinoma in situ of the renal pelvis or ureter supported by histological confirmation.

Carcinoma in situ of the testicle – requiring orchidectomy

A definite diagnosis of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU) or benign testicular tumour supported by histological evidence, which has been treated surgically with an orchidectomy (complete removal of the testicle).

Carcinoma in situ of the urinary bladder – supported by histological evidence

A definite diagnosis of carcinoma in situ of the urinary bladder supported by histological evidence.

For the above definition, the following are not covered:

- non-invasive papillary carcinoma;
- stage Ta urinary bladder carcinoma; and
- all other forms of non-invasive carcinoma.

Carcinoma in situ of the vagina or vulva – resulting in surgery to remove the tumour

Carcinoma in situ of the vagina or vulva resulting in surgery to remove the tumour.

For the above definition, the following are not covered:

- laser surgery and diathermy; and
- vaginal intraepithelial neoplasia (VAIN) grade 1 or 2 or vulval intraepithelial neoplasia (VIN) grade 1 or 2.

Carcinoma in situ (other) – with surgery

Carcinoma in situ diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells that are confined to the epithelial linings of organs and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:

- any skin cancer (including melanoma);
- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment; and
- intra-epithelial neoplasia or pre-malignant conditions.

This definition excludes the 8 specified carcinoma in situ conditions listed above. For example, if a claim is made for carcinoma in situ of the breast and the definition specific to that condition is not met, the carcinoma in situ (other) definition cannot be used instead.

Central retinal artery or vein occlusion – resulting in permanent visual loss

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

For this definition, the following are not covered:

- branch retinal artery or vein occlusion or haemorrhage;
- traumatic injury to tissue of the optic nerve or retina.

Coronary angioplasty – with specified treatment

The undergoing of percutaneous coronary intervention (PCI) to correct narrowing or blockages of the left main stem artery, or two or more main coronary arteries. PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and stenting.

The surgeries must have been carried out on the advice of a consultant cardiologist. Two coronary angioplasty procedures performed in different arteries at different times is covered.

For the purposes of this definition the main coronary arteries are:

- right coronary artery or its branches;
- left main stem artery or its branches;
- left anterior descending artery or its branches; and
- circumflex artery or its branches.

Gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential – with surgery

Gastrointestinal stromal tumour (GIST) or neuroendocrine tumour (NET) of low malignant potential diagnosed by histological confirmation and that has been treated by surgery to remove the tumour.

For the above definition, the following are not covered:

- tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

Heartbeat abnormalities – with permanent pacemaker insertion

The definite diagnosis of an abnormal rhythm of heartbeat by a consultant cardiologist resulting in the insertion of an artificial pacemaker on a **permanent** basis.

Low grade prostate cancer – of specified severity

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive, provided the tumour has progressed to at least clinical TNM classification T1N0M0.

Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary

An ovarian tumour of borderline malignancy/low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.

For the above definition, the following is not covered:

- removal of an ovary due to cyst.

Partial loss of sight – permanent and irreversible

Permanent and irreversible loss of sight and visual field, to the extent that even when tested with the use of visual aids, the visual acuity is less than or equal to 0.25 (6/24) in the better eye using a Snellen eye chart and the visual field in the better eye upon testing is reduced to 40 degrees or less of an arc, as certified by an ophthalmologist.

Pregnancy complications

A definite diagnosis by consultant obstetrician of one of the following conditions:

- disseminated intravascular coagulation (DIC),
- eclampsia (but excluding pre-eclampsia),
- ectopic pregnancy with surgery to remove a fallopian tube,

- foetal death in utero after at least 20 weeks gestation,
- hydatidiform mole,
- neo-natal death – giving birth to a **child** of at least 20 weeks gestation that does not survive 14 days,
- new born intensive care – giving birth to a **child** of at least 37 weeks gestation that requires continuous mechanical ventilation by means of tracheal intubation for 7 days (24 hours per day) or more in an intensive care unit in a **UK** hospital, starting between the date the **child** was born and age 90 days,
- placental abruption (but excluding placenta praevia), or
- still birth (excluding elective pregnancy termination) after at least 24 weeks gestation.

