



Transform Tomorrow

For customers | Personal Protection

Your policy conditions

IP15

Welcome to Aegon

Thank you for choosing our Personal Protection policy. We have been part of the Aegon group since 1994, linking Scottish Equitable's 175 years of experience in the UK's life insurance, pensions, annuities and investment markets with Aegon's global strength.

We provide technical support and information to financial advisers and our policy owners. We cannot give advice. If you are unsure if this policy is suitable for you, you should speak to a financial adviser.

Plain English

We have tried to use plain English in these policy conditions but avoiding all technical terms is difficult. If there is anything that is unclear please let us know.

Contact us

If you or your family need to make a claim, call us and speak to a member of our experienced claims team on 03456 00 04 93. They will help you through the process and explain what is required to make and settle a claim.

If you have any questions about your policy you should contact your financial adviser in the first instance. You can also phone, email or write to us.

Call us on:

03456 00 14 02, Monday to Friday, 8.30am to 5.30pm

Email us at:

protect_support@aegon.co.uk

Write to us at:

Aegon

Edinburgh Park

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EH12 9SE

If you would like a large print, Braille or audio CD version, please call 03456 10 00 10.

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1. Understanding your policy

1.1. Defined terms

Some of the words and phrases used in these policy conditions have specific meanings. These are shown in **bold** type in these policy conditions, and are explained in the table below. Unless stated otherwise, these words and phrases will have the same meaning when used in **your** policy schedule and any documents **you** receive if **your** policy is amended.

accident/accidental	This means an event resulting in a bodily injury. The injury must have arisen solely and independently from causes not related to a pre-existing illness, disease or physical disorder.
additional benefit	The additional benefits that are available are: ■ total permanent disability benefit (which can be attached to certain main benefits under the policy), and ■ waiver of premium benefit (which would apply to the premiums paid under the policy). These are described fully in condition 6. Your policy schedule will show if you have additional benefits under your policy.
additional critical illness	This means one of the additional critical illnesses we have defined in detail in Appendix 2 to these policy conditions.
additional critical illness benefit	This is additional cover we provide, at no extra cost, when you have any of the following main benefits under your policy: ■ critical illness protection ■ life with critical illness protection ■ critical illness family income benefit ■ life with critical illness family income benefit ■ reducing critical illness protection, and ■ reducing life with critical illness protection. Payment of an additional critical illness benefit does not affect the payment of an associated main benefit or the premiums for it. Additional critical illness benefits are described in Appendix 2 to these policy conditions.
additional critical illness benefit amount	This is the amount we would pay for a valid claim for an additional critical illness benefit . It is described in detail in Appendix 2 to these policy conditions.
applicant	This is the person or persons named on the application as policyholder(s).
application	This means the form on which the application for the policy and for benefits under it was made. The application could have been completed on paper or electronically.

basic salary	This means salary before deduction of income tax and National Insurance contributions but excluding any other taxable benefits that may be payable and any employer contributions to any pension arrangements.
benefit amount	This means the amount that we would pay in relation to a benefit in the event of you making a valid claim for it under the policy. It will be either the amount shown in the policy schedule, or that amount as varied either in line with these policy conditions or otherwise as agreed between you and us .
benefit end date	This is the date or dates on which you will stop being covered for the specified benefit. It is shown on your policy schedule for each benefit for which you are covered.
benefit period	This applies to waiver of premium benefit cover and means a continuous period of incapacity of an insured person . The benefit period will start no earlier than the end of the deferred period and end no later than the benefit end date . It does not include any period of incapacity on or after the insured person's 70th birthday.
benefit start date	This is the date or dates on which you will start to be covered for the specified benefit. It is shown on your policy schedule for each main benefit for which you are covered.
career break	This means a career break that the insured person is entitled to take in terms of their contract of employment.
civil partnership	This mean a partnership that exists under or by virtue of the Civil Partnership Act 2004, as amended or re-enacted from time to time.
controlling director	This has the meaning given to it in the Corporation Tax Act 2010, as amended or re-enacted from time to time.
critical illness	This means one of the critical illnesses that we have defined in detail in Appendix 1 to these policy conditions.
deductions	This applies for income protection and means: a. any income that continues to be payable to the insured person during their period of incapacity b. benefits payable under any other income protection or ill health/accident type policy (or policies) on the life of the insured person c. pensions or pension benefits payable from a pension scheme unless this benefit was in payment at the benefit start date, and d. waiver of premium benefits payable on the life of the insured person under any policy or creditor insurance where the benefits, at outset, under such contracts are potentially payable for more than two years. Waiver of premium benefits paid under this policy do not count as a deduction.

deferred period	This applies for income protection and waiver of premium benefit. It is the period of time for which the insured person must be continuously incapacitated before the relevant benefit would become payable in the event of you making a valid claim.
designated countries	This means all and any of the following: the European Union member states (excluding the United Kingdom), Andorra, Australia, Canada, Gibraltar, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, Turkey, the Vatican City State, and the United States of America.
ever again	This means that the relevant specialists reasonably expect that the insured person's disability will last throughout life with no prospect of improvement, no matter when the cover ends or the insured person expects to retire.
home countries	This means the United Kingdom, the Channel Islands and the Isle of Man.
houseperson	This means a person who has chosen to stay at home and who is not doing any other paid or unpaid work.
incapacity/incapacitated	Incapacity/Incapacitated is defined in full in condition 4.11.4 in relation to income protection cover and condition 6.2.4 in relation to waiver of premium benefit cover. Briefly, to be incapacitated, the insured person must meet the one of the three definitions – own occupation, any suited occupation, and activities of daily work – that is applicable in their case.
income	Where the insured person is: a. employed, this means gross taxable earned income in the 12 months before incapacity. Taxable earned income can include yearly salary, bonuses, commission which is part of the insured person's normal remuneration, the value of all P11D benefits that the insured person will lose in the event of incapacity, and overtime payments that the insured person can prove have formed part of their regular remuneration over the 12 months before incapacity b. self-employed, this means the net trading profit from their occupation as reported to HM Revenue & Customs on their self-assessment tax return averaged over the three years before incapacity c. a company director of their own business who is also a shareholder, this means the salary received and dividends received from profit generated after deduction of corporation tax in the 12 months before incapacity.
index	This means the index commonly known as the Retail Prices Index. If the Retail Prices Index we use is not published any more, we will use a similar index reasonably chosen by us.
insured person	This means the life or lives assured named in the policy schedule.

irreversible/irreversibly	This means a condition which cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the United Kingdom at the time of making a claim. 'Irreversibly' has an equivalent meaning.
main benefits	These are the main benefits available under our personal protection policy, and are: ■ life protection ■ critical illness protection ■ life with critical illness protection ■ family income benefit ■ critical illness family income benefit ■ life with critical illness family income benefit ■ gift inter vivos ■ reducing life protection ■ reducing critical illness protection ■ reducing life with critical illness protection ■ income protection They are described in detail in condition 4. Your policy schedule will show which of the main benefits you are covered for under your policy.
material and substantial duties	This means those duties that are normally required for, and/or form a significant and integral part of, performing the occupation that cannot reasonably be left out or adapted.
net relevant earnings	These are: i. earnings immediately derived from a trade, profession or vocation, and/or ii. earnings immediately derived from employment, such as salary, wages, bonus, overtime, commission, and/or iii. any part of a redundancy payment which exceeds the £30,000 tax exempt threshold, and/or iv. benefits in kind which are chargeable to tax (applies to employees earning over £8,500, and to directors), and/or profit related pay (including the part which is not taxable)
occupation	This means a trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.
permanent/permanently	This means a condition that is expected to last throughout life with no prospect of improvement, no matter when the cover ends or the insured person expects to retire. Permanently has an equivalent meaning.

policy start date	This means the date when the contract started and is shown in your policy schedule.
terminal illness	This means an illness, in relation to which there has been a definite diagnosis by the attending Consultant, 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 the death of the insured person within 12 months For life only protection, our Chief Medical Officer will also need to agree that the illness is expected to lead to death within 12 months.
total permanent disability/totally permanently disabled	Total permanent disability/Totally permanently disabled is defined in full in condition 6.1.7. Briefly, to be totally permanently disabled, the insured person must meet one of the three definitions – unable to do one’s own occupation ever again , unable to do any occupation at all ever again , and unable to look after yourself ever again – that is applicable in their case.
unemployed	This means a person who immediately before incapacity is not following an occupation for profit or reward.
we/our/us	This means Aegon.
you/your/yours	This means the person who owns the policy from time to time – in other words, the person who is legally entitled to a payment from it. If the policy has been placed under trust, this will be the trustees, or their absolute assignees. If the policy has not been placed under trust, this will be the applicants , or their absolute assignees.

1.2 Who can take out this policy

You can take out this policy if **you** are at least 18 and are resident in the UK. **You** must also be resident in the UK to use any of the options available under the policy (as described in condition 5).

1.3 Your contract

Your personal protection policy is a contract of insurance between **you** and **us**. It is based on the **application** made and **our** acceptance of it. **Your** policy is made up of:

- these policy conditions, which are coded **IP15**
- the policy schedule issued alongside these policy conditions, and
- any documents **we** give **you** that make changes to **your** policy

Your policy explains the conditions that apply to **your** contract, and the conditions on which **we** will pay the benefits provided by it. It is important **you** read **your** policy documents carefully, and keep them in a safe place.

1.4 The cover provided under your policy

These policy conditions describe all of the benefits that are available under **our** Personal Protection policy, some of which may not apply under **your** policy. The benefit type(s) and amount(s) that **we** are providing under **your** policy are shown in **your** policy schedule.

2. Evidence of health and other information – our general approach

We provide insurance under this policy based on (amongst other things) information and evidence supplied by **you**, the **applicant** (if **you** are not the **applicant**) and the **insured person**. **We** will ask only for information and evidence that **we** consider **we** reasonably need to make those decisions. **We** will not ask for unreasonably excessive or unreasonably onerous information or evidence, and will make all requests in good faith and in a reasonable manner.

3. Payment of premiums and indexation option

3.1 When you need to make premium payments

Your policy schedule shows **how** much **you** need to pay and the dates when **your** premiums are due. **We** will collect **your** premiums directly from **your** bank or building society account, unless **we** have agreed a different collection method with **you**. **You** should make sure there is enough money in **your** account for **your** premium payments. **We** can only accept payments from a bank or building society approved by **us**.

3.2 What happens if you miss a premium payment

You have 30 days from the date **your** premium is due to make the payment. If **we** have not received a payment **we** will let **you** know.

If **we** do not receive **your** payment within the 30 days, **we** will cancel **your** policy. This would mean that **we** would not pay out if **you** made a claim.

After the 30 days, **we** might agree to restart the policy, although **we** do not have to do this. To help **us** decide, **we** may ask some more questions, for example, about the health and lifestyle of the **insured person**. **We** may need medical or other evidence to support the answers. **We** will tell the **insured person** what evidence **we** need. If the **insured person's** circumstances have changed since the application for the benefit was first made, it might cost **you** more to restart **your** policy. If **we** agree to restart the policy, **you** will have to pay all **your** missed premiums, and these may also cost **you** more than they otherwise would have done. **We** may apply new terms and conditions to, or change existing terms and conditions under, **your** policy.

If there is a valid claim within the 30 days from the date **your** premium is due and before **we** receive it, **we** will deduct the amount of all missed premiums from the **benefit amount** payable.

3.3 Premium reviews

3.3.1 Optional premium reviews

You can choose for five-yearly reviews to apply to premiums for the following benefits:

- critical illness protection
- life with critical illness protection
- reducing critical illness protection
- reducing life with critical illness protection
- income protection

Your policy schedule will show whether **we** will carry out a premium review for a benefit (including, where applicable, any attaching total permanent disability benefit) under **your** policy. **We** will carry out any such review in a fair and reasonable manner. At the end of a five-yearly review, **your** premiums could increase, stay the same or decrease.

3.3.2 When premium reviews take effect

Where premium reviews apply, they take effect on the fifth anniversary of the **benefit start date** and every five years after that.

