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## Plan details for the Lifestyle Protection plan (March 2009)

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**This booklet sets out the terms and conditions of your plan – how it works, what you can expect us to do, and what we can expect you to do.**

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

These terms and conditions are part of the contract between you and Royal London, on behalf of Bright Grey. The contract is governed by the following documents:

- this booklet
- each cover summary we give you that refers to the plan details for the Lifestyle Protection plan (March 2009)
- any endorsements to these terms and conditions that Bright Grey gives you
- the key facts document we send to you when your plan starts.

All of these documents are proof of the terms of the contract and are important. Please keep them in a safe place.

We give this booklet to everyone when they buy a Lifestyle Protection plan. Not only will it give you all the detail about the covers you have bought, it will also give you important information about keeping your payments up-to-date, what to do if you want to make a change, and how to go about making a claim. It provides details of your plan, subject to any additional features shown in your cover summary. It can also be used by customers who are thinking about buying a Lifestyle Protection plan and want more detailed information.

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## SECTION A: About the Lifestyle Protection plan

In this section we tell you about your plan, the options available and how to tell us about changes. This section of the plan details gives you an overview of the different covers that make up the Lifestyle Protection plan and what options are available for these covers. Unlike the rest of the booklet, it is not part of the plan's legally binding terms and conditions.

### A1 Telling us about changes

Please remember to tell us if you:

- stop being resident in the UK
- change your name
- change your address
- change your bank account.

It will help if you have your plan number to hand when you contact us.

You can:

- phone us on 0845 6094 500
- email us at [help@brightgrey.com](mailto:help@brightgrey.com)
- fax us on 0845 6094 523
- write to us at Customer Care Team, Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG
- visit us at [www.brightgrey.com](http://www.brightgrey.com)

So we have an accurate record of your instructions, if you call us, we may record or monitor your call. Please contact us as soon as possible if you are claiming on a cover so that we can deal with your claim as quickly as possible.

### A2 The covers

The Lifestyle Protection plan offers you a choice of two covers. You can choose just one of these covers, to suit your own particular situation. And as your needs change, you will be able to adapt your cover so that it provides exactly what you need.

The cover	When it pays out
Life Cover	if someone dies or is diagnosed with a terminal illness
Life or Critical Illness Cover	if someone dies, is diagnosed with a terminal illness or becomes critically ill

If you are deciding what cover you need, the first thing you do is choose one of the covers from the list above. You can find all the detail about these covers in this booklet.

## A3 The options

The covers you can choose for your Lifestyle Protection plan include different options to make your plan even more flexible. These are shown in the table below and on the next page.

What can vary	The options	Life Cover	Life or Critical Illness Cover	What the options mean
Which person is covered, and when we pay the cover	Single life	●	●	'Single life' means only one person is covered.
	Joint life first event	●	●	'Joint life' means two people are covered.  'First event' means we will only pay the first time the event happens.
Term of cover	5-40 years	●	●	How long the cover lasts for.
Maximum amount of cover	£500,000	●	●	You can apply for any amount up to the amount shown.
Maximum age when the cover starts	54		●	The oldest the person covered can be when the cover starts (attained age).  ○ = Only available if your payments are reviewable.
	64	●	○	
Maximum age when the cover ends	69	●	○	The oldest the person covered can be when the cover ends (attained age).  ○ = Only available if your payments are reviewable.
	64		●	

## SECTION A: About the Lifestyle Protection plan – continued

### A3 The options – continued

What can vary	The options	Life Cover	Life or Critical Illness Cover	What the options mean
Payment of the cover	Level lump sum	●	●	'Lump sum' means the cover is paid as a single amount.
	Increasing lump sum, increasing by the increase in the Retail Price Index	●	●	'Increasing' means the cover will go up each year by the rate agreed.
	Decreasing lump sum	●	●	'Decreasing' means the cover will go down each month in line with a repayment mortgage that has an annual interest rate of 7%.
Whether payments change or not	Guaranteed payments	●	●	'Guaranteed' means your payments into the plan will not change unless your cover changes.
	Reviewable after 5 years		●	'Reviewable' means we can review your payments and may change them.

