



Individual Protection

YourLife Plan Family Income Benefit

Cover Details



Chosen partner of



NFU Mutual

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Welcome to AIG

American International Group, Inc. (AIG, Inc.) is a leading international insurance organisation serving customers in more than 80 countries and jurisdictions. AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of AIG, Inc.

AIG Life Limited is the life insurance arm of AIG in the UK, Channel Islands, Isle of Man and Gibraltar. We provide financial and practical support for individuals, families and businesses when illness or injury threatens their life, lifestyle or livelihood.

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report (SFCR) available on our website www.aiglife.co.uk.



How to use this booklet

This booklet is the AIG Family Income Benefit Cover Details. It explains how your cover works.

If you've just taken out AIG Family Income Benefit, please read this booklet carefully and keep it in a safe place, along with your Cover Summary. These two documents and the Application Details make up your contract with us.

If you're thinking about taking out AIG Family Income Benefit, this booklet should be able to answer any questions you might have.

If you're taking out AIG Family Income Benefit to cover another person, section A explains how this changes the terms and conditions of the cover detailed in sections B, C and D.

If there's anything that isn't clear about the insurance you have purchased from AIG Life Limited or if you have any questions, please speak to your NFU Mutual financial adviser or call us on 0330 123 4467. If calling from outside the UK, please call +44 330 123 4467.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

AIG is the chosen partner of NFU Mutual

AIG is working with The National Farmers Union Mutual Insurance Society Limited, a mutual insurance company offering insurance, pension and investment products to over 900,000 customers.

Who provides AIG Family Income Benefit?

AIG Family Income Benefit is provided by AIG Life Limited. We specialise in protection insurance such as life insurance, critical illness and income protection cover.

The language we use in the Cover Details

'We', 'us' or 'our' means AIG Life Limited. 'You' or 'your' means the owner of the cover or, where appropriate, to anyone legally entitled to the policy payout - unless a different meaning is given in a particular paragraph of this document.

Look out for words in **bold**. These are all explained in section E.

Contact us

This document is available in other formats. If you would like a Braille, large print or audio version, please contact us:

Customer Services,
AIG Life Limited,
PO Box 12010,
Harlow CM20 9LG

Call us on:

 0330 123 4467

(calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks). If calling from outside the UK, please call **+44 330 123 4467**.

Email: nfumutual@aiglife.co.uk

We are open Monday to Thursday, 8.30am to 8pm and Friday, 8.30am to 5.30pm, except bank holidays. Please note these opening hours are UK local time.

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

Section A

Setting up the cover



A1 The owner of the cover

Throughout this section you and your means the **owner of the cover**.

If you apply for AIG Family Income Benefit on your own life, you will be the **owner of the cover**. If two people apply for **joint life cover** on both of their own lives, they will be joint **owners of the cover**.

If you apply for AIG Family Income Benefit to cover the life of another person or persons, you will be the **owner of the cover**. This means you will be the beneficiary of the **cover** in the event of a claim, unless you chose to assign the **benefit** or place it in trust.

Special conditions apply when you wish to take out AIG Family Income Benefit to cover another person. If there is a difference between the conditions detailed in sections B to D and the conditions in this section, the conditions in this section will apply.

A2 Who can take out AIG Family Income Benefit?

When **cover** is applied for, the **owner of the cover** must either be a British citizen or resident in the **UK, Channel Islands, Isle of Man or Gibraltar**, and the person covered must either be a British citizen, resident in the **UK, Channel Islands, Isle of Man or Gibraltar** or otherwise fulfil our overseas residency criteria.

You are considered resident if:

- You have indefinite leave to remain in the **UK, Channel Islands, Isle of Man or Gibraltar**; or
- You are an EU or EEA national living permanently, and have settled status, in the **UK, Channel Islands, Isle of Man or Gibraltar**; or
- You have resided in the **UK, Channel Islands, Isle of Man or Gibraltar** for the last 12 months, live there permanently and will continue to do so.

You must have an insurable interest in the person covered at the time you take out the **cover**. You will always have an insurable interest in your own life. In addition, you will always have an insurable interest in the life of your spouse or civil **partner**. You may also have an insurable interest in another person if you have a reasonable expectation of suffering a financial loss upon their death or illness. If you are not sure if you have an insurable interest in a particular person, you should ask your financial adviser for guidance.

Where the **owner of the cover** is different from the person covered, we may also ask for evidence of the insurable interest.

Section B

The cover



B1 AIG Family Income Benefit

When we will pay the **benefit**

When we will pay the **benefit** depends on the cover shown in the **Cover Summary**.

We will pay the benefit if any of the persons covered die or are diagnosed with a **terminal illness**.

Where payable, we will pay a monthly **benefit** for the remaining **term of the cover**.

For a **single life** policy, the **cover** stops after we have paid the **benefit**.