3.3.3 Factors we take into account in a premium review

When a benefit starts under the policy, **we** take the following into account when deciding how much **you** will have to pay for that benefit:

- a. the number of claims **we** expect to pay;
- b. the number of benefits **we** expect to stop before the end of their term;
- c. the level of inflation;
- d. the amount of tax **we** expect to pay and how HM Revenue & Customs would ask **us** to calculate this;
- e. the level of interest rates;
- f. the amount of investment income **we** expect to receive on premiums **we** receive;

- g. the amount of money **we** have to set aside to meet claims as they fall due; and
- h. the amount of money HM Government requires **us** to set aside to meet claims as they fall due.

At a premium review, **we** might change **your** premium amount for a benefit if any of the factors listed above have changed for any of the following reasons:

- i. medical advances which affect **our** view on the expected number and timing of future claims;
- ii. events outside **our** control which may affect the expected number and timing of future claims, for example a global epidemic;
- iii. new data, either from **our** own experience or from external sources, which indicate that the level of historic claims has changed from the last time such data was published and therefore affects **our** view of the expected number of future claims;
- iv. changes to the tax regime that may favour one type of policy over another. This will affect the number of benefits **we** expect will stop before the end of their benefit term;
- v. new data, either from **our** own experience or from external sources, which indicate that the level of benefits stopping before the end of the benefit term has changed from the last time such data was available and therefore affects **our** view of the expected number of benefits stopping before the end of the benefit term in the future;

- vi. changes in inflation from the levels **we** assumed when **we** last calculated **your** premiums. This affects the cost of administering **your** policy;
- vii. changes in the tax regime for insurers; and
- viii. changes in the way that HM Government wants **us** to calculate the amount of money **we** have to set aside to make sure that claims can be met as they fall due.

3.3.4 Policies taken into account in a premium review

We calculate the reviewed premium by taking into account all of the policies **we** sold on the set of premium rates that are being reviewed. **We** split these into groups that have similar characteristics in line with the way the original premium rates were calculated, such as smokers and non-smokers. **We** do not take personal circumstances, such as changes in health, into account when **we** calculate the reviewed premium.

3.3.5 Level of profit made by us

When **we** undertake a premium review, the new premiums will be set at a level to make sure that **we** will not make any more profit than **we** originally expected to make.

3.3.6 When we will tell you about the outcome of a premium review

We will tell **you** about the results of a premium review at least two months before the relevant **benefit start date** anniversary.

3.3.7 Your options if the premium is due to increase

If **your** premium is due to increase, then **you** can choose to:

- a. pay the increased premium and keep the same **benefit amount**; or
- b. pay the same premium but reduce the **benefit amount**; or
- c. end the benefit.

You must tell **us** which option **you** want to use at least 14 days before the anniversary of the **benefit start date**. If **you** do not tell **us** which option **you** want to use by then, **we** will leave **your benefit amount** unchanged and **you** will need to pay **us** the increased premium amount.

3.3.8 Limitation on reduction where the premium is due to reduce

There is a limit to the amount that **your** premiums under **your** policy can reduce to. After a premium review, **your** premiums for the benefits under **your** policy cannot be less than the lowest premium that was generally available to **our** policyholders for Personal Protection benefits at the **policy start date**.

3.4 Indexation option

3.4.1 What indexation means

If **you** choose the indexation option for a **main benefit** covered under **your** policy, **we** will automatically increase the **benefit amount** and **your** premiums for it each year to take account of inflation. **You** can choose for the indexation option to apply to the following **main benefits**:

- a. life protection
- b. critical illness protection
- c. life with critical illness protection
- d. family income benefit
- e. critical illness family income benefit
- f. life with critical illness family income benefit
- g. income protection

If **you** are covered for more than one of the **main benefits** listed above under **your** policy, **you** can choose for the indexation option to apply to any one or more of those benefits.

Your policy schedule will show if the **benefit amount** and the premium for a **main benefit** escalate under the indexation option.

3.4.2 How we measure inflation for indexation

We measure inflation by looking at the change in the **index** over a 12-month period. The 12-month period used is the 12 months ending three months before the anniversary of the **benefit start date**. If the **index** is not published any more, **we** will choose a similar index.

3.4.3 Increasing your benefit amount and premiums

Where the indexation option applies to a benefit under **your** policy, the **benefit amount** shown in **your** policy schedule will increase every year by the percentage increase in the **index** (as described in condition 3.4.2), but if the percentage increase in the **index** is more than 10%, **we** will cap the percentage increase at 10%. The first increase will happen on the first anniversary of the **benefit start date**.

At the same time, **your** premium for that benefit will increase by 1.5 times the increase applied to the **benefit amount**. At least two months before **we** apply the increase, **we** will tell **you** what **we** will increase the **benefit amount** to and what **your** new premiums will be.

If, over the 12-month period, the change in the **index** is negative, **we** will not reduce the **benefit amount** or **your** premium for it.

3.4.4 Stopping indexation on a benefit under your policy

You can ask **us** to remove indexation from a benefit under **your** policy and change to fixed payments at any time by contacting **us**. If **you** do, the **benefit amount** will no longer increase in line with the **index** and, unless **you** make other changes to **your** policy or **your** premium is reviewed (as described in condition 3.3), **your** premium for those benefits will stay the same. In the future, if

you decide that **you** want **us** to start increasing the **benefit amount** for those benefits again **you** should contact **us**. **We** may not be able to offer **you** indexation for those benefits again.

4. Main benefits

This part of the policy conditions describes the **main benefits** available with a Personal Protection policy. **You** will only be covered for the **main benefits** for which an application has been accepted by **us** and where that **main benefit** is specifically included in **your** policy schedule. If a **main benefit** described in these policy conditions is not included in **your** policy schedule, the part of these policy conditions relating to that **main benefit** does not apply to **your** policy or to **you**.

Where **we** pay a claim in relation to any **main benefit** other than income protection, cover for that **main benefit** ends and **we** will not pay any further claim for it. Any **additional benefits** and options relating to that **main benefit** that had not previously ended will end immediately on payment of the **main benefit** claim.

4.1 Life protection

Your policy schedule will show if **you** have life protection cover under **your** policy and the basis it is set up on.

4.1.1 Minimum and maximum benefit term for life protection

The minimum benefit term for life protection is one year.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.1.2 When cover for life protection ends

Unless **you** end **your** cover for life protection earlier, it will end on the earliest of:

- a. the **benefit end date**,
- b. provided **we** would pay the **benefit amount** as set out in condition 4.1.3 a.ii or b.ii, the day on which the **insured person** is diagnosed with a **terminal illness**, and
- c. the day the **insured person** dies.

4.1.3 When we will pay a life protection benefit amount

If **you** have life protection under **your** policy, subject to condition 4.1.4, **we** will pay the **benefit amount**:

- a. if the **insured person**, or if the benefit is provided on a joint-life, first-claim basis, one of the **insured persons** either:
 - i. dies on or after the **benefit start date** and on or before the **benefit end date**, or
 - ii. is diagnosed with a **terminal illness** on or after the **benefit start date** and at least one year before the **benefit end date**, provided **you** tell **us** in writing of the **terminal illness** before the earlier of the date of death of the **insured person** to whom the claim relates and the **benefit end date**
- b. if the benefit is provided on a joint-life, second-claim basis:
 - i. if the first **insured person** has died on or after the **benefit start date** and on or before the **benefit end date**, and the second **insured person** then dies on or after the **benefit start date** and on or before the **benefit end date**, or
 - ii. if the first **insured person** has died on or after the **benefit start date** and on or before the **benefit end date**, and the surviving **insured person** is diagnosed with a **terminal**

illness on or after the **benefit start date** and at least one year before the **benefit end date**, provided **you** tell **us** in writing about the **terminal illness** before the earlier of the death of that **insured person** and the **benefit end date**.

4.1.4 Exclusion – when we will not pay a life protection benefit amount

If **you** have life protection under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.2 Critical illness protection

Your policy schedule will show if **you** have **critical illness** protection cover under **your** policy and the basis it is set up on.

4.2.1 Minimum and maximum benefit term for critical illness protection

The minimum benefit term for critical illness protection is five years.

If premiums for the critical illness protection are reviewable (as described in condition 3.3), the maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

If premiums for the critical illness protection are not reviewable, the maximum benefit term is the shorter of:

- 40 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.2.2 When cover for critical illness protection ends

Unless **you** end **your** cover for critical illness protection earlier, it will end on the earlier of:

- a. the **benefit end date**, and
- b. the day **we** pay a claim for the **benefit amount**.

4.2.3 When we will pay a critical illness protection benefit amount

If **you** have critical illness protection cover under **your** policy, subject to condition 4.2.4 **we** will pay the **benefit amount** if, on or after the **benefit start date** and on or before the **benefit end date** the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons**, first meets the criteria for a **critical illness** (as described in Appendix 1 to these policy conditions), and does not die within 14 days of first meeting those criteria.

4.2.4 Exclusion – when we will not pay a critical illness protection benefit amount

If **you** have critical illness protection cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in **your** policy schedule (if applicable).

4.2.5 Additional critical illness benefit protection

If **you** have critical illness protection cover under **your** policy, **we** will also provide **you** with **additional critical illness benefit** protection (see Appendix 2). **You** do not pay any extra premiums for the **additional critical illness benefit** protection. A valid claim paid under the **additional critical illness benefit** protection will not reduce **your** critical illness protection **benefit amount**, or change the premiums for it. For more information on **additional critical illness benefit** protection, please read condition 7.

4.3 Life with critical illness protection

Your policy schedule will show if **you** have life with critical illness protection cover under **your** policy and the basis it is set up on.

4.3.1 Minimum and maximum benefit term for life with critical illness protection

The minimum benefit term for life with critical illness protection is five years.

If premiums for the life with critical illness protection are reviewable (as described in condition 3.3), the maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

If premiums for the life with critical illness protection are not reviewable, the maximum benefit term is the shorter of:

- 40 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.3.2 When cover for life with critical illness protection ends

Unless **you** end **your** cover for life with critical illness protection earlier, it will end on the earliest of:

- a. the **benefit end date**
- b. the day **we** first pay a claim for the **benefit amount**, and
- c. the day the **insured person** dies.

4.3.3 When we will pay a life with critical illness protection benefit amount

If **you** have life with critical illness protection under **your** policy, subject

to condition 4.3.4, **we** will pay the **benefit amount** if, on or after the **benefit start date** and on or before the **benefit end date**, the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons** either:

- a. dies, or
- b. first meets the criteria for a **critical illness**, provided that if the **insured person** dies on or before the **benefit end date** **you** must have told **us** in writing of the **critical illness** before the death of that **insured person**.

4.3.4 Exclusions – when we will not pay a life with critical illness protection benefit amount

If **you** have life with critical illness protection cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.3.5 Additional critical illness benefit protection

If **you** have life with critical illness protection cover under **your** policy, **we** will also provide **you** with **additional critical illness benefit** protection (see Appendix 2). **You** do not pay any extra premiums for the **additional critical illness benefit** protection. A valid claim paid under the **additional critical illness benefit** cover will not reduce **your** life with critical illness protection **benefit amount**, or change the premiums for it. For more information on **additional critical illness benefit** protection, please read condition 7.

4.4 Family income benefit

Your policy schedule will show if **you** have family income benefit under **your** policy and the basis it is set up on.

4.4.1 Minimum and maximum benefit term for family income benefit

The minimum benefit term for family income benefit is five years.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.4.2 When cover for family income benefit ends

Unless **you** end **your** cover for family income benefit earlier, it will end on the earliest of:

- a. the **benefit end date**,
- b. provided **we** would pay the **benefit amount** as set out in condition 4.4.3 b, the day on which the **insured person** is diagnosed with a **terminal illness**, and
- c. the day the **insured person** dies.

4.4.3 When we will pay a family income benefit benefit amount

If **you** have family income benefit cover under **your** policy, subject to condition 4.4.4, **we** will pay the **benefit amount** if the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons** either:

- a. dies on or after the **benefit start date** and on or before the **benefit end date**, or
- b. is diagnosed with a terminal illness on or after the **benefit start date** and at least one year before the **benefit end date**, provided **you** tell **us** in writing about the **terminal illness** before the earlier of the date of death of the **insured person** to whom the claim relates and the **benefit end date**.