Skin cancer (not including melanoma) – advanced stage as specified

Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres (cm) across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm);
- invasion into subcutaneous tissue (Clark level V);
- invasion into nerves in the skin (perineural invasion);
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
- has recurred at the site of previous treatment.

Third degree burns – covering at least 10% but less than 20% of the body's surface area or at least 25% but less than 50% of surface area of the face

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% and less than 20% of the body's surface area, or at least 25% and less than 50% of the surface area of the face which for the purpose of this definition includes the forehead and ears.

Application

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

Appropriate medical specialist

For the purposes of this cover is a consultant employed at a hospital within the geographical limits listed below who is a specialist in an area of medicine appropriate to the cause of the claim.

- | | |
|-------------------|-------------------|
| • 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 |

Child

- the natural child of the **person covered** from birth to 21 years,
- any child of the **person covered** who is legally adopted from birth to 21 years,
- any child from birth to 21 years, who resides with and is financially dependent on the **person covered**.

Children's critical illness definitions

The following are **our** definitions of **children's critical illnesses** that apply to Enhanced Children's Critical Illness Cover. Before **we'll** pay a claim, the **child** covered must meet one of these definitions.

For **us** to accept the **child's** diagnosis as evidence of a claim, it must be:

- made by an **appropriate medical specialist**,
- the first and unequivocal diagnosis of the **children's critical illness**, and
- confirmed by **our** chief medical officer.

Cerebral palsy

A definite diagnosis of cerebral palsy by an **appropriate medical specialist**.

Child diabetes mellitus type 1 – requiring permanent insulin injections

A definite diagnosis of type 1 insulin dependent diabetes mellitus by an **appropriate medical specialist**. There must be abrupt onset, accompanied by ketonuria or other biochemical evidence of ketosis.

Permanent insulin injections must be the only effective treatment to prevent life-threatening diabetic ketoacidosis and these must have continued for a period of at least 12 months.

For the above definition, the following are not covered:

- gestational diabetes unless the **child** has been on continuous insulin injections to prevent diabetic ketoacidosis for 12 months after delivery of a baby;
- type 2 diabetes mellitus including if treated with oral medications or treated with insulin to improve diabetic control; and
- diabetes insipidus.

Child intensive care benefit – requiring mechanical ventilation for 7 days

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

For the above definition, the following is not covered:

- intensive care requiring mechanical ventilation for a **child** under the age of 90 days.

Craniosynostosis – requiring surgery

A definite diagnosis of craniosynostosis by a consultant neurosurgeon which has been treated surgically.

Cystic fibrosis

A definite diagnosis of cystic fibrosis by an **appropriate medical specialist**.

Down's syndrome

A definite diagnosis of Down's syndrome by an **appropriate medical specialist**.

Edwards syndrome

A definite diagnosis of Edwards syndrome by an **appropriate medical specialist**.

Hydrocephalus – treated with the insertion of a shunt

A definite diagnosis of hydrocephalus by an **appropriate medical specialist** which is treated by the insertion of a shunt.

Muscular dystrophy

A definite diagnosis of muscular dystrophy made by an **appropriate medical specialist**.

Osteogenesis imperfecta

A definite diagnosis of osteogenesis imperfecta by an **appropriate medical specialist**.

For the above definition the following is not covered:

- type 1 osteogenesis imperfecta.

Patau syndrome

A definite diagnosis of Patau syndrome by an **appropriate medical specialist**.

Spina bifida

A definite diagnosis of spina bifida myelomeningocele or rachischisis by a paediatrician.

For the above definition, the following are not covered:

- spina bifida occulta; and
- spina bifida with meningocele.

Surgical repair of an atrial or ventricular septal defect

The undergoing of surgery on advice of a consultant cardiologist to close a defect in the interatrial or interventricular septum requiring either thoracotomy or the use of endovascular techniques.