For a **joint life** policy, the **cover** stops after we have paid the **benefit** for one of the persons covered.

What we will base **benefit** payments on

We will base **benefit** payments on the amount shown in the **Cover Summary**. The amount of the **benefit** can change during the **term of the cover**. How the benefit changes is shown in the **Cover Summary**.

If you have chosen a level monthly **benefit**, we will pay the same amount of **benefit** each month. This will be the amount shown in the **Cover Summary**.

If you have chosen an increasing monthly **benefit**, we will pay the amount shown in the **Cover Summary** each month for the first year of the **cover**. Each year, on the anniversary of when the **cover** started, the amount of the monthly **benefit** will increase by 5% of the current monthly **benefit**. During a claim, the **benefit** we pay will continue to increase by 5% of the current monthly **benefit** each year.

We will write to you each year to tell you the new monthly **benefit** and the new **premium** that you will be paying.

Changing the monthly **benefit** to a lump sum

At the point of claim or while we are paying a monthly **benefit**, the **owner of the cover** or their personal representatives can ask us to pay a lump sum instead of a monthly **benefit**. The amount of this lump sum will not be as much as the remaining monthly **benefit** payments added together. We will explain what the lump sum would be when the **owner of the cover** or their personal representative asks us to change the **benefit**.

When we will not pay the **benefit**

We will not pay the **benefit** if any of the following apply:

- the person covered, the **owner of the cover**, or their personal representatives do not give us medical or other evidence that we ask for; or
- the diagnosis does not meet the criteria for our definition of a **terminal illness** or a **terminal illness** is not diagnosed by a **consultant** or is not expected to lead to death within 12 months; or
- we find the person covered or the **owner of the cover** or their personal representative has deliberately given us inaccurate, incomplete or false information on the application which would have affected our decision to offer this **cover**, or would have led us to offer it with different conditions; or
- the **cover** is no longer **active**; or
- the claim is caused by something that we have specifically excluded from this **cover** - this will be shown in the **Cover Summary**; or
- the **terminal illness** claim was not submitted while the **cover** was **active**, before the **cover** ended; or
- the person covered dies as a result of their own actions within one year of the **cover** start date or of them restarting the **cover**. Once the **cover** has been **active** for more than 12 months, if the person covered has asked us to increase the **monthly benefit** in the 12 months prior to them dying as a result of their own actions, no **benefit** will be payable in respect of this increase.

It is important that the information the person covered or the **owner of the cover** provides to us is true, accurate and complete. If any of the information provided to us is fraudulent, misleading or deliberately untrue, incomplete or inaccurate:

- the **cover** will be cancelled;
- we will not pay any **benefit**;
- any **benefit** that has already been paid under the **cover** must immediately be repaid to us; and
- any **premium** payments made for the **cover** will not be returned.

B2 Waiver of Premium

For extra protection, the **owner of the cover** can ask us to include Waiver of Premium in a **cover**. If Waiver of Premium is included in a **cover** and the person so covered is **incapacitated** for more than 26 weeks, we will waive the **premiums** due for that **cover**. Please note that **premiums** due in the first 26 weeks of being **incapacitated** will not be waived.

The **Cover Summary** will show if Waiver of Premium is included in a **cover** and when it ends. The remainder of this section only applies where Waiver of Premium is included in the **Cover Summary**.

For **joint life cover**, the **owner of the cover** can choose Waiver of Premium for one or both of the people covered.

When we will waive **premiums**

We will waive the AIG Family Income Benefit **premiums** if the person covered by Waiver of Premium is **incapacitated** for longer than 26 weeks. We will continue to waive the **premiums** until they are no longer **incapacitated** or until the Waiver of Premium end date as shown in the **Cover Summary**.

How much we will waive

We will waive the **premium** of any **cover** that includes Waiver of Premium.

If the person is covered by more than one **cover** with us, and they become **incapacitated**, we will only waive the **premiums** on those **covers** that include Waiver of Premium. This could mean that the total of all **premiums** is reduced rather than stopped.

When we will stop waiving premiums

We will stop waiving **premiums** when the earliest of the following happens:

- the person covered no longer meets the definition of **incapacitated** as applied when they first claimed; or
- they die; or
- we have paid the **benefit for terminal illness**; or
- either the **cover** ends or the Waiver of Premium end date is reached, as shown in the **Cover Summary**.

While we are waiving a **premium**, we can ask the person covered to see a doctor or health specialist of our choice, to help us confirm whether they still meet the definition of **incapacitated** that applies to them.