4.4.4 Exclusion - when we will not pay a family income benefit benefit amount

If **you** have family income benefit cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.4.5 Request for monthly payments of the benefit amount to be exchanged for a lump sum

If the family income benefit **benefit amount** becomes payable, **you** can ask **us** to exchange the monthly payments of the **benefit amount** for a lump sum. The lump sum **we** pay will be less than the total of the monthly payments. **You** should make **your** request in writing. **We** do not have to agree to **your** request.

4.5 Critical illness family income benefit

Your policy schedule will show if **you** have critical illness family income benefit and the basis it is set up on.

4.5.1 Minimum and maximum benefit term for critical illness family income benefit

The minimum benefit term for critical illness family income benefit is five years.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.5.2 When cover for critical illness family income benefit ends

Unless **you** end **your** cover for critical illness family income benefit earlier, cover will end on the earlier of:

- a. the **benefit end date**, and
- b. the day **we** first pay a claim for the **benefit amount**.

4.5.3 When we will pay a critical illness family income benefit benefit amount

If **you** have critical illness family income benefit cover under **your** policy, subject to condition 4.5.4, **we** will pay the **benefit amount** if, on or after the **benefit start date** and on or before the **benefit end date**, the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons**, first meets the criteria for a **critical illness** and does not die within 14 days of first meeting those criteria. **We** will pay the **benefit amount** as described in **your** policy schedule.

4.5.4 Exclusions – when we will not pay a critical illness family income benefit benefit amount

If **you** have critical illness family income benefit cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in **your** policy schedule (if applicable).

4.5.5 Request for monthly payments of the benefit amount to be exchanged for a lump sum

If the critical illness family income benefit **benefit amount** becomes payable, **you** can ask **us** to exchange the monthly payments of the **benefit amount** for a lump sum. The lump sum **we** pay will be less than the total of the monthly payments. **You** should make **your** request in writing. **We** do not have to agree to **your** request.

4.5.6 Additional critical illness benefit protection

If **you** have critical illness family income benefit cover under **your** policy, **we** will also provide **you** with **additional critical illness benefit protection** (see Appendix 2). **You** do not pay any extra premiums for the **additional critical illness benefit protection**. A valid claim paid under the **additional critical illness benefit protection** will not reduce **your** critical illness family income benefit **benefit amount**, or change the premiums for it. An **additional critical illness benefit** is paid as a lump sum. For more information on **additional critical illness benefit protection**, please read condition 7.

4.6 Life with critical illness family income benefit

Your policy schedule will show if **you** have life with critical illness family income benefit cover under **your** policy, and the basis it is set up on.

4.6.1 Minimum and maximum benefit term for life with critical illness family income benefit

The minimum benefit term for life with critical illness family income benefit is five years.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.6.2 When cover for life with critical illness family income benefit ends

Unless **you** end **your** cover for life with critical illness family income benefit earlier, it will end on the earliest of:

- a. the **benefit end date**
- b. the day **we** first pay a claim for the **benefit amount**, and
- c. the day the **insured person** dies.

4.6.3 When we will pay a life with critical illness family income benefit amount

If **you** have life with critical illness family income benefit cover under **your** policy, subject to condition 4.6.4 **we** will pay the **benefit amount** as described in **your** policy schedule if, on or after the **benefit start date** and on or before the **benefit end date**, the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons**:

- a. dies, or
- b. first meets the criteria for a **critical illness**, provided that if the **insured person** dies on or before the **benefit end date** **you** must have told **us** in writing of the **critical illness** before the death of that **insured person**.

4.6.4 Exclusions – when we will not pay a life with critical illness family income benefit benefit amount

If **you** have life with critical illness family income benefit cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.6.5 Requests for monthly payments of the benefit amount to be exchanged for a lump sum

If the life with critical illness family income benefit **benefit amount** becomes payable, **you** can ask **us** to exchange the monthly payments of the **benefit amount** for a lump sum. The lump sum **we** pay will be less than the total of the monthly payments. **You** should make **your** request in writing. **We** do not have to agree to **your** request.

4.6.6 Additional critical illness benefit protection

If **you** have life with critical illness family income benefit cover under

your policy, **we** will also provide **you** with **additional critical illness benefit** protection (see Appendix 2). **You** do not pay any extra premiums for the **additional critical illness benefit** protection. A valid claim paid under the **additional critical illness benefit** protection will not reduce **your** life with critical illness family income benefit **benefit amount**, or change the premiums for it. An **additional critical illness benefit** is paid as a lump sum. For more information on **additional critical illness benefit** protection, please read condition 7.

4.7 Reducing life protection

Your policy schedule will show if **you** have reducing life protection cover under **your** policy and the basis it is set up on.

4.7.1 Minimum and maximum benefit term for reducing life protection

The minimum benefit term for reducing life protection is two years.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.7.2 When cover for reducing life protection ends

Unless **you** end **your** cover for reducing life protection earlier, it will end on the earliest of:

- a. the **benefit end date**,
- b. provided **we** would pay the **benefit amount** as set out in condition 4.7.3b, the day on which the **insured person** is diagnosed with a **terminal illness**, and
- c. the day the **insured person** dies.

4.7.3 When we will pay the reducing life protection benefit amount

If **you** have reducing life protection cover under **your** policy, subject to condition 4.7.4 **we** will pay the **benefit amount** when the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons**:

- a. dies on or after the **benefit start date** and on or before the **benefit end date**, or
- b. is diagnosed with a **terminal illness** on or after the **benefit start date** and at least one year before the **benefit end date**, provided **you** tell **us** in writing of the **terminal illness** before the earlier of the date of death of the **insured person** and the **benefit end date**.

4.7.4 Exclusion – when we will not pay a reducing life protection benefit amount

If **you** have reducing life protection cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.7.5 The benefit amount payable in the event of a valid claim for reducing life protection

If **you** make a valid claim for reducing life protection, the **benefit amount** payable will be the **benefit amount** as at the **benefit start date**, reduced each month in line with the reduction in the notional outstanding capital balance on a notional mortgage as if the **benefit amount**, from time to time, is the capital sum outstanding under a capital and interest mortgage where the rate of interest to be charged is 10% a year compound throughout the term of the notional mortgage.

We will confirm the actual **benefit amount** applicable from time to time if **you** ask **us** for this information.

4.8 Reducing critical illness protection

Your policy schedule will show if **you** have reducing critical illness protection cover under **your** policy and the basis it is set up on.

4.8.1 Minimum and maximum benefit term for reducing critical illness protection

The minimum benefit term for **reducing critical illness protection** is five years.

If premiums for the reducing critical illness protection are reviewable (as described in condition 3.3), the maximum benefit term is whichever is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

If premiums for the reducing life with critical illness protection are not reviewable, the maximum benefit term is the shorter of:

- 40 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.8.2 When cover for reducing critical illness protection ends

Unless **you** end **your** cover for **reducing critical illness protection** earlier, cover will end on the earliest of:

- a. the **benefit end date**, and
- b. the day **we** pay a claim for the **benefit amount**.

4.8.3 When we will pay a reducing critical illness protection benefit amount

If **you** have reducing critical illness protection cover under **your** policy, subject to condition 4.8.4 **we** will pay the **benefit amount** if, on or after the **benefit start date** and on or before the **benefit end date**, the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons**, first meets the criteria for a **critical illness** and does not die within 14 days of first meeting those criteria.

4.8.4 Exclusions – when we will not pay a reducing critical illness protection benefit amount

If **you** have reducing critical illness protection cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in **your** policy schedule (if applicable).

4.8.5 The benefit amount payable in the event of a valid claim for reducing critical illness protection

If **you** make a valid claim for reducing critical illness protection, the **benefit amount** payable will be the **benefit amount** as at the **benefit start date**, reduced each month in line with the reduction in the notional outstanding capital balance on a notional mortgage as if the **benefit amount**, from time to time, is the capital sum outstanding under a capital and interest mortgage where the rate of interest to be charged is 10% a year compound throughout the term of the notional mortgage.

We will confirm the actual **benefit amount** applicable from time to time if **you** ask **us** for this information.

4.8.6 Additional critical illness benefit protection

If **you** have reducing critical illness protection cover under **your** policy, **we** will also provide **you** with **additional critical illness benefit** protection (see Appendix 2). **You** do not pay any extra premiums for the **additional critical**

illness benefit protection. A valid claim paid under the **additional critical illness benefit** protection will not reduce **your** reducing **critical illness** protection **benefit amount**, or change the premiums for it. For more information on **additional critical illness benefit** protection, please read condition 7.

4.9 Reducing life with critical illness protection

Your policy schedule will show if **you** have reducing life with critical illness protection cover under **your** policy and the basis it is set up on.

4.9.1 Minimum and maximum benefit term for reducing life with critical illness protection

The minimum benefit term for reducing life with critical illness protection is five years.

If premiums for the reducing life with critical illness protection are reviewable (as described in condition 3.3), the maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

If premiums for the reducing life with critical illness protection are not reviewable, the maximum benefit term is the shorter of:

- 40 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 85th birthday, or where cover is on a joint-life basis, the day before the 85th birthday of the elder of the **insured persons**.

4.9.2 When cover for reducing life with critical illness protection ends

Unless **you** end **your** cover for reducing life with critical illness protection earlier, it will end on the earliest of:

- a. the **benefit end date**,
- b. the day **we** pay a claim for the **benefit amount**, and
- c. the day the **insured person** dies.

4.9.3 When we will pay a reducing life with critical illness protection benefit amount

If **you** have reducing life with critical illness protection under **your** policy, subject to condition 4.9.4 **we** will pay the **benefit amount** if, on or after the **benefit start date** and on or before the **benefit end date**, the **insured person**, or if the benefit is provided on a joint-life basis, one of the **insured persons** either:

- a. dies, or
- b. first meets the criteria for a **critical illness**, provided that if the **insured person** in respect of whom the claim relates dies on or before the **benefit end date** **you** must have told **us** in writing of the **critical illness** before the death of that **insured person**.

4.9.4 Exclusions – when we will not pay a reducing life with critical illness protection benefit amount

If **you** have reducing life with critical illness protection cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- a. the suicide exclusion – see condition 8, or
- b. **your** policy schedule (if applicable).

4.9.5 The benefit amount payable in the event of a valid claim for reducing life with critical illness protection

If **you** make a valid claim for reducing life with critical illness protection, the **benefit amount** payable will be the **benefit amount** as at the **benefit start date**, reduced each month in line with the reduction in the notional outstanding capital balance on a notional mortgage as if the **benefit amount**, from time to time, is the capital sum outstanding under a capital and interest mortgage where the rate of interest to be charged is 10% a year compound throughout the term of the notional mortgage.

We will confirm the actual **benefit amount** applicable from time to time if **you** ask **us** for this information.

4.9.6 Additional critical illness benefit protection

If **you** have reducing life with critical illness protection cover under **your** policy, **we** will also provide **you** with additional **critical illness** benefit protection (see Appendix 2). **You** do not pay any extra premiums for the **additional critical illness benefit** protection. A valid claim paid under the **additional critical illness benefit** protection will not reduce **your** reducing life with critical illness protection **benefit amount**, or change the premiums for it. For more information on **additional critical illness benefit** protection, please read condition 7.

4.10 Gift inter vivos benefit

Your policy schedule will show if **you** have gift inter vivos benefit cover under **your** policy.

4.10.1 Benefit term for gift inter vivos benefit

The benefit term for gift inter vivos benefit is seven years.

4.10.2 When cover for gift inter vivos benefit ends

Unless **you** end **your** cover for gift inter vivos benefit earlier, cover will end on the earlier of:

- the **benefit end date**, and
- the day the **insured person** dies.

4.10.3 When we will pay the gift inter vivos benefit amount

If **you** have gift inter vivos benefit cover under **your** policy, subject to condition 4.10.4 **we** will pay the **benefit amount** if the **insured person** dies on or after the **benefit start date** and on or before the **benefit end date**.

4.10.4 Exclusions – when we will not pay a gift inter vivos benefit amount

If **you** have gift inter vivos cover under **your** policy, **we** will not pay a claim for the **benefit amount** in the circumstances explained in:

- the suicide exclusion – see condition 8, or
- your** policy schedule (if applicable).

