
Plan details for the Lifestyle Plus Protection plan (October 2013)

This booklet sets out the terms and conditions of your plan – how it works, what you 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 Plus Protection plan (October 2013)
- Any endorsements to these terms and conditions that we give you

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 Plus Protection plan. Not only will it give you all the details about the covers you've 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 gives 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 Plus Protection plan and want more detailed information.

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SECTION A:

About the Lifestyle Plus Protection plan

In this section we tell you about your plan, the options available and how you can tell us about changes. We give you an overview of the different covers that make up the Lifestyle Plus Protection plan and what options are available for these covers. Unlike the rest of the booklet, it's 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.
- You change your name.
- You change your address.
- You change your bank account.

It's also important that you tell us if there's a change to any of the answers to the questions within the application (including in relation to your health, occupation or leisure activities) between completing this form and the date we assume risk on your plan. We'll give you a copy of your application form, and any other information we've been given by you, if you ask us.

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
- 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

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

A2 The covers

The Lifestyle Plus Protection plan offers 3 covers. You can choose either Life Cover or Life or Critical Illness Cover to suit your own particular situation. In addition you can choose Payment Cover for Sickness. And as your needs change, you'll 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 that meets our definition.
Life or Critical Illness Cover	If someone dies, or is diagnosed with a terminal illness, critical illness or Total Permanent Disability that meets our definition.
Payment Cover for Sickness	If someone can't work because of illness or injury and meets our definition of incapacitated, we'll make their plan payments for them.

If you're deciding what cover you need, the first thing to do is choose one of Life Cover or Life or Critical Illness Cover and decide whether you would like to add Payment Cover for Sickness to your plan. You can find all the detail about these covers in this booklet.

SECTION A: About the Lifestyle Plus Protection plan – continued

A3 The options

The covers you can choose for your Lifestyle Plus 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	Payment Cover for Sickness	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 2 people are covered. 'First event' means we'll 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. The limit applies to the total amount of cover on all Lifestyle Plus Protection and Lifestyle Protection plans with us.
Minimum age when the cover starts	18	●	●	●	The youngest the person covered can be when the cover starts.
Maximum age when the cover starts	59		●		The oldest the person covered can be when the cover starts (attained age). O = Only available if your payments are reviewable.
	64	●	O	●	
Maximum age when the cover ends	69	●	●	●	The oldest the person covered can be when the cover ends (attained age).

A3 The options – continued

What can vary	The options	Life Cover	Life or Critical illness Cover	Payment Cover for Sickness	What the options mean
How we pay 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 (2-10%)	●	●		'Increasing' means the cover will go up each year by the rate agreed.
	Decreasing lump sum	●	●		'Decreasing' means the cover will go down in line with the mortgage repayment guarantee. Providing the term and amount of your cover is the same as the term and amount of your mortgage, we'll pay your outstanding mortgage.
Whether payments change or not	Guaranteed payments	●	●	●	'Guaranteed' means your payments into the plan won't change unless your cover changes.
	Reviewable after 5 years		●		'Reviewable' means we can review your payments and may change them.
Definition of Total Permanent Disability or incapacitated (section D)	Own occupation		●	●	'Own occupation' means the essential duties of your own occupation (see section D).
	Working tasks		●		'Working tasks' means common tasks to do with work (see section D).
	1 year own occupation			●	'1 year own occupation' means the essential duties of your own occupation for the first 12 monthly payments of cover together with the serious illness and everyday task definitions (see section D).

SECTION B: Paying claims

This section of the plan details sets out when we will and won't pay a claim and how much we'll pay.