## SECTION B: The covers

This section of the plan details sets out when we will and will not pay out a claim and how much we will pay.

### B1.1 When we will pay a claim

What's shown in your cover summary	When we will pay a claim
If your cover summary says you have Life Cover:	We will pay a claim if the person covered, or if there are two people covered, either of them, dies or is diagnosed with a terminal illness during the term of the cover.
If your cover summary says you have Life or Critical Illness Cover:	We will pay a claim if, during the term of the cover, the person covered, if there are two people covered, either of them: <ul style="list-style-type: none"><li>• dies; or</li><li>• is diagnosed with a terminal illness; or</li><li>• is diagnosed with any of the critical illnesses listed in section D; and</li><li>• that diagnosis meets our definition of the illness.</li></ul>

After we have paid a claim the cover is cancelled and we will not make any further payment.

### B1.2 When we will not pay a claim

What's shown in your cover summary	When we will not pay a claim
If your cover summary says you have Life Cover we will not pay a claim if:	<ul style="list-style-type: none"><li>• it is the result of suicide within 12 months of the date cover started;</li><li>• the diagnosis of terminal illness is in the 12 months immediately before the date this cover ends; or</li><li>• it is the result of any excluded cause shown on your cover summary.</li></ul>
If your cover summary says you have Life or Critical Illness Cover we will not pay a claim if:	<ul style="list-style-type: none"><li>• it is the result of suicide within 12 months of the date cover started;</li><li>• the diagnosis of terminal illness is in the 12 months immediately before the date cover ends;</li><li>• the claim is for critical illness and it is the result of:<ul style="list-style-type: none"><li>– intentional self-inflicted injury;</li><li>– inappropriate use of alcohol or drugs, including but not limited to the following:<ul style="list-style-type: none"><li>– consuming too much alcohol;</li><li>– taking an overdose of drugs, whether lawfully prescribed or otherwise;</li><li>– taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription;</li></ul></li><li>– taking part in a criminal act;</li><li>– war, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.</li></ul></li><li>• the person covered does not meet the definition of critical illness in section D; or</li><li>• it is the result of any excluded cause shown on your cover summary.</li></ul>

## SECTION B: The covers – continued

### B1.3 How much we will pay

What's shown in your cover summary

How much we will pay

Cover payable as a level lump sum

We will pay the amount of cover shown on your cover summary.

Cover payable as an increasing lump sum

We will pay whichever of the following amounts of cover is the greater:

- the amount shown on your cover summary;
- the amount we have written to tell you following an increase.

Cover payable as a decreasing lump sum, and the additional features show a mortgage interest rate

We will pay the amount that would have been outstanding on a loan or mortgage if:

- the loan or mortgage was equal to the amount of cover on the date cover started;
- it had a term equal to the term of the cover;
- it had a yearly interest rate equal to that shown in the additional features; and
- equal monthly repayments sufficient to repay the loan or mortgage over the term of the cover had been made between the date the cover started and the date the claim becomes payable.

The amount of cover will therefore decrease each month.

The amount of cover may not be sufficient to pay off the loan or mortgage if the interest rate of the loan or mortgage has changed.

We work out the amount of cover from the date the claim becomes payable.  
We will not take into account any change to the amount of cover after this date.

There's more information that applies to this cover in:

Section C1:

How to make a claim

Section C2:

Your payments for your plan

Section C3:

Changing your plan

Section C4:

General terms and conditions

Section D:

Definitions of the words we use

# SECTION C:

## Operating your protection plan

### C1 How to make a claim

This section of the plan details applies to all plans.

#### C1.1 How to make a claim

If you, or those representing you, think that you have a valid claim on your plan, you or they should:

- 1 Phone us on 0845 6094 500;
- 2 Fill out the claim form that we will send you and send this back to us with any other documents we request;
- 3 Continue to make your payments.

Depending on the nature of the claim, we may need one or more of the following:

- the birth, marriage or death certificate of the person covered;
- any other evidence of a change of name;
- medical evidence relating to the person covered which may include full medical records.

We will tell you when you phone us which of these we need, and if we need anything else.

We will pay the reasonable cost of all medical reports or evidence we ask for.