4.10.5 How the gift inter vivos benefit amount reduces over the seven-year term

The table below shows how the gift inter vivos **benefit amount** reduces over the seven-year term.

Term year in which the insured person dies	Benefit amount expressed as a percentage of the benefit amount applying at the benefit start date (%)
Years 1, 2 and 3	100
Year 4	80
Year 5	60
Year 6	40
Year 7	20

4.10.6 Protecting against inheritance tax changes

4.10.6.1 The legislation option for gift inter vivos benefit

If gift inter vivos is a **main benefit** covered under **your** policy, and **your** policy schedule states that the legislation option applies to that benefit, **you** can ask, on one occasion only, to:

- a. increase the gift inter vivos **benefit amount**, and
- b. extend the **benefit end date** in respect of the increase in gift inter vivos benefit

If **you** want to use the legislation option **you** must make the request to **us** in writing:

- within six months of a change in inheritance tax legislation that caused the potential increase in inheritance tax liability in the event of the death of the **insured person**, and
- before the **insured person's** 80th birthday.

4.10.6.2 Maximum increase in gift inter vivos benefit amount

When using the legislation option:

- a. **you** cannot increase the **benefit amount** by more than the amount needed to meet the estimated increase in the inheritance tax liability, and
- b. in any event, the **benefit amount** cannot be increased to more than 200% of the gift inter vivos **benefit amount** applying at the **benefit start date**.

4.10.6.3 Extension to benefit end date in relation to the increase in benefit amount

When using the legislation option, the benefit term in relation to the increase in the **benefit amount** will be the shorter of:

- a. the period needed to cover any inheritance tax liability, and
- b. seven years plus the remaining term of the existing gift inter vivos benefit to the lower number of whole years from when the legislation option is used.

To avoid doubt, the seven-year term for the original gift inter vivos **benefit amount** will not change.

4.10.6.4 Increase in premiums

If **you** use the legislation option, the premiums for the gift inter vivos benefit to which the legislation option applies will be increased to reflect:

- a. the **insured person's** age at the time the legislation option is used, and
- b. the increase in the **benefit amount** and/or the extension to the **benefit end date**, as applicable.

4.10.6.5 Impact on your policy conditions

If **you** use the legislation option, **we** have the right to amend, vary or exchange these policy conditions with different conditions which reflect the terms and conditions available to new policyholders at the time of using the option.

4.11 Income protection

Your policy schedule will show if **you** have income protection cover under **your** policy.

4.11.1 Minimum and maximum benefit term for income protection

The minimum benefit term for income protection is five years, and the maximum is 51 years.

4.11.2 When cover for income protection ends

Unless **you** end **your** cover for income protection earlier, it will end on the earliest of:

- the **benefit end date**, and
- the day the **insured person** dies

4.11.3 Definitions of incapacity

There are three definitions of incapacity. They are described in condition 4.11.4. Subject to condition 4.11.9.1, if **you** have income protection cover under **your** policy, the incapacity definition will be shown on **your** policy schedule.

4.11.4 The three definitions of incapacity

The three definitions are:

Own occupation

This definition is met if the **insured person** is unable to do the **material and substantial duties** of their own **occupation(s)** as a result of **accident** or sickness and they are not doing any other **occupation(s)**.

Any suited occupation

This definition is met if the **insured person** is unable to do their own **occupation(s)** and unable to do all other **occupations** for which they are reasonably suited by education, training or experience as a result of **accident** or sickness.

Activities of daily work

This definition is met if the **insured person**:

- cannot perform three or more of the following activities:

Walking – the ability to walk a distance of 200 metres on a level surface without stopping due to

breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids, for example a walking stick.

Climbing – the ability to walk up and down a flight of 12 stairs with the use of a handrail and taking a rest.

Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a teacup (or similar object) from the floor and straighten up again without the assistance of another person but including the use of appropriate aids.

Communicating – the ability to:

- clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room, or
- understand simple messages, or
- speak with sufficient clarity to be clearly understood.

Reading – having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered ophthalmologist.

Dexterity – the physical ability to use hands and fingers, such as being able to communicate effectively using a pen, pencil or keyboard.

Responsibility and independence – the ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.

Financial competence – the ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping,

or

- b. has an organic brain disease or brain injury (confirmed by neurological investigation) which has affected their ability to reason and understand and has caused deterioration to an extent that they can no longer look after themselves without the need for continual supervision and assistance of another person,

or

- c. has a Severe Mental Illness Classification ICD-10 Code and is under the supervision of the mental health team at its highest level (with or without Supervision Register) or equivalent.

4.11.5 When we will pay income protection benefits

Subject to conditions 4.11.13 and 4.11.14, income protection benefit is payable from the end of the **deferred period** if an **insured person** for whom **you** have income protection cover suffers a loss of **income** because they have become **incapacitated** on or after the **benefit start date** and before the **benefit end date**. Note if the **deferred period** would end after the **benefit end date** then no benefit would be payable. (For example, if the **deferred period** is 13 weeks, a benefit could only become payable if the **incapacity** started on or after the **benefit start date** and at least 13 weeks before the **benefit end date**.) It is payable until the earliest of:

- a. the **benefit end date**
- b. the date the **insured person** dies
- c. the date the **insured person** no longer meets the definition of incapacity, and
- d. the **insured person** no longer suffering a loss of **income**

If **you** make a valid claim for income protection, **we** will make monthly income protection payments. The first payment will be made one month after the end of the **deferred period**.

4.11.6 Indexation and income protection

Where income protection is a **main benefit** under **your** policy, and **your** policy schedule states that the indexation option applies to it, during any period **we** are paying the income protection benefit, the **benefit amount** for income protection will continue to increase under the indexation option (as described in condition 3.4.3).

4.11.7 Amount of income protection benefit

Provided that condition 4.11.9.3 does not apply:

If **you** make a valid claim for income protection the yearly benefit will be the lowest of:

- a. 12 times the **benefit amount**,
- b. an amount equal to 55% of the **insured person's income** less any applicable **deductions**, and
- c. £150,000

Additionally if the **insured person's** income at the **benefit start date** supported the **benefit amount** at that time and immediately before becoming **incapacitated**, the **insured person** was working at least 24 hours a week (if employed) or 16 hours a week (if self-employed) or had been **unemployed** for no longer than 12 months, the monthly benefit payable will not be less than the lower of:

- a. £1,500 less any applicable **deductions**, and
- b. the **benefit amount** less any applicable **deductions**

And where the monthly **benefit amount** is more than £1,500 and at the time of claim 55% of the **insured person's** monthly **income** less any applicable **deductions** is at least 90% of the monthly **benefit amount**, the monthly benefit payable will be the **benefit amount**.

4.11.8 Rehabilitation and proportionate benefit

If an **insured person** in respect of whom the **incapacity** definition shown on **your** policy schedule is 'own occupation' or 'any suited occupation' (as defined in condition 4.11.4) satisfies that definition of **incapacity**, but:

- a. returns to work in a reduced capacity or on reduced terms, or
- b. is instead carrying out a different **occupation** or **occupations** and/or has obtained different work at a reduced **income** level

we will pay a rehabilitation or proportionate **benefit amount** from the later of the end of the **deferred period** and the date the **insured person** returns to work in the reduced capacity or on reduced terms/starts to carry out that different **occupation**/those different **occupations** or work. To avoid doubt, **we** do not have to have paid income protection benefit at its full level in respect of the **insured person** before **we** will pay rehabilitation or proportionate benefit.

The rehabilitation or proportionate **benefit amount** is calculated using the following formula:

$$\left\{ \frac{A - B}{A} \times C \right\}$$

where A = **income**

B = reduced **income**

C = the benefit payable in accordance with condition 4.11.7

This means that the proportion of full income protection benefit that would be paid (in accordance with condition 4.11.7) is the same as the proportion that the loss of **income** bears to the full **income**.

We will stop paying rehabilitation or proportionate benefit on the earliest of:

- a. the **benefit end date**
- b. the date the **insured person** dies
- c. the date the **insured person** no longer satisfies the definition of **incapacity** applying to them (as shown on **your** policy schedule), and
- d. the **insured person** no longer suffering a reduced **income**

4.11.9 Insured person is a houseperson, on a career break or unemployed

4.11.9.1 Incapacity definition

If the **insured person**:

- a. is a **houseperson** when they first become **incapacitated**,
- b. has been **unemployed** for more than 12 months when they first become **incapacitated**,
- c. has been **unemployed** for more than 12 months since **we** started to pay **your** claim for income protection, or
- d. takes a **career break**

we will use the 'activities of daily work' definition to decide if **we** will pay, or continue to pay, **your** claim. This means that, no matter which incapacity definition is shown on **your** policy schedule, the **insured person** must satisfy the 'activities of daily work' incapacity definition before **we** will make income protection payments to **you**.

4.11.9.2 Deferred period

If a **deferred period** of less than 13 weeks applies for the income protection cover for an **insured person**, and the **insured person**:

- a. has been **unemployed** for more than 12 months when they first become **incapacitated**, or
 - b. takes a **career break**
- the selected **deferred period** will be replaced by a 13-week **deferred period**.

4.11.9.3 Restriction of monthly benefit amount

If the **insured person** for whom **you** have made a valid claim for income protection:

- a. is a **houseperson**, has been **unemployed** for more than 12 months, or is on a **career break** when **you** make the claim, or
- b. has been **unemployed** for less than 12 months when **we** started to pay the claim and has been **unemployed** for more than 12 months since **we** started to pay **your** claim for income protection

the monthly benefit payable will be restricted to the lower of:

- i. £1,250 less any applicable **deductions**, and
- ii. the **benefit amount** less any applicable **deductions**

You will not be entitled to a refund or reduction in premiums if the benefit payable is less than the **benefit amount**.

When **you** tell **us**, in writing, that the **insured person** has taken a **career break**, **we** may reduce the premium **you** pay for the income

protection cover and waiver of premium benefit cover for that **insured person**.

4.11.9.4 Insured person returns from a career break

If an **insured person** for whom **you** have income protection cover has taken a **career break** of not more than five years, **we** may, if **you** make a written request within three months of their return, restore the **benefit amount**, **deferred period**, premium and definition of **incapacity** to their pre-**career break** position without the **insured person** having to provide further medical evidence. If **we** agree to **your** request and the indexation option applies to the income protection, the **benefit amount** and premiums for it will be restored to the levels that would have applied had the **insured person** not taken the **career break**.

4.11.10 Insured person has more than one occupation

If an **insured person** for whom **you** have income protection cover has more than one **occupation**, the **income** from all of them will be taken into account to calculate the benefit payable.

4.11.11 Insured person changes occupation

If the **insured person** has changed their **occupation(s)** from that disclosed to **us** in the **application**, at the time of making a claim for income protection benefit **you** must tell **us**, in writing, the precise details of the **occupation(s)** that they were carrying out immediately before the claim being made. **We** will assess **your** claim on the **occupation(s)** that the **insured person** was doing immediately before the claim being made.

4.11.12 Recurrence of incapacity

Where the **insured person** has recovered from an **incapacity**, and then becomes **incapacitated** again within a six-month period due to the same or a related cause, **we** will consider this to be a continuation of the previous **incapacity** and no **deferred period** will apply to the subsequent claim.

4.11.13 When we will not provide income protection cover

We will not provide income protection cover if:

- the **insured person** travels or lives outside the **home countries** or **designated countries** for more than 13 continuous weeks in any 12-month period. **Your** cover will start again when they have been back in the **home countries** for 39 weeks in a row.
- the **insured person** travels or lives within the **designated countries** for more than 26 continuous weeks in any 12-month period. **Your** cover will start again when they have been back in the **home countries** for 26 continuous weeks.

If the **insured person** is **incapacitated** during any time that **we** are not providing income protection cover, **you** can only make an income protection claim when **your** cover starts again and the **deferred period** would begin on that date.

We may agree to extend the 13-week and 26-week periods referred to above, but **we** do not have to do this. If **we** do agree to an extension, **we** may apply additional terms and conditions, or vary the existing terms and conditions of **your** policy.

4.11.14 Exclusions – when we will not pay income protection benefit

There are certain circumstances under which **we** will not pay a claim for income protection benefit (including proportionate benefit and rehabilitation benefit). If any exclusions apply under **your** policy, they will be explained in **your** policy schedule.