B1.1 When we'll pay a claim

What's shown in your cover summary	When we'll pay a claim
If your cover summary shows you have Life Cover:	We'll pay a claim if the person covered (or if there are 2 people covered, either of them) dies or is diagnosed with a terminal illness during the term of the cover.
If your cover summary shows you have Life or Critical Illness Cover:	We'll pay a claim if, during the term of the cover, the person covered (or if there are 2 people covered, either of them): <ul style="list-style-type: none">• dies; or• is diagnosed with a terminal illness; or• is diagnosed with any of the critical illnesses listed in section D; or• is diagnosed with Total Permanent Disability - of specified severity, if Total Permanent Disability is shown on your cover summary; and• that diagnosis meets our definition of the illness or Total Permanent Disability.
If your cover summary shows you have Payment Cover for Sickness:	<p>We'll start paying this cover if the person covered (or if there are 2 people covered, either of them), is diagnosed as being incapacitated for longer than the deferred period (26 weeks), during the term of your cover.</p> <p>If there's more than one person covered and both people covered are diagnosed as being incapacitated at the same time, we'll only cover the payment once.</p> <p>We'll continue paying this cover until the earliest of the following events happens:</p> <ul style="list-style-type: none">• the person covered is no longer incapacitated;• the person covered returns to any work;• the cover ends; or• the person covered dies. <p>We may ask the person covered to be examined by a doctor or relevant allied health specialist of our choice. We may ask for any other reasonable evidence we need to consider the claim, or to confirm that the person covered remains incapacitated.</p>

B1.1 When we'll pay a claim – continued

What's shown in your cover summary

If your cover summary shows you have Payment Cover for Sickness: continued

When we'll pay a claim

Connected claims

A connected claim happens if we start to pay a claim and the person covered then goes back to work but has to stop work again within the next 52 weeks. We'll treat the further period of incapacity as a connected claim and start to pay the cover straight away provided that:

- the person covered didn't go back to work against the advice of their doctor;
- the person covered is incapacitated from the same cause as the original claim;
- the person covered is still working in the same occupation at the time the further period of incapacity starts; and
- you tell us within 2 weeks of the date the person covered stops work again.

The definition of incapacitated we'll use to assess a connected claim is the definition that would have applied if the 2 periods of incapacity had been a single period.

If your cover summary shows that the own occupation definition applies, we'll start to pay the cover again straight away.

If your cover summary shows that the 1 year own occupation definition applies and we'd paid 12 monthly payments of cover before the person covered returned to work, we'll only start to pay the cover again if the person covered meets the requirements of either the serious illness or everyday tasks definition of incapacitated.

If your cover summary shows that the 1 year own occupation definition applies and we hadn't paid 12 monthly payments of cover before the person covered returned to work, we'll use the 1 year own occupation definition until we've made 12 monthly payments of cover. We'll then reassess the claim and will only continue to pay the cover if the person covered meets the requirements of either the serious illness or everyday tasks definition of incapacity.

After we've paid a claim for Life Cover or Life or Critical Illness Cover, the cover is cancelled and we won't make any further payment.

SECTION B: Paying claims – continued

B1.2 When we won't pay a claim

What's shown in your cover summary

When we won't pay a claim

If your cover summary shows you have Life Cover:

We won't pay a claim if:

- the claim is for death and it's the result of intentional self-inflicted injury (defined in section D) within 12 months of the date cover started or the latest restart under section C2.3 (this doesn't affect the payment of the cover to any recognised lending institution to whom the plan has been assigned for mortgage or loan purposes);
- the claim is for terminal illness and the person covered doesn't meet our definition of terminal illness (defined in section D) or the diagnosis is made in the 12 months immediately before the date this cover ends; or
- it's the result of any excluded cause shown on your cover summary.

If your cover summary shows you have Life or Critical Illness Cover:

We won't pay a claim if:

- the claim is for death and it's the result of intentional self-inflicted injury (defined in section D) within 12 months of the date cover started or the latest restart under section C2.3 (this doesn't affect the payment of the cover to any recognised lending institution to whom the plan has been assigned for mortgage or loan purposes);
- the claim is for terminal illness and the person covered doesn't meet our definition of terminal illness (defined in section D) or the diagnosis is made in the 12 months immediately before the date cover ends;
- the claim is for critical illness or Total Permanent Disability - of specified severity and it's caused directly or indirectly from any of the following, which are defined in section D:
 - intentional self-inflicted injury;
 - alcohol or drug abuse;
 - criminal acts;
 - war and civil commotion;
- the person covered doesn't meet the definition of critical illness or Total Permanent Disability in section D;
- it's the result of any excluded cause shown on your cover summary; or
- the claim is for critical illness, unless you're living in or return to a listed country. The listed countries are defined in section D.