All diagnoses must:

- be made by a consultant at a hospital within the geographical limits shown below who is a specialist in an area of medicine appropriate to the cause of the claim;
- be the first and unequivocal diagnosis of a critical illness; and
- be confirmed by our Chief Medical Officer.

For Life or Critical Illness Cover, we will restrict claims to certain parts of the world.

This means that if the person covered is living or working outside the United Kingdom and you need to make a claim, the person covered may have to return to one of the following countries:

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

## SECTION C: Operating your protection plan – continued

### **C1.1 How to make a claim – continued**

We reserve the right to not pay a claim, if you do not provide any evidence we ask for or the information that is provided is inaccurate or incomplete.

By submitting your completed application form, you warrant that the information you have given us is complete and honest, especially in relation to our questions about the health of the person covered. You agree to tell us if there is any change to the information you have given us between the date you completed your application form and the date we assume risk on your plan. If, when you make a claim, we find out the information you gave us was inaccurate or incomplete, we reserve the right not to pay the claim.

### **C1.2 Who we will pay the cover to**

We will pay the cover to the person legally entitled to receive it. This will depend on the nature of the claim, your circumstances at the time and whether the plan has been assigned or put under trust.

Normally we will pay the cover to the plan owner, or their personal representatives if the plan owner has died. Personal representatives must send us an original Grant of Representation or Confirmation before we will pay any cover to them. We will return this when we pay the claim.

If the plan has been assigned we will pay the cover to the assignee. Assignees must send us the original deed of assignment before we will pay any cover to them.

If the plan is under trust, we will pay the cover to the trustees. The trustees must then follow the terms of the trust to distribute the money to the chosen beneficiaries. Trustees must send us the original trust deed and any deeds altering the trust before we pay any cover to them. We will return these when we pay the claim.



## **C2 Your payments for your plan**

### **C2.1 When you need to make payments for your plan**

#### **First payment**

Your first payment becomes payable on the date your plan starts. We will collect this on or shortly after the date the plan starts by direct debit, or any other means that we have agreed with you.

#### **Last payment**

The date of the last payment is shown on your cover summary. Payments for any cover will also end if the cover is cancelled.

#### **All other payments**

You must make a payment each month between the first payment and the last payment. These payments are payable on the same day each month as the day your plan starts.

### **C2.2 What happens if you do not make your payment**

If you do not make your first payment, your plan will not start and you will not be covered.

If a subsequent payment remains unpaid for more than 5 weeks from the date it is payable, we will cancel your plan and you will no longer be covered. We will write to you to confirm that your plan is cancelled.

### **C2.3 Restarting your plan**

If we cancel your plan because you did not make your payment, you may ask us to restart your plan. When you ask we will tell you what we need to restart your plan. There may be times when we are not able to restart your plan. If this happens, we will explain our decision to you.

## SECTION C: Operating your protection plan – continued

### C2.4 When and how we may change your payment to us

Guaranteed payments for covers which are payable as a level lump sum or decreasing lump sum

We guarantee that provided payments are paid on time, your payment for this cover will not change unless you request a change to the cover.

Guaranteed payments for covers which are payable as an increasing lump sum

We guarantee that provided payments are paid on time, your payment for this cover will not change, apart from the changes described in section C2.5, unless you request a change to the cover.

Reviewable payments

We guarantee that your payments for this cover will not change for at least the number of years shown on your cover summary from the date the cover started. At the end of this period we will review the payment for this cover every five years. Your payment will therefore change on a regular basis.

In working out your payment for a cover we make assumptions about certain factors.

These factors are:

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

When we review your payment, we will reassess these assumptions and consider whether the combined effect of changes to them has been better or worse than we had assumed. We will also assess what is likely to happen in future. We will then work out how, and if, the payment for the cover needs to be adjusted to take account of this. As a result your payment may increase or reduce by the amount we reasonably believe is necessary.

Whilst your revised payment will always fairly reflect the changes to the factors, it may be significantly greater than your original payment and there is no limit to how much the increase in payment may be.

Any change will take effect from the anniversary of the date the plan started and we will tell you at least one month before we make any change.