In addition, **we** will not pay income protection benefit in respect of any period before the date **you** tell **us** in writing of a claim for income protection benefit and **we** receive evidence of the **incapacity** that meets **our** requirements.

4.11.15 Telling us that the insured person is incapacitated

If **you** want to claim income protection benefit in respect of a **insured person**, **you** must tell **us** either by telephoning **us** or writing to **us** as soon as **you** can and in any event within the timescales shown in the table below:

Deferred period	Notification period
4 or 8 weeks	By week 2 of the deferred period
13 weeks	By week 4 of the deferred period
26 weeks	By week 6 of the deferred period
52 weeks	By week 12 of the deferred period

Our decision on **your** claim could be affected by any delay in **you** making **your** claim, and the payment of any **benefit amount** due could be delayed. Where **you** do not tell **us** within the timescales set out in the table above, the **deferred period** in respect of the claim will begin on the day **you** tell **us**.

5. Options

5.1 Guaranteed insurability options

5.1.1 Increasing the benefit amount for a main benefit

You may be able to increase the **benefit amount** for a **main benefit** by using one or more of the guaranteed insurability options available under the policy. **You** can do this if any of the life-changing events described in condition 5.1.8 happen to the **insured person(s)**, and any other conditions **we** have set out are met. Although **we** will not need to be given any more medical information about the **insured person(s)**, **we** will ask for such confirmation and evidence of their residency, **occupation**, smoking activity and leisure pursuits that **we** consider **we** need to calculate **your** new premium amounts.

There are limits on the amount that the **benefit amount** can be increased by, and these are detailed in conditions 5.1.7 and 5.1.9.

5.1.2 Using guaranteed insurability options – impact on premiums

If **you** use any of the guaranteed insurability options, the premiums for the **main benefit** to which the option is being applied will be increased to the amount **we** would expect a new policyholder to pay for the increased **benefit amount**.

5.1.3 Using guaranteed insurability options – impact on policy conditions

If **you** use any of the guaranteed insurability options, **we** have the right to amend, vary or exchange these policy conditions with different conditions. If **we** do, **you** will get revised or new policy conditions which reflect the then current terms and conditions.

5.1.4 Using a guaranteed insurability option

If **you** want to use one of the guaranteed insurability options, **you**

must apply in writing to have **your benefit amount** increased within six months of the life-changing event for that option (as described in the table in condition 5.1.8) happening. **We** will not increase any **benefit amount** until **we** write to **you** to tell **you** that **we** are prepared to provide the increased cover.

5.1.5 When the guaranteed insurability options are not available

The guaranteed insurability options are not available:

- in connection with gift inter vivos benefit
- in relation to an increase in **benefit amount** following the **insured person's** divorce or dissolution of a **civil partnership**, where the **main benefit** is provided on a joint-life basis
- if the **insured person** in relation to the **main benefit**, or where the **main benefit** is provided on a joint-life basis, either **insured person**, was rated because of their medical history – if this applies to a **main benefit** under **your** policy, **we** will tell **you** before the **benefit start date** for that **main benefit** and it will be shown on **your** policy schedule
- if, on the date that the increase in the **benefit amount** would start, the **insured person** (or where the **main benefit** is on a joint-life basis, the elder of them) would be 55 or older on their next birthday
- if the **main benefit** is life protection, family income benefit or reducing life protection, the **benefit end date** for that **main benefit** is less than one year after the date the increase in the **benefit amount** would start
- if the **main benefit** is critical illness protection, life with critical illness protection, critical illness family

income benefit, life with critical illness family income benefit, reducing critical illness protection, reducing life with critical illness protection or income protection, if the **benefit end date** for the **main benefit** is less than five years after the date the increase in the **benefit amount** would start

- g. if the **insured person** becomes **incapacitated** and **we** later pay a claim for income protection or waiver of premium benefit in relation to that **incapacity**, or would have paid the claim but for the fact that the **benefit end date** for the income protection or waiver of premium benefit fell before the end of the **deferred period**, from the date that the **insured person** becomes **incapacitated**, but only for so long as the **insured person** suffers from the **incapacity**
- h. if the **insured person** has been diagnosed with a **critical illness** or a **terminal illness**, or as having a **total permanent disability**, which **we** later pay a claim for
- i. if **you** are making a claim
- j. at any time **you** are not resident in the UK

5.1.6 Benefit end date for the additional benefit amount

If **you** use a guaranteed insurability option, the **benefit end date** for the additional **benefit amount** cannot be later than the original **benefit end date** for the associated **main benefit**. In addition, where the option being used relates to 'change of home, home improvement, or home extension' the **benefit end date** for the additional **benefit amount** must be before the **insured person's** 70th birthday, or where the **main benefit** that the option is being applied to is provided on a joint-life basis, the elder of the **insured persons'** 70th birthday.

5.1.7 Maximum increase in benefit amount

from exercising a guaranteed insurability option

The maximum increase in the **benefit amount** for a **main benefit** as a result of **you** exercising a guaranteed insurability option in relation to it is the lowest of:

- a. 50% of the **benefit amount**, excluding any amount arising from a previous use of a guaranteed insurability option, at the date **we** received **your** application to use the option
- b. £10,000 a year if the **main benefit** is family income benefit, critical illness family income benefit, life with critical illness family income benefit or income protection,
- c. £150,000 if the **main benefit** is life protection, critical illness protection, life with critical illness protection, reducing life protection, reducing critical illness protection, or reducing life with critical illness protection, and
- d. any amount shown in the table in condition 5.1.8

5.1.8 Life-changing events

Guaranteed insurability event	Amount referred to in condition 5.1.7 (d)	Evidence required
Lifestyle guaranteed insurability options		
Birth or legal adoption of a child – the birth of an insured person's child or the legal adoption by them of a child	None	An extract copy of the birth or adoption certificate (from the Registrar of Births, Deaths and Marriages) of the child born or adopted. We cannot accept a photocopy.
Marriage or civil partnership – the insured person gets married or enters into a civil partnership	None	An extract copy of the marriage or civil partnership certificate (from the Registrar of Births, Deaths and Marriages). We cannot accept a photocopy.
Change of home, home improvement or home extension – the mortgage on the insured person's main residence increases because they either move home, carry out improvements or build an extension to their main residence.	None	Written evidence from the lender and previous lender that clearly shows the increase in the mortgage.
Career change/promotion – if the insured person changes their job or is promoted and as a direct result of that change/promotion their yearly basic salary increases by at least 10%. This option is not available at any time that the insured person : ■ is self-employed, ■ is a controlling director of a company that employs them, or ■ controls the rate of their basic salary.	Four times the increase in basic salary	Written evidence from the insured person's employer and/or previous employer that clearly shows the increase in basic salary .

Divorce or dissolution of a civil partnership The insured person divorces or their civil partnership is dissolved. This option is only available for single-life policies.	None	An extract copy of the decree absolute or the final order of dissolution. We cannot accept a photocopy. Written evidence of the increased liability (for example, a statement from the mortgage lender) or evidence of an increase in wealth (for example, a solicitor's letter).
Business guaranteed insurability options		
Increase in partner's/ shareholding director's interest or key person's value based on an increase in that person's basic salary or increase in business loan – if: a. the percentage amount of the equity the insured person holds in a partnership or company in which they are an equity partner or shareholding director increases, or b. the insured person is a key person in the business and their value to the business based on their basic salary increases, or c. you or the insured person increases the amount of loan made to the business.	Whichever is relevant of: ■ the amount of the increase in capital that the insured person has invested in the partnership or company ■ five times the increase in the insured person's basic salary, and ■ the amount of the increase in the business loan	We will ask for evidence relevant to the event as follows: ■ written evidence of the capital invested by the insured person ■ written evidence from the insured person's employer and/or previous employer that clearly shows the increase in basic salary ■ financial accounts for the business or written evidence from the lender and previous lender (if applicable) that clearly shows the increase in the business loan ■ in any case, any other financial information we think necessary
Sole trader – if the insured person is a sole trader and their yearly net relevant earnings increase or they increase the amount of a business loan that they have taken out.	Whichever is relevant of: ■ five times the increase in the insured person's net relevant earnings, and ■ the amount of the increase in the business loan	Financial accounts for the insured person's business or written evidence from their lender and previous lender (if applicable) that clearly shows the increase in the business loan.

5.1.9 Using the guaranteed insurability options more than once

The guaranteed insurability options except that for 'increased cover following divorce or dissolution of a **civil partnership**' can be used more than once for a **main benefit**. Where **you** use the guaranteed insurability options on more than one occasion for a **main benefit**, the increases in the amount of benefit for that **main benefit** will, on each occasion, be added together. When the combined increases reach the lowest of:

- a. 50% of the **benefit amount**, excluding any amount arising from a previous use of a guaranteed insurability option, at the date **we** received **your** application to use the option
- b. 50% of the **benefit amount** at the **benefit start date**, as increased under the indexation provisions described in condition 3.4 (if applicable)
- c. £10,000 a year if the **main benefit** is family income benefit, critical illness family income benefit, life with critical illness family income benefit or income protection,
- d. £150,000 if the **main benefit** is life protection, critical illness protection, life with critical illness protection, reducing life protection, reducing critical illness protection, or reducing life with critical illness protection,

you will not be able to use any more guaranteed insurability options for that **main benefit**.

5.2 Renewal option

5.2.1 What the renewal option is

If the renewal option applies to a **main benefit** under **your** policy, **you** will have the right at the **benefit end date** for that **main benefit** to extend cover for a further five years without any more information about the

health and lifestyle of the **insured person** having to be provided.

5.2.2 Main benefits to which the renewal option can apply

You can choose to have the renewal option applying to the following **main benefits**:

- life protection that has been set up on a five-year benefit term
- critical illness protection that has been set up on a five-year term with reviewable premiums
- life with critical illness protection that has been set up on a five-year term with reviewable premiums

5.2.3 Benefit amount and premiums for it after the renewal option has been used

The **benefit amount** applying after the use of this option cannot be more than the amount applying immediately before its use.

The premiums for the **benefit amount** applying immediately after **you** have used the renewal option will be based on the premium rates, the **benefit amount**, and the age of the **insured person** at the time the option is used.

5.2.4 When we can restrict or refuse to extend the cover

We can refuse to extend the cover for a **main benefit** under this option, or restrict cover

- a. if **you** are not resident in the UK at the time the extension is to take effect
- b. on financial grounds relating to **you**, or
- c. in relation to a change of **occupation** by the **insured person**.

5.2.5 When the renewal option ends

You will not be able to use the renewal option in relation to an **insured person** who has reached age 60.

5.2.6 Impact on your policy conditions

If **you** use the renewal option, **we** have the right to amend, vary or exchange these policy conditions with different conditions which reflect the then current terms and conditions.

5.2.7 Telling us that you want to use the renewal option

If **you** want to use the renewal option in relation to a **main benefit** for which **you** have this right, **you** must tell **us** in writing at least 14 days before the **benefit end date** for that **main benefit**. If **you** have not notified **us** by then, **your** right to renew will have ended.

5.3 Joint-life separation option

5.3.1 When the joint-life separation option applies under a policy

Under the joint-life separation option, if the **insured persons** divorce or dissolve a **civil partnership**, **you** may be able to split a policy under which there are benefits provided on a joint-life, first claim basis into two single-life policies without the **insured persons** having to provide further medical information or evidence.

The joint-life separation option is provided automatically for any **main benefits** where the cover is on a joint-life, first-claim basis provided the following conditions are met:

- a. the **applicants** are also the **insured persons**
- b. **your** policy has not been placed under trust
- c. neither **insured person** was rated because of their medical history – **your** policy schedule will show if the joint-life separation option is not available on a **main benefit** because either or both of the **insured persons** was rated because of their medical history

- d. the elder of the **insured persons** has not reached age 71
- e. at the **policy start date** of the single-life replacement policies, the term remaining:
 - i. for any life protection, family income benefit or reducing life protection, would be more than one year, and
 - ii. for any critical illness protection, life with critical illness protection, critical illness family income benefit, life with critical illness family income benefit, reducing critical illness protection or reducing life with critical illness protection would be more than five years

- f. **you** are not making a claim

If **you** want to use the joint-life separation option, **you** must apply in writing within six months of the divorce or dissolution of the **civil partnership**.