If your cover summary shows you have Payment Cover for Sickness:

We won't pay a claim if:

- the claim is caused directly or indirectly from any of the following, which are defined in section D:
 - intentional self-inflicted injury;
 - alcohol or drug abuse;
 - criminal acts;
 - war and civil commotion;
- it's the result of an excluded cause shown on your cover summary;
- the person covered doesn't meet the definition of incapacitated in section D;
- any medical or other evidence is not supplied when we ask for it; or
- the person covered is not resident in a listed country at the time of a claim, we'll only pay a claim for a maximum of 12 months unless they return to a listed country for the duration of the claim. The listed countries are defined in section D.

B1.3 How much we'll pay – Life Cover and Life or Critical Illness Cover

What's shown in your cover summary

How much we'll pay

Cover payable as a level lump sum

We'll pay the amount of cover shown on your cover summary.

Cover payable as an increasing lump sum

We'll pay whichever of the following amounts of cover is the greater:

- a) the amount shown on your cover summary;
- b) the amount we've written to tell you following an increase.

Cover payable as a decreasing lump sum, and the additional features show that the mortgage repayment guarantee applies

If

- you took out this cover in connection with a capital and interest loan or mortgage;
- the term of the loan or mortgage is the same as the term of the cover at the date cover started;
- the amount of the loan or mortgage was the same as the amount of cover shown on your cover summary on the date cover started; and
- if you change the amount or term of the loan or mortgage you also change the amount of cover or term of the cover by the same amount;

subject to the conditions below, we'll pay a lump sum equal to the amount outstanding under the loan or mortgage at the date the claim becomes payable less any arrears of capital or interest. You'll be liable for any arrears, as they're not covered under this plan.

SECTION B: Paying claims – continued

B1.3 How much we'll pay – Life Cover and Life or Critical Illness Cover continued

What's shown in your cover summary

How much we'll pay

Cover payable as a decreasing lump sum, and the additional features show that the mortgage repayment guarantee applies

The mortgage repayment guarantee won't apply if

- any of the above are not met;
- the loan or mortgage repayments have been suspended for a period, reduced or increased, other than as a result of an interest rate change; or
- you've repaid the loan or mortgage at the time of the claim.

If the mortgage repayment guarantee doesn't apply, we'll pay a lump sum equal to the amount that would have been outstanding on a capital and interest 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 6%; 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 enough to pay off the loan or mortgage if the mortgage repayment guarantee doesn't apply.

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

B1.3 How much we'll pay – Payment Cover for Sickness

What's shown in your cover summary

How much we'll pay

Payment Cover for Sickness

We'll make your plan payments for you.

SECTION C:

Operating your 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'll send you and send it back to us with any other documents we ask for
- 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'll tell you when you phone us which of these we need, and if we need anything else.

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

All diagnoses must:

- be made by a consultant at a hospital in a listed country (defined in section D) 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.

We'll restrict critical illness or Total Permanent Disability claims to certain parts of the world.

This means that if the person covered is not living or working in a listed country and you need to make a claim, the person covered may have to return to a listed country.

We reserve the right to stop paying a claim, or not to pay it, if you don't provide any evidence we ask for or the information that's provided is inaccurate or incomplete.

You must answer our questions in the application form honestly and in full to the best of your knowledge and belief. You agree to tell us if there's any change to any of the answers given in your application (including in relation to the person covered's health, occupation or leisure activities) or any information you provide between the date you complete your application form and the date we assume risk on your plan. If, when you make a claim, we find out the information you or the person covered gave us was inaccurate or incomplete, we may stop paying a claim, have to amend the terms of your cover, or at worst cancel your plan and not pay any claim.

SECTION C: Operating your plan – continued

C1.2 Who we'll pay the cover to

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

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

If the plan is under trust, we'll 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'll 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'll collect this on or shortly after the date the plan starts by direct debit, or any other means that we've 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 are payable on the same day each month as the day your plan starts.

C2.2 What happens if you don't make your payment

If you don't make your first payment, your plan won't start and you won't be covered.

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

C2.3 Restarting your plan

If we cancel your plan because you didn't make your payment, you may ask us to restart it. When you ask we'll tell you what we need to restart your plan. There may be times when we're not able to restart your plan and if this happens, we'll explain our decision to you.

SECTION C: Operating your 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 you make your payments on time your payment for this cover will stay the same unless you ask for a change to the cover.

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

We guarantee that provided you make your payments on time, your payment for this cover will stay the same apart from the changes described in section C2.5, unless you ask for a change to the cover.