If any cover to which this applies is an increasing cover, section C2.5 will also apply to the payment for that cover.

## **C2.5 Increasing lump sum covers**

On each anniversary of the date the plan started your payment for any increasing lump sum cover will increase. The amount of the increase will depend on:

- the amount of the increase in the amount of cover;
- the age of the person covered at the date of increase;
- the remaining term of the cover;
- the payment rate we charged at the date cover started;
- any additional payment you are making because your plan was not accepted on standard terms.

We will tell you how much the increase is at least one month before the increase takes place.

## **C3 Changing your plan**

### **C3.1 Increasing cover**

This only applies to any cover that is payable as an increasing lump sum.

On each anniversary of the date the plan started, the amount of cover will increase by the percentage increase in the United Kingdom Government's Retail Price Index (or such other index as we shall determine) over the 12 month period ending 3 months before the anniversary of the date the plan started, subject to a minimum of 2% and a maximum of 10%.

If the date cover started is not the same day in the year as the date the plan started, the first increase will take place on the first anniversary of the date the plan started after this cover has been in force for 12 months.

We will write to you at least one month before the increase takes place to tell you how much the increase will be and how much your new payment will be. If you do not want your amount of cover to increase, you must tell us at least 5 days before the increase is due to take place and we will cancel the increase. If we cancel 2 consecutive increases no further increases will be offered.

If, as a result of an increase, the total amount of cover on all plans you have with us would be more than the maximum amounts shown below, your cover will not increase. We will tell you if this happens.

Maximum amounts

Life Cover – £15,000,000

Life or Critical Illness Cover – £3,000,000

When working out your total amount of cover we include:

- all cover you have in this plan and any other plan you have with us;
- the current amount of any cover payable as a decreasing lump sum;
- the commuted value of any cover payable as regular payments. The commuted value is the amount we would pay you as a lump sum instead of regular payments, if you asked us to.

## SECTION C:

# Operating your protection plan – continued

### **C3.2 Changing your plan in other ways**

You can ask us to change your plan in other ways at any time. For example you may want to add a new cover or reduce an existing cover. We may need to ask the person covered for new medical evidence. We will tell you what we need when you tell us how you want to change your plan.

You cannot add a new cover or increase an existing cover if you are no longer resident in the United Kingdom.

## **C4 General terms and conditions**

### **C4.1 Source of covers**

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

### **C4.2 Membership of Royal London**

This plan does not entitle you to membership of The Royal London Mutual Insurance Society Limited.

### **C4.3 Cancelling your plan**

When your plan starts you have the right to change your mind and cancel your plan. You have 30 days from the date you receive your cover summary and plan details to cancel your plan. If you cancel your plan in this time we will refund any payments you have made to us. If you change your mind and want to cancel your plan you can do this by giving written notice to us at Bright Grey.

You may cancel your plan at any other time by giving written notice to us at Bright Grey. You should also contact your bank to cancel your direct debit instruction.

If you cancel, your plan will end on the day your next payment would otherwise be payable, and we will not refund any payments you have made to us. You will therefore still be covered by your plan until this date.

### **C4.4 Cash value**

The plan does not have any cash value at any time.

### **C4.5 Payment of claims**

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

### **C4.6 Interest**

We will pay interest if payment of any claim is delayed by more than 2 calendar months after the claim event. The rate of interest shall be reasonably determined by Royal London on receiving advice from an actuary responsible for advising the directors of Royal London on discretionary or technical aspects of the management of its long-term insurance business.

#### **C4.7 Data protection**

We (The Royal London Mutual Insurance Society Limited and our businesses and divisions of which Bright Grey is one) will use your personal information for:

- providing our products and services;
- administration and customer services;
- credit scoring and fraud prevention;
- research and analysis;
- marketing our own products and services;
- legal and regulatory reasons.

We may obtain this information either from you directly, from your approved intermediary or from other sources such as your doctor or credit reference agencies. We will retain your information for a reasonable period for these purposes and you consent to the overseas transfer of your information for these purposes.

We may share information about you for the purposes listed above with our service providers and agents and to third parties such as auditors, underwriters, reinsurers, medical agencies, credit reference agencies, other financial institutions and legal and regulatory bodies.