5.3.2 Term for benefits under the single-life policies

The term for any benefit under the single-life policy will be no longer than the term remaining for that benefit under the joint-life policy at the time **you** use this option.

5.3.3 Benefit amount under single-life policies for separated joint-life benefits

The maximum **benefit amount** for any **main benefit** at outset under a replacement single-life policy is 100% of the **benefit amount** that applied under the joint-life policy on the date **you** applied to use the joint-life separation option.

5.3.4 Benefit amount under single-life policies for continuing single-life benefits

Any single-life benefit cover **you** have for an **insured person** under the

joint-life policy, together with any attaching **additional benefits**, will continue for the **insured person** under their single-life policy. The **benefit amount** at outset for the continuing single-life cover will be the amount that applied under the joint-life policy on the date **you** applied to use the joint-life separation option.

5.3.5 Options

Any options that were available to **you** in respect of an **insured person** under the joint-life policy will be available to **you** under the single-life policy for that **insured person**.

If the renewal option (as described in condition 5.2) applies to a benefit under the joint-life policy, a new five-year period for that benefit will start on the day the single-life policy starts.

5.3.6 Exclusions

Any exclusions that applied in relation to an **insured person** under the joint-life policy will also apply under the single-life policy for them.

5.3.7 Premiums under the single-life policies

Your premiums under each single-life policy will be calculated based on the age of the **insured person** at the time **you** use the joint-life separation option.

Where a premium for a benefit under the joint-life policy is on a reviewable basis (as explained in condition 3.3), a new five-year review period will start on the day the single-life policy starts.

5.3.8 What we would need if you want to use this option

If **you** tell **us** **you** want to use this option, **we** will send **you** a form which **you** must complete and return. **You** should also send **us** an extract copy of the decree absolute or final dissolution certificate. **We** cannot accept a photocopy.

6. Additional benefits

6.1 Total permanent disability benefit

6.1.1 Main benefits in connection with which total permanent disability benefit is available

Your policy schedule will show if **you** have total permanent disability benefit cover in relation to a **main benefit** for an **insured person**.

6.1.2 Premium basis for total permanent disability benefit

The premiums for the total permanent disability benefit cover will be on the same basis as the **main benefit** to which it is attached.

6.1.3 Total permanent disability benefit attached to a main benefit which is on a joint-life basis

Where the total permanent disability benefit cover is attached to a **main benefit** that is on a joint-life basis, it will also be on a joint-life basis.

6.1.4 When we will pay total permanent disability benefit

If **you** have total permanent disability benefit cover in relation to a **main benefit** for an **insured person**, and the **insured person** is diagnosed as being **totally permanently disabled** and survives for six months after the diagnosis date (the 'survival period'), **we** will pay the **benefit amount** for the **main benefit** to which the cover relates.

To avoid doubt, if **we** pay a claim for the total permanent disability benefit, **we** will not pay any further claim for that benefit, and the cover for the **main benefit** ends, meaning **we** will not pay the **benefit amount** for the **main benefit** to which total permanent disability benefit relates.

If the **insured person** is diagnosed as being **totally permanently disabled** and the six-month survival period starts within the six-month period

immediately before the **total permanent disability benefit end date**, we will pay a valid claim for **total permanent disability benefit** at the end of the survival period. The **benefit end date** will be extended accordingly by the balance of the survival period remaining at the original **benefit end date** for that purpose only. To avoid doubt, the **benefit end date** for the **main benefit** to which the **total permanent disability benefit** attaches is not similarly extended.

6.1.5 Definitions of total permanent disability

There are three definitions of **total permanent disability**. They are described in condition 6.1.7. The definition applying in connection with a **main benefit** in relation to an **insured person** will be shown on **your** policy schedule. No matter which definition is shown, however, during any period in which the **insured person** is not in paid employment (including self-employment where regular earnings are being taken) or if the **insured person** has reached age 65, we will use the 'total permanent disability – unable to look after yourself ever again' definition to decide if we will pay **your** claim.

6.1.6 Disabilities for which a relevant specialist cannot give a clear prognosis

If a relevant specialist cannot give a clear prognosis for a disability, that disability is not included in **your** cover for **total permanent disability**.

6.1.7 The three definitions of total permanent disability

The three definitions are:

Total permanent disability – unable to do your own occupation ever again

This definition is met if the **insured person** is physically or mentally unable to do the **material and**

substantial duties of their own **occupation(s) ever again** as a result of illness or injury.

Total permanent disability – unable to do any occupation at all ever again

This definition is met if the **insured person** is physically or mentally unable to do the **material and substantial duties** of any **occupation** at all **ever again** as a result of illness or injury.

Total permanent disability – unable to look after yourself ever again

This definition is met if the **insured person** is physically unable to do at least three of the six tasks listed below **ever again** as a result of illness or injury. The **insured person** 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 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.

6.1.8 Insured person changes occupation

If the **insured person** changes their **occupation(s)** from that/those disclosed to **us** in the **application**, at the time of making a claim based on their **total permanent disability you** must tell **us**, in writing, the precise details of the **occupation(s)** that they were carrying out immediately before the claim being made. **We** will assess **your** claim on the **occupation(s)** that the **insured person** was doing immediately before the claim being made.

6.1.9 Exclusions - when we will not pay total permanent disability benefit

We will not pay a claim for total permanent disability benefit in the circumstances explained in **your** policy schedule (if applicable).

6.2 Waiver of premium benefit cover

6.2.1 When we will pay waiver of premium benefit

If **you** have waiver of premium benefit cover in relation to an **insured person** under the policy, and **you** make a valid claim, during any **benefit period we** will pay **your** policy premiums. To avoid doubt, where **you** have a valid claim for waiver of premium benefit, **you** must continue to pay the premiums due under the policy until the end of the **deferred period**.

Your policy schedule will show if **you** have waiver of premium benefit cover for an **insured person**. Waiver of premium benefit cover is provided automatically if income protection cover is chosen.

6.2.2 Deferred period for waiver of premium benefit

Where waiver of premium benefit cover is provided automatically, the

deferred period will be the same as the **deferred period** applying for that **insured person's** income protection benefit.

Where waiver of premium benefit is not provided automatically, the **deferred period** is 26 weeks.

6.2.3 Definitions of incapacity

If waiver of premium benefit cover is being provided automatically, the **incapacity** definition applying will be the same as the one that applies for the income protection benefit.

If waiver of premium benefit cover is not provided automatically, one of the three **incapacity** definitions (as described in condition 6.2.4) can be chosen. The **incapacity** definition that applies to the **insured person** will be shown on **your** policy schedule. If, however, the **insured person** is not in paid employment (including self-employment where regular earnings are being taken) when they first become **incapacitated**, **we** will use the activities of daily work definition (described below) to decide if **we** will pay **your** claim. This means that, no matter which **incapacity** definition is shown on **your** policy schedule, the **insured person** must satisfy the activities of daily work **incapacity** definition before **we** would pay **your** premiums for **you**.

Where waiver of premium cover applies to two **insured persons** under **your** policy, a different **incapacity** definition can apply to each.

6.2.4 The three definitions of incapacity

The three definitions are:

Own occupation

This definition is met if the **insured person** is unable to do the **material and substantial duties** of their own **occupation(s)** as a result of **accident** or sickness and they are not doing any other **occupation(s)**.

Any suited occupation

This definition is met if the **insured person** is unable to do their own **occupation(s)** and unable to do all other **occupations** for which they are reasonably suited by education, training or experience as a result of **accident** or sickness.

Activities of daily work

This definition is met if the **insured person**:

- a. cannot perform three or more of the following activities:

Walking – the ability to walk a distance of 200 metres on a level surface without stopping due to breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids, for example a walking stick.

Climbing – the ability to walk up and down a flight of 12 stairs with the use of a handrail and taking a rest.

Bending – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a teacup (or similar object) from the floor and straighten up again without the assistance of another person but including the use of appropriate aids.

Communicating – the ability to:

- i. clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room, or
- ii. understand simple messages, or
- iii. speak with sufficient clarity to be clearly understood.

Reading – having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered ophthalmologist.

Dexterity – the physical ability to use hands and fingers, such as being able to communicate effectively using a pen, pencil or keyboard.

Responsibility and independence – the ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.

Financial competence – the ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping,

or

- b. has an organic brain disease or brain injury (confirmed by neurological investigation) which has affected their ability to reason and understand and has caused deterioration to an extent that they can no longer look after themselves without the need for continual supervision and assistance of another person,

or

- c. has a Severe Mental Illness Classification ICD-10 Code and is under the supervision of the mental health team at its highest level (with or without Supervision Register) or equivalent.

6.2.5 Insured person changes occupation(s)

If the **insured person** changes their **occupation(s)** from that/those disclosed to **us** in the **application**, at the time of making a claim for waiver of premium benefit **you** must tell **us**, in writing, the precise details of the **occupation(s)** that they were carrying out immediately before the claim being made. **We** will assess **your** claim on the **occupation(s)** that the **insured person** was doing immediately before the claim being made.

6.2.6 Recurrence of incapacity

Where the **insured person** has recovered from an **incapacity**, and then becomes **incapacitated** again within a six-month period due to the same or a related cause, **we** will consider this to be a continuation of the previous **incapacity** and no **deferred period** will apply to the second claim.

6.2.7 When we will not provide waiver of premium benefit cover

We will not provide waiver of premium benefit cover in relation to an **insured person** if:

- the **insured person** travels or lives outside the **home countries** or **designated countries** for more than 13 weeks at a time in any 12-month period. **Your** cover will start again when they have been back in the **home countries** for 39 weeks in a row
- the **insured person** travels or lives within the **designated countries** for more than 26 weeks at a time in any 12-month period. **Your** cover will start again when they have been back in the **home countries** for 26 continuous weeks.

If the **insured person** is **incapacitated** during any time that **we** are not providing waiver of premium benefit cover **you** can only make a waiver of premium benefit claim when **your** cover starts again and the **deferred period** would begin on that date.

We may agree to extend the 13-week and 26-week periods referred to above, but **we** do not have to do this. If **we** do agree to an extension, **we** may apply additional terms and conditions, or vary the existing terms and conditions of **your** policy.

6.2.8 Exclusions – when we will not pay waiver of premium benefit

We will not pay a claim for waiver of premium benefit in the circumstances explained in **your** policy schedule (if applicable).

In addition, **we** will not provide waiver of premium benefit in respect of any period before the date **you** tell **us** in writing of a claim for waiver of premium benefit and **we** receive evidence of the **incapacity** that meets **our** requirements. To avoid doubt, where **you** are making a claim for income protection, **we** will treat **your** written notice and evidence in relation to income protection as also applying for waiver of premium.

6.2.9 Telling us that the insured person is incapacitated

If **you** want to claim waiver of premium benefit in respect of an **insured person**, **you** must tell **us** either by telephoning **us** or writing to **us** as soon as **you** can and in any event within the timescales shown in the table below:

Deferred period	Notification period
4 or 8 weeks	By week 2 of the deferred period
13 weeks	By week 4 of the deferred period
26 weeks	By week 6 of the deferred period
52 weeks	By week 12 of the deferred period

Our decision on **your** claim could be affected by any delay in **you** making **your** claim, and could delay the date that **we** would start to pay **your** premiums for **you**. Where **you** do not tell **us** within the timescales set out in the table above, the **deferred period** in respect of the claim will begin on the day **you** tell **us**.

6.2.10 What happens if your premiums change

If **your** premiums for **main benefits** and **additional benefits** for an **insured person** for whom **you** have

waiver of premium benefit cover change, there will be a corresponding change in the premium **you** pay for the waiver of premium benefit cover.

6.2.11 What happens if the indexation option or premium review option applies

If the indexation option or premium review option applies to premiums that **we** are paying following a valid claim for waiver of premium benefit, the option will continue to apply. If an inflation-linked increase comes into effect during the **benefit period**, **we** will pay the premiums based on the increased payment level. If a premium review takes effect during the **benefit period** **we** will pay the premiums based on the post-review premium unless **you** tell **us** otherwise.