Reviewable payments

We guarantee that your payments for this cover won't 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'll review the payment for this cover every 5 years.

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

These factors include:

- The future level of claims we pay
- The amounts of money we'll pay to reinsurance companies with whom we share the costs of claims
- The number of plan owners who give up their plans early
- Our expenses
- Inflation
- Investment returns
- Taxes
- The amount of money we need to hold as financial reserves

When we review your payment, we'll reassess these assumptions and consider whether the combined effect of changes to them has been better or worse than we'd assumed. We'll also assess what's likely to happen in future. We'll then work out how, and if, your payment for the cover needs to be adjusted (either upwards or downwards) to take account of this.

While your revised payment will always fairly reflect the changes to the factors, it may be significantly more than your original payment and there's no limit to how much the increase may be.

Any change will take effect from the anniversary of the date the plan started and we'll 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're making because we didn't accept your plan on standard terms

We'll tell you how much the increase is at least a month before the increase takes place.

C3 Changing your plan

C3.1 Increasing cover

This only applies to any cover that's 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 UK government's retail price index (or if that index is no longer available, such other index as we reasonably determine to be equivalent) over the 12 month period ending 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'll write to you at least a 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 don't want the amount of your cover to increase, you must tell us at least 5 days before the increase is due to take place and we'll cancel the increase. If we cancel 2 consecutive increases we won't offer you any further increases.

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 won't increase. We'll 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 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'll tell you what we need when you tell us how you want to change your plan.

You can't add a new cover or increase an existing cover if you're no longer resident in the UK.

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 doesn't 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 in this time we'll refund any payments you've made to us. You can cancel your plan by giving written notice to us at Bright Grey.

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

If you cancel, your plan will end on the day your next payment would otherwise be payable, and we won't refund any payments you've made to us. This means you'll still be covered by your plan until that date.

C4.4 Cash value

The plan doesn't have any cash value at any time.

C4.5 Payment of claims

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

C4.6 Interest

We'll 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 Exercise of discretion

We'll act reasonably and in good faith when exercising our discretion to make decisions that relate to your plan.

C4.8 How we use your personal information and verify your identity

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 and developing our products and services
- Improving our customer care
- Verifying your identity and preventing fraud
- Research and analysis
- Marketing
- Legal and regulatory reasons
- Administering your plan

This information may come from you directly, from your approved intermediary or from other sources such as your doctor or credit reference agencies with your consent. We'll keep your personal information for a reasonable time for these purposes and you consent to the overseas transfer of your information for these purposes.

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

We may share information about you with other companies within the Royal London Group, our service providers and agents and third parties such as auditors, underwriters, reinsurers, medical agencies, identity authentication and fraud prevention 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 won't 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 through your approved intermediary with further offers, promotions and information about our products and services that may be of interest to you. We won't do this where you've indicated on your application form for your plan that you don't want 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 and fraud prevention 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're financially associated, for fraud prevention, money laundering prevention and occasionally for tracing debtors.

We may monitor and record telephone calls and keep them for training and quality assurance and to ensure that we have an accurate record of your instructions.

If you give us information about another person, you confirm that they've appointed you to act for them to consent to the processing of their personal data (including sensitive personal data) and that you've told them who we are and how and why we'll use their personal data (as set out above).

SECTION C: Operating your plan – continued

C4.8 How we use your personal information – continued

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

If you have any questions about how we'll use your personal information, or if you'd like to receive our marketing communications by some but not all of the above methods, please:

phone us on 0845 6094 500

email us at help@brightgrey.com

or **write to us** at:

Customer Care Team

Bright Grey

2 Queen Street

Edinburgh

EH2 1BG

C4.9 When we may change the terms and conditions applying to your plan or cancel your plan

C4.9.1 We may make changes to the terms and conditions applying to your plan (including your payments to us) in the circumstances set out in sections C4.9.2 to C4.9.5 or we may cancel your plan in the circumstances set out in section C4.9.2. We will, where appropriate, take account of actuarial advice when we do so.

We'll normally give you 90 days' written notice of a change. This may not be possible for changes which are outside our control. We'll give you as much notice as we can in such circumstances.