We may share information about you with your approved intermediary for research and analysis to enable us to better target our products and services. We will not share this information if you ask us not to on the application form for your plan.

We may contact you by mail, telephone, fax, email or other electronic messaging either directly or via your approved intermediary with further offers, promotions and information about our products and services that may be relevant to you. We will not do this where you have indicated on your application form for your plan that you do not wish to receive these communications.

To help us to make credit decisions about you, to prevent fraud, to check your identity and to prevent money laundering, we may search the files of credit reference agencies who will record any credit searches on your file. We may also disclose details of how you conduct your account to such agencies. The information will be used by other credit grantors for making credit decisions about you and the people with whom you are financially associated, for fraud prevention, money laundering prevention and occasionally for tracing debtors.

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

If you provide us with information about another person, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data will be processed.

## SECTION C:

### Operating your protection plan – continued

#### **C4.7 Data protection – continued**

You have the right to ask for a copy of the information that we hold on you, for which we are entitled to charge a small administrative fee.

If you have any queries as to how we will use your personal information or if you would like to receive our marketing communications by some but not all of the above methods, please:

phone us on 0845 6094 500  
email us on help@brightgrey.com  
or write to us at:  
Customer Care Team  
Bright Grey  
2 Queen Street  
Edinburgh  
EH2 1BG

#### **C4.8 Taxation**

If there is any change in any tax and other laws affecting us, the covers set out in your plan documents may be subject to change.

#### **C4.9 Contract**

The contract between you and Royal London consists of these terms and conditions, as amended from time to time, any additional terms and conditions detailed in the cover summary, key facts document we send to you when your plan starts and any endorsement. Where there is a conflict between these terms and any of the terms set out in the cover summary, those terms set out in the cover summary will prevail.

#### **C4.10 Mis-statement of age**

If when you took out your plan we were told the person covered is older than they really are we will reduce the payments to the amount that would have been charged if we had been told their correct age and refund any overpayment that has been made.

If when you took out your plan we were told the person covered is younger than they really are, we will reduce the amount of cover to the amount that would have been available if we had been told their correct age. This means that, on a claim, we will pay an amount which is lower than the amount shown on your cover summary.

#### **C4.11 Complaints**

We hope that you will never have reason to complain, but if you do, you can write to our Customer Care Team at:

Bright Grey  
2 Queen Street  
Edinburgh  
EH2 1BG  
phone us on 0845 6094 500  
email us at [help@brightgrey.com](mailto:help@brightgrey.com)

We will always try to resolve complaints as quickly as possible. If we are unable to deal with a complaint within 5 working days of your complaint being received by us, we will send you a letter to acknowledge your complaint and provide you with regular updates until your complaint is resolved.

We can provide you with more information about our complaint handling procedures on request.

We are committed to resolving complaints whenever possible through our complaints procedures. If a matter cannot be resolved satisfactorily you may be able to refer your complaint to the Financial Ombudsman Service.

We will send you a leaflet explaining the Financial Ombudsman Service if you make a complaint and the leaflet is also available on request. Alternatively the Ombudsman can be contacted direct at the following address:

Financial Ombudsman Service,  
South Quay Plaza,  
183 Marsh Wall,  
London,  
E14 9SR  
phone: 0845 080 1800  
email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

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

Their service is independent, free of charge and we will always abide by their decision.

If you make a complaint, it will not affect your right to take legal proceedings.

## SECTION C:

### Operating your protection plan – continued

#### **C4.12 If we cannot meet our liabilities**

Your plan is covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we are unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of the claim. The scheme covers most insurance contracts for 100% of the first £2,000 and 90% of the rest of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme.

#### **C4.13 Law**

The Law of England and Wales applies to this plan.

#### **C4.14 Notices of assignment**

If you assign any of your legal rights under the plan to someone else, we must see notice of the assignment. This notice must be sent to:

Customer Care Team,  
Bright Grey,  
2 Queen Street,  
Edinburgh,  
EH2 1BG

An assignment could take place when you are using the plan as security for a loan or the plan is put under trust.