6.2.12 How we pay premiums for you

How **we** pay premiums covered by a valid claim for waiver of premium benefit depends on whether **you** pay monthly or yearly.

If **you** pay monthly premiums, during a **benefit period** **your** premiums will be paid by **us**.

If **you** pay yearly premiums, **we** will pay 1/12th of **your** yearly premium on the first day of each calendar month during the **benefit period**.

If **you** make yearly payments:

- a. if the **benefit period** starts part way through the year, **we** will pay a partial refund in respect of the premiums for each full month of **benefit period** during that year
- b. if the **benefit period** ends part way through the year (other than because of the death of the **insured person**), the premiums for the remaining full months of the year will be payable by **you**.

7. Additional critical illness protection

7.1 When we will pay an additional critical illness benefit amount

Additional critical illness benefit is payable if the **insured person** first meets the criteria for an **additional critical illness benefit** on or after the **benefit start date** and on or before the **benefit end date**, and survives for at least 14 days after first meeting those criteria. Unless specified otherwise in Appendix 2, **we** will only pay the **additional critical illness benefit amount** for each **additional critical illness** once for each **insured person** under **your** policy.

7.2 When we will not pay an additional critical illness benefit amount

We will not pay an **additional critical illness benefit amount** if either the **insured person** dies or **we** are considering a claim under the policy for a **critical illness** or **total permanent disability** in respect of which the **benefit amount** is payable, unless the **additional critical illness** in respect of which the claim is being made was diagnosed before the date of death or diagnosis of the **critical illness** or **total permanent disability** in respect of which the **benefit amount** is paid.

8. Suicide exclusion

We will not pay the **benefit amount**, in respect of any claim based on the death of the **insured person**, for any of the following:

- life protection
- reducing life protection
- life with critical illness protection
- reducing life with critical illness protection
- family income benefit
- life with critical illness family income benefit
- gift inter vivos benefit

where the **insured person** committed suicide (whether or not at the time of such action they were sane):

- a. within 12 months of the **benefit start date** of the benefit in respect of which the claim relates
- b. within 12 months of the date on which the policy is reinstated in terms of condition 3.2, where the policy has previously lapsed in terms of that condition, and/or
- c. within 12 months of the date of an increase in the **benefit amount** (except where the increase arose under the indexation option as described in condition 3.4), but only in relation to the increase amount.

9. Claims

9.1 Benefit payment

Before paying the **benefit amount** we will have to be satisfied:

- a. that the event or contingency on which the **benefit amount** is to become or remain payable has happened
- b. that **you** have the right to claim the **benefit amount**, and
- c. of the age(s) of the **insured person(s)** named in the policy schedule.

9.2 Evidence of critical illness, additional critical illness, terminal illness or total permanent disability

If **you** make a claim for benefits in connection with the **critical illness, additional critical illness, terminal illness or total permanent disability** of the **insured person**, we are entitled to ask for and obtain any evidence of the **insured person's critical illness, additional critical illness, terminal illness or total permanent disability** and other evidence as **we** reasonably need to decide whether **we** will accept **your** claim. In connection with this:

- a. written evidence of the **critical illness, additional critical illness, terminal illness or total permanent disability** of the

insured person and any other evidence **we** reasonably require must be produced within one month of **our** request for the evidence.

- b. **you** must submit reports relating to the **critical illness, additional critical illness, terminal illness or total permanent disability** of the **insured person** in a form approved by **us**, and the **insured person** must agree to be medically examined by a medical officer appointed by **us**. The reports must be from a medical specialist appropriate to the cause of the **critical illness, additional critical illness, terminal illness or total permanent disability** on which the claim is based. The reports must be sufficient, in the sole opinion of **our** Chief Medical Officer, to allow the Chief Medical Officer to assess the validity of the claim. Neither **you** nor the **insured person** will have to pay for any evidence requested by **us**.
- c. whilst the **insured person** does not need to be resident in one of the **home countries** or one of the **designated countries** at the time of claim, the medical specialist providing reports must hold an appointment as a Consultant or equivalent at a hospital in one of the **home countries** or one of the **designated countries**.

If the above requirements are not met, **we** have the right to refuse to pay the **benefit amount** being claimed.

For the purposes of this condition, where the claim being made is for benefits under children's critical illness protection (as defined in Appendix 2), references to '**insured person**' should be taken as referring to the natural or legally adopted child of the **insured person**.

10. General conditions

10.1 Cancelling your policy

10.1.1 When you can cancel your policy

After **your** policy has started **we** will send **you** a notice of **your** right to cancel. **You** then have 30 days to change **your** mind and get a full refund of all premiums **you** have made to **us**.

If after the 30 days **you** decide **you** want to cancel the policy, **you** can do so at any time by contacting **us**. If **you** cancel **your** policy **we** will not pay out any benefit and **you** will not get anything back.

10.1.2 When we will cancel your policy

Once the policy starts, **we** will not cancel it unless:

- a. **you** have missed a premium payment. **We** have explained this in more detail in condition 3.2
- b. **you**, the **applicant** (if **you** are not the **applicant**) or the **insured person** act fraudulently or provide untrue, inaccurate or misleading information when the policy is applied for, when a claim is made, when an application is made to change a policy, or when there is an application to restart payments.

We may cancel **your** policy if **we** decide that **you**, the **applicant** or the **insured person** would have known, or should have known, the true answer to a question **we** asked but **you**, the **applicant** or the **insured person** have deliberately or recklessly given a false answer. This is known as deliberate or reckless misrepresentation. If **we** cancel the policy due to this deliberate or reckless misrepresentation **we** may (but need not) repay any premiums.

We will not pay out any **benefit amount**.

We may also cancel **your** policy, or not pay out the full amount of a **benefit amount**, if **you**, the **applicant** or the **insured person** have carelessly

given a false answer to a question **we** asked where **we** would have made a different decision about the insurance if **you**, the **applicant** or the **insured person** had answered honestly and in full. This is known as careless misrepresentation. The action **we** will take will depend on what **we** would have offered had the relevant question been answered honestly and in full. If **we** would have still offered the policy but on different terms for the same premium, the policy will be changed to reflect these different terms. If **we** cancel the policy, this will be because **we** would not have offered the policy had the relevant question been answered honestly and in full. In these circumstances **we** will repay the premiums but not pay out any **benefit amount**.

10.2 Changes to your policy

When **you** ask **us** to make a change to **your** policy or **you** use an option under **your** policy, **we** might change the terms of **your** policy. In addition, **your** premiums could increase.

We can make some changes to **your** policy in a reasonable and proportionate manner without **your** agreement where **we** believe it is necessary or prudent. This might include, for example:

- where **we** consider it will make **your** policy easier to understand or fairer to **you**
- to take account of any changes in legislation, codes of practice or regulations and to take account of any decisions made by a court, ombudsman, regulator or similar body.

We will give **you** at least 30 days' notice of the change, unless:

- it is not practical
- it would result in **us** being unable to comply with legal or regulatory changes
- it is not possible

in which case **we** will give **you** as much notice as **we** can.

10.3 Notices

All notifications and correspondence must be sent to **us** at Aegon, Edinburgh Park, Edinburgh EH12 9SE.

We will always communicate in English.

We will not accept or process any claim, request or instruction made by **you** under the policy until **we** have received all documentation and information **we** need.

If **you** assign any of **your** legal rights under **your** policy to someone else **we** must see the assignment. **You** might not be able to assign **your** policy where it is held in trust.

If **you** use **your** own trust, after the policy has started, **you** will need to send **us** the trust deed so **we** can update **our** records.

10.4 Our agreement, consent or approval

We will not unreasonably withhold **our** agreement, consent or approval, but where it is needed in relation to any action under the policy, **you** cannot take that agreement, consent or approval as having been given until **we** have confirmed it in writing.

10.5 Payments made under the policy

Unless **we** agree otherwise:

- a. all payments made to and by **us** under the policy must be made in sterling from a bank account in the United Kingdom,
- b. **we** will make payments of benefits only to a bank account in the United Kingdom
- c. where a **benefit amount** is payable by a single lump sum payment, **we** may agree to pay it in instalments instead.

10.6 Law and jurisdiction

Your policy is subject to the law of the country where the **applicant** at the **policy start date** had their permanent residential address at that time. If at that time their permanent residential address was:

- a. in England or Wales, **we** will treat **your** policy as having been taken out in England and subject to the law of England
- b. in Scotland, **we** will treat **your** policy as having been taken out in Scotland and subject to the law of Scotland

- c. in Northern Ireland, **we** will treat **your** policy as having been taken out in Northern Ireland and subject to the law of Northern Ireland
- d. not in England, Wales, Scotland or Northern Ireland, **we** will treat **your** policy as having been taken out in Scotland and subject to the law of Scotland.

If there was more than one **applicant** at the **policy start date**, the jurisdiction and applicable law will be determined by the residence of the first-named **applicant**.

Appendix 1 – Critical illness definitions

In this Appendix, permanent neurological deficit with persisting clinical symptoms shall mean dysfunction in the nervous system that is present on clinical examination and expected to last throughout the **insured person's** life.

To 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 and 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, for example brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin

Alzheimer's disease – resulting in **permanent** symptoms

Definition: 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
- perceive and understand

Aorta graft surgery – for disease or traumatic injury

Definition: 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 – with **permanent** bone marrow failure

Definition: A definite diagnosis of aplastic anaemia

by a Consultant Haematologist. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – resulting in **permanent** symptoms

Definition: A definite diagnosis of bacterial meningitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- meningococcal septicaemia
- any other form of meningitis

Benign brain tumour – resulting in **permanent** symptoms or surgically removed via craniotomy

Definition: A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- tumours in the pituitary gland
- tumours originating from bone tissue
- angiomas and cholesteatomas

We will waive the requirement for permanent neurological deficit with persisting clinical symptoms if the benign brain tumour is surgically removed by craniotomy.

Benign spinal cord tumour – resulting in **permanent** symptoms

Definition: A non-malignant tumour in the spinal canal, involving the meninges or the spinal cord. This tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be made by a medical specialist and be supported by CT, MRI or histopathological evidence.

For the above definition, the following are not covered:

- cysts
- granulomas
- malformations in the arteries or veins of the spinal cord

- haematomas
- abscesses
- disc protrusions
- osteophytes

Blindness, including significant visual impairment – permanent and irreversible

Definition: **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, or
- measured at 4/60 to 6/60 in the better eye using a Snellen eye chart and visual field is reduced to 20 degrees or less of arc as certified by a Consultant Ophthalmologist

Cancer – excluding less advanced cases

Definition: 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
- all tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification T2bNOMO
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- any skin cancer (including cutaneous lymphoma) other than
 - malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin), or
 - basal cell carcinoma or squamous cell carcinoma that has spread to lymph nodes or metastasised to distant organs.

Cardiac arrest – resulting in surgically implanted defibrillator

Definition: A definite diagnosis of cardiac arrest by a Consultant Cardiologist. There must be sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable cardioverter-defibrillator (ICD)
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

For the above definition the following are not covered:

- insertion of a pacemaker
- insertion of a defibrillator without cardiac arrest
- cardiac arrest secondary to alcohol or drug abuse

Cardiomyopathy – of specified severity

Definition: A definite diagnosis of cardiomyopathy by a Consultant Cardiologist that has resulted in **permanent** damage to the heart muscle and function resulting in both of the following:

- a reduced ejection fraction of 35%
- impairment to the degree of class 3 New York Heart Association (NYHA) classification of cardiac impairment*

For the above definition, the following are not covered:

- cardiomyopathy directly related to alcohol or drug abuse
- all other forms of heart disease, heart enlargement and myocarditis

*NYHA Class 3 – heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Coma – with associated **permanent** symptoms

Definition: A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems, and
- has associated permanent neurological deficit with persisting clinical symptoms

For the above definition, the following are not covered:

- Medically induced coma
- Coma secondary to drug abuse

Coronary artery by-pass grafts

Definition: The undergoing of surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For the above definition, the following are not covered:

- balloon angioplasty
- atherectomy
- rotablation
- insertion of stents
- laser treatment

Creutzfeldt-Jakob disease – resulting in **permanent** symptoms

Definition: A definite diagnosis of Creutzfeldt-Jakob disease by a Consultant Neurologist. There must be **permanent** clinical impairment of motor function and loss of the ability to do all of the following:

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

For the above definition, the following is not covered:

- Other types of dementia

Deafness – **permanent** and **irreversible**

Definition: **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

Definition: A definite diagnosis of dementia due to progressive degenerative brain 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
- perceive, understand, express and give effect to ideas

For the above definition, the following is not covered:

- Non-organic psychiatric illnesses

Encephalitis – resulting in **permanent** symptoms

Definition: 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:

- Chronic fatigue syndrome
- Myalgic encephalomyelitis

Heart attack

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

- new characteristic electrocardiographic changes (or findings on a heart scan)
- the characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following is not covered:

- Other acute coronary syndromes or angina without myocardial infarction

Heart valve replacement or repair

Definition: The undergoing of surgery requiring thoracotomy (keyhole surgery or median sternotomy) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

HIV infection – caught in one of the **home countries** or **designated countries**, from a blood transfusion, a physical assault or at work

Definition: 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 policy and satisfying all of the following:
 - The incident must have been reported to the 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 **home countries** or **designated countries**.