Critical Illness definitions

The following are **our** definitions of critical illnesses. Before **we** will pay a claim, the **person covered** must meet one of these definitions.

For **us** to accept the **person covered's** diagnosis as evidence of a claim, it must be:

- made by an **appropriate medical specialist**,
- the first and unequivocal diagnosis of the **critical illness**, and
- confirmed by our chief medical officer.

Alzheimer's disease – resulting in permanent symptoms

A definite diagnosis of Alzheimer's disease by a consultant neurologist, psychiatrist or geriatrician. There must be **permanent** clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- other types of dementia.

Aorta graft surgery – for disease or traumatic injury

The undergoing of surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the diseased or damaged aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:

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

Aplastic anaemia – permanent

A definite diagnosis by a consultant haematologist of **permanent** bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood transfusion;
- marrow stimulating agents;
- immunosuppressive agents;
- bone marrow transplant.

For the above definition, the following is not covered:

- other forms of anaemia.

Bacterial meningitis – resulting in permanent symptoms

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

For the above definition, the following is not covered:

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

Benign brain tumour – resulting in permanent symptoms

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms**; or

- undergoing invasive surgery to remove all or part of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:

- tumours in the pituitary gland;
- tumours originating from bone tissue; and
- angioma and cholesteatoma.

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

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms**; or
- surgical removal of all or part of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:

- angiomas.

Blindness – permanent and irreversible

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

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

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

- sickness or injury as a result of drug or alcohol intake or other **intentional self-inflicted injury**.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:

- leukaemia;
- sarcoma; and
- lymphoma (except cutaneous lymphoma – lymphoma confined to the skin).

For the above definition, the following are not covered:

- all cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential;
- malignant melanoma that is confined to the epidermis (outer layer of skin);

- any non-melanoma skin cancer (including cutaneous lymphoma) that has not spread to lymph nodes or metastasised to distant organs;
- all tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification T2bN0M0.

Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood flow around the body resulting in unconsciousness and either of the following devices being surgically inserted:

- Implantable Cardioverter-Defibrillator (ICD); or
- Cardiac Resynchronisation Therapy with Defibrillator (CRT-D).

The following are not covered:

- insertion of a pacemaker; and
- insertion of a defibrillator without cardiac arrest.

Cardiomyopathy – of specified severity or undergoing a defined treatment

A definite diagnosis by a consultant cardiologist of cardiomyopathy.

The disease must result in at least one of the following:

- left ventricular ejection fraction (LVEF) of 39% or less measured twice at an interval of at least 3 months by an MRI scan,
- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or

chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months, or

- implantation of a cardioverter defibrillator (ICD) on the specific advice of a cardiologist for the prevention of sudden cardiac death.

For the above definition the following are not covered:

- all other forms of heart disease, heart enlargement and myocarditis.

Cauda equina syndrome – with permanent symptoms

A definite diagnosis by an **appropriate medical specialist** of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- **permanent** bladder dysfunction.
- **permanent** weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate neurological evidence.

Chronic lung disease – of specified severity

Confirmation by a consultant physician of chronic lung disease resulting in all of the following:

- the need for continuous daily oxygen therapy on a **permanent basis**;
- FEV1 being less than 40% of normal; and
- vital capacity less than 50% of normal.

Coma – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs with associated **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

- medically induced coma; and
- coma secondary to alcohol or drug abuse.

Coronary artery bypass grafts

The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

For the above definition, the following are not covered:

- balloon angioplasty;
- atherectomy;
- rotablation;
- insertion of stents; and
- laser treatment.

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

A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist. There must be **permanent** clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- other types of dementia (these are covered under the dementia definition).

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia – resulting in permanent symptoms

A definite diagnosis of dementia by a consultant neurologist, psychiatrist or geriatrician. There must be **permanent** clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

Encephalitis – resulting in permanent symptoms

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

For the above definition the following are not covered:

- myalgic encephalomyelitis and chronic fatigue syndrome.

Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- the characteristic rise of cardiac enzymes or Troponins; and
- new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests. The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- other acute coronary syndromes; and
- angina without myocardial infarction.

Heart failure – of specified severity

A definite diagnosis by a consultant cardiologist of failure of the heart to function as a pump.

There must be evidence of the following:

- **permanent** and irreversible limitation of function to at least Class III of the New York Heart Association (NYHA) classification; and
- **permanent** and irreversible ejection fraction of 39% or less.

Heart valve replacement or repair

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

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

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment; after the start of the plan and satisfying all of the following:
 - must have been reported to appropriate authorities and have been investigated in accordance with the established procedures;

- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident;
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus;
- the incident causing infection must have occurred in one of the countries listed on page 34.

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

Intensive care – requiring mechanical ventilation for 10 consecutive days

Any sickness or injury resulting in the **person covered** requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a **UK** hospital.

For the above definition, the following are not covered:

- sickness or injury as a result of drug or alcohol intake or other self-inflicted means;
- intensive care requiring mechanical ventilation for a **child** under the age of 90 days.

Kidney failure – requiring permanent dialysis

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

Liver failure – irreversible

A definite diagnosis, by a consultant physician, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- **permanent** jaundice;
- ascites; and
- encephalopathy.

For the above definition, the following is not covered:

- liver failure secondary to alcohol or drug abuse.

Loss of hand or foot – permanent physical severance

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

Loss of independent existence – resulting in permanent symptoms

If the claim is for Critical Illness Cover, any condition that:

- a) **permanently** prevents the **person covered** from doing at least 3 out of the 6 living tasks either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons; or
- b) causes **mental incapacity**.

The six living tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **The ability to dress and undress** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

If the claim is for Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover, any condition that:

- a) **permanently** prevents the **child** covered from doing; or **permanently** prevents the **child** covered from achieving the ability to do at least 3 out of the 6 living tasks either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons; or
- b) causes **mental incapacity**.

The six living tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **The ability to dress and undress** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

Loss of speech – permanent and irreversible

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

Major organ transplant – from another donor

The undergoing as a recipient of a transplant from another donor of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or a whole lobe of the lung or liver, or inclusion on an official **UK** waiting list for such a procedure.

For the above definition, the following is not covered:

- transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:

- amyotrophic lateral sclerosis (ALS);
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA);
- primary lateral sclerosis (PLS);
- progressive bulbar palsy (PBP); or
- progressive muscular atrophy (PMA).

There must also be **permanent** clinical impairment of motor function.

Multiple sclerosis – with past or present symptoms

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

Neuromyelitis optica (Devic's disease)

A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 3 months.

Paralysis of limbs – total and irreversible

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

Parkinson plus syndromes – resulting in permanent symptoms

A definite diagnosis by a consultant neurologist or geriatrician of one of the following Parkinson plus syndromes:

- multiple system atrophy;
- progressive supranuclear palsy;
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex;
- corticobasal ganglionic degeneration; or
- diffuse Lewy body disease.

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

- motor function;
- eye movement disorder;
- postural instability; or
- dementia.

Parkinson's disease – resulting in permanent symptoms

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

For the above definition, the following are not covered:

- Parkinsonian syndromes/Parkinsonism.

Peripheral vascular disease – with by-pass surgery

A definite diagnosis of peripheral vascular disease supported by evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to the arteries of the legs.

For the above definition, the following is not covered:

- angioplasty

Pneumonectomy – removal of a complete lung

The undergoing of surgery on the advice of an **appropriate medical specialist** to remove an entire lung for disease or traumatic injury suffered by the **person covered**.

For the above definition the following are not covered:

- removal of a lobe of the lungs (lobectomy);
- lung resection or incision.

