



**PERSONAL MENU PLAN**  
**WAIVER OF PREMIUM**  
**(SICKNESS)**

**Plan details - September 2017**



**WE GIVE THIS BOOKLET OF TERMS AND CONDITIONS TO EVERYONE WHO BUYS WAIVER OF PREMIUM (SICKNESS) 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 9.

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.

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## 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

Waiver of Premium (Sickness) is designed to pay the premiums for all covers under the plan that **your** Waiver of Premium (Sickness) cover is under if, during the **term of the cover** the **person covered** can't **work**, or carry out a number of living tasks, because of an illness or injury and they meet the requirements of **our** definition of **incapacitated** or they are diagnosed with a **terminal illness** that meets **our** definition. **You'll** find **our** definitions of **incapacitated** and **terminal illness** in section 4.

## 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.

- |                   |                   |
|-------------------|-------------------|
| • <b>The UK</b>   | • 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

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

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

## When we will and won't pay a claim

To confirm that the **person covered** meets the requirements of **our** definition of **incapacitated**, **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:

- Waiver of Premium (Sickness) is shown on **your** cover summary,
- during the **term of the cover** the **person covered** meets the requirements of **our** definition of **incapacitated** for a continuous period longer than the **deferred period** shown on **your** cover summary, or
- during the **term of the cover** the **person covered** meets the requirement of **our** definition of **terminal illness**, 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** definitions of **incapacitated** and **terminal illness** and the relevant requirements in section 4.

**We'll** continue paying until:

- the **person covered** no longer meets the requirements of **our** definition of **incapacitated**,
- the **person covered** goes back to **work**,
- the **term of the cover** reaches an end, or
- the **person covered** dies.

**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**, or
- the **person covered** doesn't meet the requirements of **our** definition of **incapacitated** or **terminal illness**.

**We** might also not pay or may stop paying **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 information about the health, **occupation** or leisure activities of the **person covered**, or **you** 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.

## **Connected claims**

A connected claim happens if:

- **we** start to pay a claim, but stop paying because the **person covered** no longer meets the requirements of **our** definition of **incapacitated**, but
- within the next 52 weeks of **us** stopping making payments, the **person covered** meets the requirements of **our** definition of **incapacitated** once again,

so **you** want to make a further claim.

**We'll** treat **your** further claim as connected as long as:

- the **person covered** didn't go back to **work** again against their doctor's advice,
- the **person covered** meets the requirements of **our** definition of **incapacitated** from the same cause as the original claim, and
- the **person covered** is in the same **occupation** when the further claim starts.

A connected claim doesn't have a **deferred period**, so **we'll** start to pay the claim again straightaway.

### **How much we'll pay**

**We'll** pay the premiums for the plan **your** cover is under for **you**. **You** won't actually receive any payments from **us**, but **we** won't collect **your** premiums for the plan that **your** Waiver of Premium (Sickness) is under. If there's more than one **person covered** for Waiver of Premium (Sickness) on the plan **your** cover is under and both meet the requirements of **our** definition of **incapacitated** or **terminal illness** at the same time, **we'll** only pay the plan premiums once.

### **Your Premiums**

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

### **When your premiums are due**

**Your** 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**.

## 2. CHANGING YOUR COVER

### When and how your premiums could change

**Your** premium for Waiver of Premium (Sickness) will only change if the premium for any other cover **you** have under the plan **your** Waiver of Premium (Sickness) is under, changes. This could happen if:

- the amount of the other cover changes because it is an increasing cover or **you** make a change to that other cover,
- the premium for the other cover is reviewable and **we** change the premium for the other cover, or
- **we** pay a claim for the other cover or the other cover is cancelled or comes to an end as a result.

**We'll** write to tell **you** how much the change to **your** premium for Waiver of Premium (Sickness) will be before it takes place and at the same time **we** tell **you** about the change to the premium for the other cover. Unless **we** hear from **you**, **we'll** start collecting the changed premium from the date **we** tell **you**.

For more information on how and when the premium for any other cover **you** have on the same plan could change, please see the relevant plan details booklet for that cover.

### Lifestyle review

If **we** didn't accept **your** cover on **standard terms**, 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 **we** applied an **exclusion** when the cover started because of the **person covered's occupation** but they have now changed their **occupation**.

**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.



### 3. GENERAL TERMS AND CONDITIONS

#### 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** premium 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** premium 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.

## 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 and verify your identity

**We** (The Royal London Mutual Insurance Society Limited and **our** businesses and divisions) may obtain personal information either from **you** directly, or with **your** consent, from **your** approved intermediary or from other sources such as **your** doctor or an identification agent.

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

- providing and developing **our** products and services
- improving **our** customer care
- verifying **your** identity and fraud prevention
- research and analysis
- marketing
- legal and regulatory reasons
- administering **your** plan.

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

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

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

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

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

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

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

If **you** provide **us** with information about another person, **you** confirm that they've appointed **you** to act for them to consent to the processing of their personal data and that **you've** informed them of **our** identity and the purposes (as set out on pages 10 and 11) for which their personal data (including sensitive personal data) will be processed.