#### **C4.15 Rights of third parties**

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



## **SECTION D: Definitions of the words we use**

### **AIDS**

For the purposes of this plan the definition of Acquired Immune Deficiency Syndrome shall be that used by the World Health Organisation at the time a claim is made.

### **Bright Grey**

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

### **Critical illness**

We will pay if the person covered is diagnosed with one of the following critical illnesses.

All diagnoses must:

- be made by a consultant at a hospital within the geographical limits shown in section C1 who is a specialist in an area of medicine appropriate to the cause of the claim;
- be the first and unequivocal diagnosis of the critical illness; and
- be confirmed by our Chief Medical Officer.

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

A definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

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

For the above definition, the following are not covered:

- other types of dementia.

#### **Aorta graft surgery – for disease**

The undergoing of surgery for disease 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.

## SECTION D: Definitions of the words we use – continued

### **Benign brain tumour – resulting in permanent symptoms**

A non-malignant tumour or cyst in 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,
- angiomas.

### **Blindness – permanent and irreversible**

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

### **Cancer – excluding less advanced cases**

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

The term malignant tumour includes leukaemia, lymphoma and sarcoma.

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 either borderline malignancy, or
  - having low malignant potential,
- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0,
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A,
- any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

### **Coma – resulting in permanent symptoms**

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

- requires the use of life support systems for a continuous period of at least 96 hours, and
- results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- coma secondary to alcohol or drug abuse.

### **Coronary artery by-pass grafts – with surgery to divide the breastbone**

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

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

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

### **Heart attack – of specified severity**

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

- typical clinical symptoms (for example, characteristic chest pain),
- new characteristic electrocardiographic changes,
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  - Troponin T > 1.0 ng/ml
  - AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- other acute coronary syndromes including but not limited to angina.

### **Heart valve replacement or repair – with surgery to divide the breastbone**

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

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

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment,
- a physical assault, or
- an incident occurring during the course of performing normal duties of employment,

after the start of the policy and satisfying all of the following:

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures,
- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident,
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus,
- the incident causing infection must have occurred in one of the countries listed in section C1.

For the above definition, the following is not covered:

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

## SECTION D: Definitions of the words we use – continued

### **Kidney failure – requiring dialysis**

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

### **Loss of hands or feet – permanent physical severance**

Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

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

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

### **Major organ transplant**

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, 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**

A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

### **Multiple sclerosis – with persisting symptoms**

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

### **Paralysis of limbs – total and irreversible**

Total and irreversible loss of muscle function to the whole of any 2 limbs.

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

A definite diagnosis of Parkinson's disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, the following is not covered:

- Parkinson's disease secondary to drug abuse.

### **Stroke – resulting in permanent symptoms**

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- transient ischaemic attack,
- traumatic injury to brain tissue or blood vessels.

### **Third degree burns – covering 20% of the body’s surface area**

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.

### **Traumatic head injury – resulting in permanent symptoms**

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

### **Date we assume risk**

The date we assume risk is the later of:

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

### **Irreversible**

Cannot reasonably be improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

### **Permanent**

Expected to last throughout life without prospect of improvement, irrespective of when the cover ends or the person covered retires.

### **Permanent neurological deficit with persisting clinical symptoms**

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life of the person covered.

Symptoms that are covered include:

- numbness,
- hyperaesthesia (increased sensitivity),
- paralysis,
- localised weakness,
- dysarthria (difficulty with speech),
- aphasia (inability to speak),
- dysphagia (difficulty in swallowing),
- visual impairment,
- difficulty in walking,
- lack of coordination,
- tremor,
- seizures,
- lethargy,
- 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, e.g. brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

## **SECTION D:**

### **Definitions of the words we use – continued**

#### **Royal London**

Means The Royal London Mutual Insurance Society Limited.

#### **Term of the cover**

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

#### **Terminal illness**

An advanced or rapidly progressing incurable illness where, in the opinions of an attending Consultant and our Chief Medical Officer, the life expectancy of the person covered is no greater than 12 months.

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

Means Bright Grey.

#### **You or your**

Means the plan owner or their legal successors except where a different meaning is given in a clause.



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