Primary pulmonary hypertension – of specified severity

A definite diagnosis of primary pulmonary hypertension by a consultant cardiologist or specialist in respiratory medicine. There must be clinical impairment of heart function resulting in the **permanent** loss of ability to perform physical activities to at least Class III of the New York Heart Association classification of functional capacity.

For the above definition, the following is not covered:

- pulmonary hypertension secondary to any other cause i.e. not primary.

Pulmonary artery graft surgery

The undergoing of surgery on the advice of a consultant cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Spinal stroke – of specified severity

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in **permanent neurological deficit with persisting clinical symptoms**.

Stroke – of specified severity

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in all of the following:

- definite evidence of death of tissue or haemorrhage on a brain scan; and
- **neurological deficit with persisting clinical symptoms** lasting at least 24 hours.

For the above definition, the following are not covered:

- transient ischaemic attack;
- death of tissue of the optic nerve or retina/eye stroke.

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

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

Systemic lupus erythematosus – with severe complications

A definite diagnosis of systemic lupus erythematosus by a consultant rheumatologist resulting in either of the following:

- **permanent neurological deficit with persisting clinical symptoms**; or
- **permanent** impairment of kidney function with a glomerular filtration rate (GFR) below 30ml/min.

Third degree burns – covering 20% of the body's surface area or 50% loss of surface area of the face

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or 50% loss of surface area of the face which for the purpose of this definition includes the forehead and ears.

Traumatic brain injury – resulting in permanent symptoms

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

Ulcerative colitis – treated with total colectomy

A definite diagnosis of ulcerative colitis confirmed by a consultant gastroenterologist which has been treated by removal of the entire colon (large bowel).

Date we assume risk

The date we assume risk is the later of:

- the date **you** or anyone acting on **your** behalf contacts **us** to ask **us** to start **your** cover, or the plan that **your** cover is under, or
- the date cover starts as shown on **your** cover summary.

Endorsements

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

Exclusion

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

Intentional self-inflicted injury

Means any injury the **person covered** has suffered that is in **our** reasonable opinion the result of a deliberate act by the **person covered**.

Mental incapacity

If the claim is for Critical Illness Cover, irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas;

which causes a significant reduction in mental and social functioning, requiring the continuous supervision of the **person covered**.

If the claim is for Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover, irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas;

which causes a significant reduction in mental and social functioning, requiring the continuous supervision of the **child**.

Neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination.

Symptoms that are covered include:

- Numbness
- Hyperaesthesia (increased sensitivity)
- Paralysis
- Localised weakness
- Dysarthria (difficulty with speech)
- Aphasia (inability to speak)
- Dysphagia (difficulty in swallowing)
- Visual impairment
- Difficulty in walking
- Lack of coordination
- Tremor
- Seizures
- Dementia
- Delirium
- Coma

The following are not covered:

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

Ordinary UK driving licence

A group 1 licence as defined in The Motor Vehicles (Driving Licences) Regulations 1999 as amended by The Motor Vehicles (Driving Licences) (Amendment) Regulations 2012, The Motor Vehicles (Driving Licences) Regulations (Northern Ireland) 1996 and any future amendment to the legislation which defines a group 1 licence.

Permanent

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

Person covered

The person named as such on **your** cover summary.

Retail price index

This is the percentage increase in **the UK** government's retail price index (or if that index is no longer available, such other index as **we** reasonably determine to be equivalent) over the 12-month period ending three months before the anniversary of the date the plan **your** cover is under started, subject to a minimum of 2% and a maximum of 10%.

Royal London

The Royal London Mutual Insurance Society Limited.

Royal London Group

Royal London and its subsidiaries.

Standard terms

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

Terminal Illness

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.

For **us** to accept the diagnosis of the **person covered** as evidence of a claim, it must be:

- made by an **appropriate medical specialist**,
- the first and unequivocal diagnosis of the illness, and
- confirmed by **our** chief medical officer.