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

If **you** have any questions about how **we'll** use **your** personal information, or if **you** would like to receive **our** marketing communications by some but not all of the methods listed on page 10, please contact **us**:



0345 6094 500



protectionhelp@royallondon.com



0345 6094 522



Royal London, 1 Thistle Street,  
Edinburgh EH2 1DG

### **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 pages 11 and 12. **We** can separately make changes to how **we** use **your** personal information and verify **your** identity (details of which is set out on pages 10 and 11).

**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



0345 6094 522



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](http://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.

### **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.

- |                   |                   |
|-------------------|-------------------|
| • <b>The UK</b>   | • 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             |

## 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.

## Deferred period

The period of time between when the **person covered** first meets the requirements of **our** definition of **incapacitated** and when **you** will receive **your** first payment from **us**. The **deferred period** is shown in the additional features section of **your** cover summary.

Unless **you** have a connected claim (see page 6) or the **person covered** is diagnosed with a **terminal illness**, we won't pay a claim until the end of the **deferred period**.

## Employed

The **person covered** working for remuneration under a contract of employment and, if in **the UK**, paying class 1 National Insurance contributions.

## 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.



## Full-time

Means the **person covered** is in a full-time (more than 16 hours each week) paid **occupation**.

## Incapacitated

We'll pay if the **person covered** meets the requirements of **our** definition of incapacitated.

For the purpose of the requirements, own **occupation** means the trade, profession or type of **work** that the **person covered** does for profit or pay. It isn't a specific job with any particular employer and is irrespective of location and availability.

### 1. Own Occupation

Loss of the physical or mental ability, before age 70, through an illness or injury to the extent that the **person covered** is unable to do the material and substantial duties of their own **occupation**. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of their own **occupation** that can't reasonably be omitted or modified.

If, immediately before the start of the period of incapacity, the **person covered** isn't in a **full-time** paid **occupation**, we'll assess the claim based on meeting the serious illness requirements.

### 2. Serious Illness

If, before age 70, the **person covered** meets any of the following definitions, we'll pay the claim if they're unable to **work** in their own **occupation** in any capacity.

- **Blindness** – **permanent** and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
- **Cancer** – undergoing chemotherapy or radiotherapy in hospital or having received one of those treatments in hospital within the last 3 months.
- **Complete dependency** – being totally incapable of caring for oneself, requiring 24 hour medical supervision in a hospital or nursing home.
- **Deafness** – **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.
- **Dialysis** – undergoing dialysis in hospital or having received the treatment in hospital within the last 3 months.
- **Organic brain disease** – an organic brain disease or brain injury which:
  - affects the ability to reason and understand; and
  - the condition has deteriorated to the extent that continual supervision and the assistance of another person is required.

If, immediately before the start of the period of incapacity, the **person covered** isn't in a **full-time** paid **occupation** and doesn't meet any of the serious illness requirements, we'll assess the claim based on meeting the everyday tasks requirements.



### 3. Everyday Tasks

If, before age 70, the **person covered** is unable to do 3 of the following 9 tasks, **we'll** pay the claim whilst they're unable to **work** in their own **occupation** in any capacity.

Loss of the physical ability through an illness or injury to do at least 3 of the 9 everyday tasks listed below.

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 everyday tasks are:

- **Sitting** – sit in a chair for at least 30 minutes without unreasonable discomfort.
- **Standing** – stand and perform light tasks such as making a cup of tea, using one hand for support, for a period of at least 5 minutes.
- **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.

- **Maintaining an ordinary UK driving licence** – reasonable medical opinion prevents the **person covered** obtaining an **ordinary UK driving licence**.
- **Writing** – the manual dexterity to write legibly using a pen or pencil, or type using a desk top personal computer keyboard.

If the **person covered** is aged 70 or older, **we'll** assess the claim based on meeting the living tasks requirements.

### 4. Living Tasks

If the **person covered** is unable to do 3 of the following 6 living tasks **we'll** pay the claim.

Any illness or injury which 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.

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.
- **Getting dressed and undressed** – 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.

### 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**.

### Occupation

Means a trade, profession or type of **work** undertaken for profit or pay. It's not a specific job with any particular employer and is independent of location and availability.

### Ordinary UK driving licence

Means 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.

### Royal London

The Royal London Mutual Insurance Society Limited.

### Royal London Group

**Royal London** and its subsidiaries.

### Self-employed

The **person covered** working:

- alone,
- or with others in partnership,
- or as a member of a limited liability partnership, and

if in **the UK**, paying class 2 National Insurance contributions and being assessable to income tax under Part 2 of the Income Tax (Trading and Other Income) Act 2005.

### Standard terms

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

### 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** dies, the date **your** cover ends is the date shown on **your** cover summary.

### **Terminal illness**

A definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending consultant, the illness is expected to lead to death within 12 months.

### **The UK**

Means Scotland, England, Wales and Northern Ireland.

### **We or us or our**

Means **Royal London**.

### **Work**

Being **employed** or **self-employed**.

### **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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