C4.9.2 We may make changes to the terms and conditions applying to your plan (including your payments to us) or cancel your plan if:

- You don't tell us about any changes to any of the answers you gave in your application, or to information provided in relation to your application, between the date it was sent to us and the date we assume risk on your plan
- You don't provide your consent for us to ask for medical information within 6 months of the start of your plan from any doctor you've consulted about your physical or mental health to check the accuracy of any statement made in, or in connection with, your application
- Any question answered or any statement made in, or in connection with, your application is inaccurate or misleading and this affects our decision of what cover we're willing to provide under your plan
- You make a claim and we find that you've not told us something that affects your cover
- You don't keep your plan payments up-to-date

- C4.9.3 We may make changes to the terms and conditions applying to your plan (including your payments to us) that we reasonably consider are proportionate in the circumstances if, because of a change in legislation, regulation or established practice in relation to such legislation or regulations, or any relevant change or circumstance beyond our control:
- it becomes impracticable or impossible to give full effect to the terms and conditions applying to your plan;
 - failing to make the change could, in our reasonable opinion, result in Royal London's policyholders not being treated fairly; or
 - the way that we're taxed or the way that your plan is taxed is changed.
- C4.9.4 We may make changes to the terms and conditions applying to your plan (including your payments to us) that we reasonably consider won't adversely affect you. These may include, for example, changes needed to reflect new services or features that we wish to make available to you.
- C4.9.5 We may make changes to the terms and conditions applying to your plan (including your payments to us) if we become aware of any error or omission in this plan details booklet. We'll only make such changes to bring the plan details booklet into line with your cover summary or the key facts document relevant to your plan.

C4.10 Contract

The contract between you and Royal London consists of these terms and conditions, which we may amend as we reasonably consider is proportionate in the circumstances in accordance with sections C2 and C3 and clause C4.9, any additional terms and conditions detailed in the cover summary and any endorsement. Where there's 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.

C4.11 Mis-statement of age

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

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

C4.12 Change of occupation

You don't need to tell us if the person covered changes their occupation. We'll assess any claim based on their occupation immediately before the claim event happens.

SECTION C: Operating your plan – continued

C4.13 Complaints

We hope that you'll 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

We'll always try to resolve complaints as quickly as possible. If we're unable to deal with your complaint within 5 working days of receiving it, we'll send you a letter to acknowledge your complaint and give you regular updates until your complaint is resolved.

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

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

If you make a complaint we'll send you a leaflet explaining the Financial Ombudsman Service. The leaflet is also available on request or you can contact the Ombudsman direct at the following address:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
phone: 0800 0234 567 (free from a UK landline)
phone: 0300 1239 123 (free for mobile phone users who pay
a monthly charge for calls to numbers starting 01 or 02)
email: complaint.info@financial-ombudsman.org.uk
website: 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've acted wrongly and if you've lost out as a result. If this is the case they'll tell us how to put things right and whether this involves compensation.

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

If you make a complaint, it won't affect your right to take legal proceedings.

C4.14 If we can't meet our liabilities

Your plan is covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we're unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme.

C4.15 Law

The law of England and Wales applies to this plan.

C4.16 Notices of assignment

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

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

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

C4.17 Rights of third parties

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

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.

Alcohol or drug abuse

Inappropriate use of alcohol or drugs, including but not limited to the following:

- Consuming too much alcohol.
- Taking an overdose of drugs, whether lawfully prescribed or otherwise.
- Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.

Appropriate medical specialist

For the purposes of this plan is a consultant employed at a hospital in a listed country (defined in section D) who is a specialist in an area of medicine appropriate to the cause of the claim.

Bright Grey

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Covers

The different types of insurance you can choose within the Lifestyle Plus Protection plan, that is, Life Cover, Life or Critical Illness Cover and Payment Cover for Sickness.

Criminal acts

Taking part in a criminal act.

Critical illness

We'll pay if the person covered meets our definition of one of the following critical illnesses.

All diagnoses must:

- be made by a consultant at a hospital in a listed country (defined in section D) 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 are not covered:

- any other surgical procedure, for example the insertion of stents or endovascular repair,
- surgery following traumatic injury to the aorta.

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.

Permanent neurological deficit with persisting clinical symptoms is defined at page 33.

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, 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 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 (including cutaneous lymphoma) 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.

Permanent neurological deficit with persisting clinical symptoms is defined at page 33.