Term of the cover

The period between the date **your** cover starts (as shown on **your** cover summary) and the date **your** cover ends. Unless the **person covered** (or if there are two people covered, either of them) dies or is diagnosed with a **critical illness** that meets one of **our** definitions or meets the requirements of **our** definition of **total permanent disability** that is shown on **your** cover summary, the date **your** cover ends is the date shown on **your** cover summary.

The UK

Means Scotland, England, Wales and Northern Ireland.

Total permanent disability – of specified severity

The additional features section in **your** cover summary shows which definition of **total permanent disability** applies to **your** cover.

Own occupation total permanent disability

Becoming **permanently** disabled according to all of the requirements of one of the following four definitions:

1. Total permanent disability – unable before age 65 to do your own occupation ever again

Loss of the physical or mental ability through an illness or injury before age 65 to the extent that the **person covered** is unable to do the essential duties of their own occupation ever again. The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the **person covered** in their own occupation that cannot reasonably be omitted or modified.

Own occupation means the trade, profession or type of work the **person covered** does for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

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

For the above definition, disabilities for which the **appropriate medical specialist** cannot give a clear prognosis are not covered.

2. Total permanent disability – unable before age 65 to do 3 specified working tasks ever again

Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 6 working tasks listed below ever again.

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

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

The working tasks are:

- **Walking** – the ability to walk more than 200 metres on a level surface.
- **Climbing** – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

- **Lifting** – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- **Bending** – the ability to bend or kneel to touch the floor and straighten up again.
- **Getting in and out of a car** – the ability to get into a standard saloon car, and out again.
- **Writing** – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

3. Total permanent disability – unable to look after yourself ever again

Loss of the physical ability through an illness or injury to do at least 3 of the 6 living tasks listed below ever again.

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

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

The living tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

- **The ability to dress and undress** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

4. Total permanent disability – mental incapacity

Irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas; which causes a significant reduction in mental and social functioning, requiring the continuous supervision of the **person covered**.

Working tasks total permanent disability

Becoming **permanently** disabled according to all of the requirements of one of the following three definitions:

1. Total permanent disability – unable before age 65 to do 3 specified working tasks ever again

Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 6 working tasks listed below ever again.

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

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

The working tasks are:

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

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

2. Total permanent disability – unable to look after yourself ever again

Loss of the physical ability through an illness or injury to do at least 3 of the 6 living tasks listed below ever again.

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

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

The living tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **The ability to dress and undress** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.

- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

3. Total permanent disability – mental incapacity

Irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas;

which causes a significant reduction in mental and social functioning, requiring the continuous supervision of the **person covered**.

Living tasks total permanent disability

Becoming **permanently** disabled according to all of the requirements of either of the following definitions:

1. Total permanent disability – unable to look after yourself ever again

Loss of the physical ability through an illness or injury to do at least 3 of the 6 living tasks listed below ever again.

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

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

The living tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **The ability to dress and undress** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

2. Total permanent disability – mental incapacity

Irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas; which causes a significant reduction in mental and social functioning, requiring the continuous supervision of the **person covered**.

Total permanent disability for Children's Critical Illness Cover

The following is **our** definition of **total permanent disability for Children's Critical Illness Cover** that applies to Standard Children's Critical Illness Cover and Enhanced Children's Critical Illness Cover.

We'll pay if the **child** is diagnosed as suffering **total permanent disability for Children's Critical Illness Cover**. All diagnoses must:

- be made by a consultant employed at a hospital within the geographical limits shown in section 1 who is a specialist in an area of medicine appropriate to the cause of the claim;
- be the first and unequivocal diagnosis of **total permanent disability for Children's Critical Illness Cover**; and
- be confirmed by **our** chief medical officer.

Total permanent disability for Children's Critical Illness Cover means the **child** becoming **permanently** disabled through illness or injury to the extent that for a period of 12 consecutive months the **child** has been confined to their home, a hospital or similar institution and has required medically supervised constant care and attention.

The disability must be expected to last throughout the **child's** life without prospect of improvement.

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

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