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 medical ventilation for 10 consecutive days

Definition: Any sickness or injury resulting in the **insured person** requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours a 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
- children under the age of 90 days

Kidney failure – requiring **permanent** dialysis

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

Liver Failure – advanced stage

Definition: Advanced stage liver failure due to cirrhosis and resulting in all of the following:

- **permanent** jaundice
- ascites
- encephalopathy

For the above definition, the following is not covered:

- Liver disease secondary to alcohol or drug abuse

Loss of hand or foot – **permanent** physical severance

Definition: **Permanent** physical severance of either a hand or a foot at or above the wrist or ankle joint.

For the above definition, the following are not covered:

- Severance secondary to alcohol abuse, drug abuse or a self-inflicted injury

Loss of speech – total **permanent** and **irreversible**

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

Major organ transplant – from another donor

Definition: 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 – resulting in **permanent** symptoms

Definition: A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)

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

Multiple sclerosis – with persisting symptoms

Definition: A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist.

One of the following must be present:

- clinical impairment of motor or sensory function, which must have persisted from the time of diagnosis, or
- 2 or more attacks of impaired motor or sensory function together with findings of clinical evidence of objective neurological investigations, such as lumbar puncture, evoked visual responses or MRI.

The evidence must show definite multiple sclerosis.

Multiple system atrophy – resulting in **permanent** symptoms

Definition: The definite diagnosis of multiple system atrophy confirmed by a Consultant Neurologist. There must be **permanent** clinical impairment of either:

- motor function with associated rigidity of movement
- the ability to coordinate muscle movement
- bladder control and postural hypotension

Open heart surgery – with surgery to divide the breastbone

Definition: The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist, to correct any structural abnormality of the heart.

Paralysis of a limb – total and **irreversible**

Definition: Total and **irreversible** loss of muscle function to the whole of any limb.

Parkinson's disease – resulting in **permanent** symptoms

Definition: A definite diagnosis of Parkinson's disease by a Consultant Neurologist. There must be **permanent** clinical impairment of motor function with associated tremor, or muscle rigidity.

For the above definition, the following is not covered:

- Parkinsonsonian syndromes/Parkinsonism

Primary pulmonary hypertension – of specified severity

Definition: 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 3 of the New York Heart Association (NYHA) classification of functional capacity*

For the above definition, the following is not covered:

- Pulmonary hypertension secondary to any other known cause, in other words not primary

*NYHA Class 3 – heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Progressive supranuclear palsy – resulting in **permanent** symptoms

Definition: A definite diagnosis of progressive supranuclear palsy by a consultant Neurologist. There must be **permanent** clinical impairment of eye movements and motor function.

Pulmonary artery graft surgery – for disease only

Definition: 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.

Removal of an eyeball – due to injury or disease

Definition: **Permanent** surgical removal of an eyeball as a result of injury or disease.

For the above definition, the following is not covered:

- Self-inflicted injuries

Respiratory failure – of advanced stage

Definition: Advanced-stage emphysema or other chronic lung disease, resulting in all of the following:

- The need for oxygen therapy for a minimum of 15 hours a day, and evidence that daily oxygen therapy has been required for a minimum period of six months
- The **permanent** impairment of lung function tests as follows:
 - Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 40% of normal

Rheumatoid arthritis – resulting in a loss of the ability to do specified physical activities

Definition: A definite diagnosis by a Consultant Rheumatologist of chronic rheumatoid arthritis, as evidenced by widespread joint destruction with major clinical deformity.

The **insured person** must also be **permanently** unable to perform three or more of the following activities:

- Bending – The ability to get into or out of a standard saloon car, or to bend or kneel to pick up a tea cup (or similar object) from the floor and straighten up again without the assistance of another person but including the use of appropriate aids
- Dexterity – The physical ability to use hands and fingers, such as being able to communicate effectively using a pen, pencil or keyboard
- Lifting – The ability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping or an overnight bag or briefcase
- Walking – The ability to walk a distance of 200 metres on a level surface without the assistance of another person, but including the use of appropriate aids, for example, a walking stick

Stroke – resulting in **permanent** symptoms

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

- Permanent neurological deficit with persisting clinical symptoms; or
- Definite evidence of death of brain tissue or haemorrhage on a brain scan and neurological deficit with persistent 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

Systemic lupus erythematosus – with severe complications

Definition: A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms
- The **permanent** impairment of kidney function tests as follows:
 - Glomerular Filtration Rate (GFR) below 30ml/min/1.73m² together with persisting abnormal urinalysis showing proteinuria or haematuria

The disease must also have been unresponsive to disease-modifying drugs for a continuous period of at least 12 months.

Terminal illness – where death is expected within 12 months

Definition: 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 of the **insured person** within 12 months

For life only protection, **our** Chief Medical Officer will also need to agree that the illness is expected to lead to death of the **insured person** within 12 months.

Third-degree burns – covering 20% of the body's surface area, or 50% loss of surface area of the face, or 30% loss of surface area of the head and neck

Definition: 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 or 30% loss of surface area of the head and neck.

Total pneumonectomy – for physical injury or disease

Definition: The undergoing of surgery, on the advice of a consultant medical specialist, to remove an entire lung for any physical injury or disease.

Traumatic brain injury – resulting in **permanent** symptoms

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

Appendix 2 – Additional critical illness benefit definitions

For the purposes of this Appendix, where the **main benefit** to which the **additional critical illness benefit** relates is an income benefit, the **benefit amount** will be deemed to be the yearly benefit amount multiplied by the number of years from the date of payment of the **additional critical illness benefit** to the **benefit end date** (with a proportionate amount for any complete months).

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

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 25% of the **benefit amount** and £25,000, where carcinoma in situ of the breast is positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

For the above definition, the following is not covered:

- Lobular carcinoma in situ

Cerebral aneurysm – requiring specified surgical procedures

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 25% of the **benefit amount** and £25,000, after the **insured person** undergoes one of the following surgical procedures to treat a cerebral aneurysm:

- surgical correction by craniotomy (surgical opening of the skull)
- endovascular treatment using coils or other materials (embolisation)

We will not pay the **additional critical illness benefit amount** if it has already been paid for cerebral arteriovenous malformation.

Cerebral arteriovenous malformation – requiring specified surgical procedures

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 25% of the **benefit amount** and £25,000, after the **insured person** undergoes one of the following surgical procedures to treat a cerebral arteriovenous malformation:

- surgical correction by craniotomy (surgical opening of the skull)
- endovascular treatment using coils or other materials (embolisation)

We will not pay the **additional critical illness benefit amount** if it has already been paid for cerebral aneurysm.

Children's critical illness protection

We will pay an **additional critical illness benefit amount** of the lower of 50% of the **benefit amount** and £25,000, if any of the **insured person's** natural or legally adopted children are diagnosed with any one of **our main benefit** critical illnesses between the age of 30 days and their 18th birthday inclusive (21st birthday if in full-time education*), and do not die within 14 days of being diagnosed.

We can pay this benefit for each of the **insured person's** children, but **we** will only pay the benefit once for each child, except where both parents are named the **insured person** for separate single-life benefits under the policy. In this case, **we** can pay it twice for each child if both parents make a claim.

For each **insured person** the maximum **we** will pay for this benefit for each child is £25,000, regardless of how many policies which include critical illness benefits, the **insured person** has with **us**.

We will not pay this benefit if, in the opinion of a medical adviser appointed by **us**, any of the following apply:

- The child's condition was present at birth
- The symptoms first arose before the child was covered
- The child dies within 14 days of meeting **our** critical illness definition

*Full-time education means education in the pursuit of a course, where an average of more than 12 hours a week are spent during term time on any of the following:

- receiving tuition
- taking part in practical work
- receiving supervised study
- taking examinations

Children's death benefit

We will pay an **additional critical illness benefit amount** of £5,000 if any of the **insured person's** natural or legally adopted children dies between

the age of 30 days and their 18th birthday (21st birthday if in full-time education*). The purpose of this benefit is to contribute towards the loss of income caused by taking time off work, bereavement counselling and funeral expenses.

We can pay this benefit for each of the **insured person's** children, but **we** will only pay the benefit once for each child, except where both parents are named the **insured person** for separate single-life benefits under the policy. In this case, **we** can pay it twice for each child if both parents make a claim.

We will not pay this benefit if, in the opinion of a medical adviser **we** have appointed, any of the following apply:

- The child's condition was present at birth
- The symptoms first arose before the child was covered

*Full-time education means education in the pursuit of a course, where an average of more than 12 hours a week are spent during term time on any of the following:

- receiving tuition
- taking part in practical work
- receiving supervised study
- taking examinations

Critical fracture cover – of specified bones

Definition: **We** will pay an **additional critical illness benefit amount** of £1,500 on one occasion for each **insured person** if, due to an **accident**, the **insured person** suffers a fracture of any of the following bones:

- the portion of the skull enclosing the brain (neurocranium)
- pelvis
- cervical spine (the neck)

For the above definition, the following fractures are not covered:

- Fractures of the facial bones (viscerocranium)
- Fractures of the coccyx (tail bone)
- Stress fractures, this includes both fatigue fractures and insufficiency fractures
- Pathological fractures

Crohn's disease – with specified severity

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 12.5% of the **benefit amount** and £12,500, if the **insured person** is diagnosed with Crohn's disease with

fistula formation and intestinal strictures by a Consultant Gastroenterologist.

There must have been two or more bowel segment resections on separate occasions and evidence of continued inflammation with ongoing symptoms, despite optimal therapy with diet restriction, medication use and surgical interventions.

Early stage prostate cancer – with specified severity

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 25% of the **benefit amount** and £25,000, if the **insured person** is diagnosed with prostate cancer with a Gleason score of 2 to 6, and the tumour has progressed to at least clinical TNM classification T1NOMO and has been treated by complete removal of the prostate or external beam, or interstitial implant radiotherapy.

For the above definition, the following treatments of prostate cancer are not covered:

- Cryotherapy or less radical treatments (for example transurethral resection of the prostate)
- Experimental treatments
- Hormone therapy

Hospitalisation due to accidental injury, for 28 or more consecutive days

Definition: **We** will pay an **additional critical illness benefit amount** of £5,000 for an **accident** that results in physical injury which requires the **insured person** to stay in hospital for 28 or more consecutive days on the advice of the attending Consultant.

For the above definition, the following is not covered:

- An **accident** that results from, or is directly related to, alcohol or drug abuse

Partial loss of sight – permanent and irreversible

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 12.5% of the **benefit amount** and £12,500, if the **insured person** suffers from **permanent** and **irreversible** loss of sight to the extent that, even when tested with the use of visual aids:

- vision is measured at 4/60 to 6/60 in the better eye using a Snellen eye chart, or
- visual field is reduced to 20° or less of arc as certified by a Consultant Ophthalmologist

Ulcerative colitis – treated with total colectomy

Definition: **We** will pay an **additional critical illness benefit amount** of the lower of 12.5% of the **benefit amount** and £12,500, if the **insured person** is diagnosed with severe ulcerative colitis by a Consultant Gastroenterologist and is treated with total colectomy.



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