SECTION D: Definitions of the words we use – continued

Coronary artery bypass 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 bypass 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 plan 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 listed countries (defined in section D).

For the above definition, the following is not covered:

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

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, muscle rigidity and postural instability.

For the above definition, the following are not covered:

- Parkinson's disease secondary to drug abuse;
- other Parkinsonian syndromes.

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.

Permanent neurological deficit with persisting clinical symptoms is defined at page 33.

SECTION D: Definitions of the words we use – continued

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.

Permanent neurological deficit with persisting clinical symptoms is defined at page 33.

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.

Deferred period

The period during which the person covered must be ill or disabled before we'll pay any benefit. The deferred period is 26 weeks. It's also shown in the additional features section of your cover summary. We won't pay a claim under any cover until the end of its deferred period.

Endorsements

Documents adding additional information to an insurance plan to amend existing wording.

Full-time

The person covered must be in full-time (more than 16 hours each week) remunerative occupation.

Incapacitated for Payment Cover for Sickness

We'll pay if the person covered is diagnosed as being incapacitated. All diagnoses must:

- be made by a consultant at a hospital in a listed country (defined in section D) who is a specialist in an area of medicine appropriate to the cause of claim or allied health specialist relevant to the person covered's condition in order to assess function and restrictions and limitations; and
- be confirmed by our chief medical officer.

The availability of work is not a factor in assessing whether the person covered is incapacitated.

The additional features section of your cover summary shows which definition applies to each of your covers.

Own occupation definition of 'incapacitated'

Loss of the physical or mental ability, before age 65, through an illness or injury to the extent that the person covered is unable to do the material and substantial duties of their own occupation. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person covered's own occupation that can't reasonably be omitted or modified.

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

If the person covered is under the age of 65 and isn't in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity

the serious illness definition will apply .

If the person covered is under the age of 65, isn't in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity and does not meet the serious illness definition

the everyday tasks definition will apply.

If the person covered is age 65 or over at the start of a period of incapacity

the living tasks definition will apply.

If the person covered reaches age 65 while a cover is being paid

we'll reassess the claim at that time based on the living tasks definition. This might mean we stop paying the cover.

SECTION D: Definitions of the words we use – continued

1 year own occupation definition of ‘incapacitated’

Loss of the physical or mental ability, before age 65, through an illness or injury to the extent that the person covered is unable to do the material and substantial duties of their own occupation for the first 12 monthly payments of cover. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person covered’s own occupation that can’t reasonably be omitted or modified.

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

If the person covered is under age 65 and:

- isn’t in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity; or
- is in a full-time (more than 16 hours each week) occupation immediately before the start of a period of incapacity and has received 12 monthly payments of cover

the serious illness definition will apply.

If the person covered is under the age of 65, doesn’t meet the serious illness definition and:

- isn’t in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity; or
- is in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity and has received 12 monthly payments of cover

the everyday tasks definition will apply.

If the person covered is age 65 or over at the start of a period of incapacity

the living tasks definition will apply.

If the person covered reaches age 65 while a cover is being paid

we’ll reassess the claim at that time based on the living tasks definition. This might mean we stop paying the cover.

Serious Illness definition of ‘incapacitated’

If the person covered meets any of the following definitions we will continue to pay the cover whilst they are unable, before age 65, to work in their own occupation in any capacity.

- (a) Blindness – permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
- (b) Cancer – undergoing chemotherapy or radiotherapy in hospital or having received one of those treatments in hospital within the last 3 months.
- (c) Complete dependency – being totally incapable of caring for oneself, requiring 24 hour medical supervision in a hospital or nursing home.
- (d) Deafness – permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.
- (e) Dialysis – undergoing dialysis in hospital or having received the treatment in hospital within the last 3 months.
- (f) Organic brain disease – an organic brain disease or brain injury which:
 - affects the ability to reason and understand; and
 - the condition has deteriorated to the extent that continual supervision and the assistance of another person is required.
- (g) Terminal illness – a definite diagnosis by the attending Consultant of an illness that satisfies both of the following:
 - the illness either has no known cure or has progressed to the point where it cannot be cured; and
 - in the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

If the person covered is under age 65 and:

- isn't in a full-time (more than 16 hours each week) paid occupation immediately before the start of the period of incapacity; and
- doesn't meet any of the serious illness definitions above

the everyday tasks definition will apply.

If the person covered is age 65 or over at the start of a period of incapacity

the living tasks definition will apply.

If the person covered reaches age 65 while a cover is being paid

we'll reassess the claim at that time based on the living tasks definition. This might mean we stop paying the cover.

SECTION D: Definitions of the words we use – continued

Everyday tasks definition of ‘incapacitated’

Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 9 everyday tasks listed below.

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

The everyday tasks are:

- Sitting – sit in a chair for at least 30 minutes without unreasonable discomfort.
- Standing – stand and perform light tasks such as making a cup of tea, using one hand for support, for a period of at least 5 minutes.
- Walking – the ability to walk more than 200 metres on a level surface.
- Climbing – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- Bending – the ability to bend or kneel to touch the floor and straighten up again.
- Getting in and out of a car – the ability to get into a standard saloon car, and out again.
- Maintaining an ordinary UK driving licence – reasonable medical opinion prevents the person covered obtaining an ordinary UK driving licence.
- Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desk top personal computer keyboard.

If the person covered is age 65 or over at the start of a period of incapacity

the living tasks definition will apply.

If the person covered reaches age 65 while a cover is being paid

we'll reassess the claim at that time based on the living tasks definition. This might mean we stop paying the cover.

Living tasks definition of 'incapacitated'

Any illness or injury which:

- a) prevents the person covered from doing at least 3 out of the 6 living tasks even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons; or
- b) causes mental failure.

Mental failure means mental incapacity which:

- has failed to respond to optimal treatment and requires the need for continuous psychotropic medication; or
- is due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:
 - remember;
 - reason;
 - perceive, understand, express and give effect to ideas;

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

The living tasks are:

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

SECTION D: Definitions of the words we use – continued

Intentional self-inflicted injury

If the cause of the claim is the death of the person covered, intentional self-inflicted injury means in our reasonable opinion the most likely cause of death is that the person covered took his or her own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation.

If the cause of the claim is anything other than the death of the person covered, intentional self-inflicted injury means any injury the person covered has suffered that is in our reasonable opinion a result of his or her own deliberate act.

Irreversible

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

Listed country

Any one of the following countries:

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

Occupation

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

Ordinary UK driving licence

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

Permanent

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

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
- 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.

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

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

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

Total Permanent Disability for Life or Critical Illness Cover

We'll pay if the person covered is diagnosed as suffering Total Permanent Disability - of specified severity. All diagnoses must:

- be made by a consultant employed at a hospital in a listed country (defined in section D) who is a specialist in an area of medicine appropriate to the cause of the claim;
- be the first and unequivocal diagnosis of the Total Permanent Disability; and
- be confirmed by our chief medical officer.

SECTION D: Definitions of the words we use – continued

The additional features section of your cover summary shows which Total Permanent Disability definition applies to each of your covers.

Own occupation definition

Total permanent disability - unable before age 65 to do your own occupation ever again

Loss of the physical or mental ability through an illness or injury before age 65 to the extent that the person covered is unable to do the essential duties of their own occupation ever again.

The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person covered's own occupation that cannot reasonably be omitted or modified.

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

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

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

Total permanent disability - mental failure

Mental failure means irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

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

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

You don't need to tell us if the person covered changes their occupation. We'll assess any claim based on their occupation immediately before the claim event happens.

If the person covered is under age 65 but is not in a paid occupation at the time of a claim

the working tasks definition will apply.

If the person covered is over age 65 at the time of a claim

the living tasks definition will apply.

Working tasks definition

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

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

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

The working tasks are:

Walking - the ability to walk more than 200 metres on a level surface.

Climbing - the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting - the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending - the ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car - the ability to get into a standard saloon car, and out again.

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

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

Total permanent disability - mental failure

Mental failure means irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

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

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

If the person covered is over age 65 at the time of the claim

the living tasks definition will apply.

Living tasks definition

Total permanent disability - unable to look after yourself ever again

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

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

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

The living tasks are:

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

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.

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

Total permanent disability - mental failure

Mental failure means irreversible mental incapacity due to an organic brain disease or brain injury supported by evidence of progressive loss of ability to:

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

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

War and civil commotion

War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

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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