When we will not waive premiums

We will not waive **premiums** if any of the following apply:

- the person covered or their personal representatives do not give us medical or other evidence that we ask for; or
- the diagnosis does not meet the criteria for our definition of **incapacitated**; or
- the person covered is **incapacitated** but Waiver of Premium is not included in the **cover** for that person (this will be shown in the **Cover Summary**); or
- the claim is caused by something that we have specifically excluded from this **cover** (this will be shown in the **Cover Summary**); or
- the person covered does not satisfy the geographical restrictions set out in the 'Claiming a benefit' section; or
- we find the person covered or the **owner of the cover** has deliberately given us inaccurate, incomplete or false information on the application which would have affected our decision to offer this **cover**, or would have led us to offer it with different conditions; or
- the **cover** is no longer **active**; or
- Waiver of Premium has ended as shown in the **Cover Summary**.

Section C

Managing the cover



C1 Paying for the cover

When the **cover** is on the life of another basis, the **owner of the cover** may choose whether they or the person covered pays the **premiums**.

When the **premium** is paid

First **premium**

We will collect this by Direct Debit (via the BACS system) on, or shortly after, the date the cover starts. The Direct Debit must be from a UK, Channel Islands, Isle of Man or Gibraltar bank account. Premiums must be paid in sterling.

Regular **premium**

If a monthly **premium** has been selected, we will collect the **premium** on the same date each month. The person paying the **premium** can choose a date between the 1st and the 28th of the month that suits them. They will pay the **premium** every month, unless we accept a Waiver of Premium claim for the **cover**.

If an annual **premium** has been selected, we will collect the **premium** on the same date each year.

When the **premium** collection falls on a weekend or bank holiday, we will collect it on the next working day.

What happens if the **premium** is not paid?

If any **premium** remains unpaid for more than 30 days from the date it was due to be collected, we will cancel the **cover**. We will write to the **owner of the cover** and (if different) the person covered to tell them that the **cover** has been cancelled.

Restarting a **cover**

If we cancel a **cover** because a **premium** is not paid, the **owner of the cover** can ask us to restart it. They can do this at any time up to six months after the date of the first missed **premium**. We will have no obligation to restart a **cover** and if the **owner of the cover** asks us to do this, we will decide at our discretion if we are willing to restart the **cover**. If we are, we will tell them what we need in order to restart the **cover** and they must clear any **premium** arrears. There may be circumstances when we reserve the right not to restart a **cover**. If this happens, we will explain our decision.

When the **premium** could change

The **premium** could change if:

- the **owner of the cover** makes a change to the **cover**; or
- we accept a Waiver of Premium claim - see section B2;
- a Waiver of Premium claim ends; or
- it becomes subject to tax; or
- Waiver of Premium ends as shown in the **Cover Summary**, if this was selected when the **cover** started; or
- any of the information provided as part of the application process is incorrect - further details can be found in sections D8 and D13.

If the **cover** has an increasing **benefit**, the **premium** will be reviewed annually and will increase by a higher percentage than that of the **benefit**, because the amount of the increase of the **premium** will depend on the age of the person covered and the remaining **term of the cover** at that time.

We will write to the **owner of the cover** each year to tell them the new monthly **benefit** and the new **premium** that they will be paying. They do not need to accept the increase, but must advise us if they don't. If they do not accept the increase, we will not increase the **benefit**. However, if they decide to decline the increase for three consecutive years, they will no longer have the option of an increasing **benefit** under the **cover** in future years.

C2 Telling us about changes to personal details

The **owner of the cover** or the person covered needs to tell us if they change:

- their name; or
- their contact details (postal address, telephone number, email address); or
- their bank account.

We will ask them for their **cover** number when they call us. We will also ask them some questions to confirm their identity.

The owner of the cover or the person covered can:

- phone us on 0330 123 4467. If calling from outside the **UK**, please call +44 330 123 4467.
- email us at nfumutual@aiglife.co.uk
- write to us at AIG Life Limited, PO Box 12010, Harlow CM20 9LG

We are open Monday to Thursday, 8.30am to 8.00pm, and Friday 8.30am to 5.30pm, except bank holidays. Please note these opening hours are **UK** local time.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

We do not need to be told if the person covered changes their **occupation**.

C3 Changing a cover

There are many ways that a **cover** can be changed to make sure that it is still meeting the needs of the **owner of the cover**. All of the changes that can be made are explained in section C4.

The option to increase the monthly **benefit** is not available to everyone. This could be because, for example, the person covered has a particular medical condition when **cover** is first taken out.

Those options that are not automatically available to everyone have 'limited' after the heading. The **Cover Summary** will show whether these options are available. Before taking up any of these options, the **owner of the cover** should consider speaking to their financial adviser.

C4 Changing your AIG Family Income Benefit

The following sections explain how the **owner of the cover** can change their AIG Family Income Benefit **cover**.

Whenever a change is requested, we will send written confirmation once this has been processed.

1. Increasing the monthly **benefit** - limited

If this option is shown in the **Cover Summary**, the **owner of the cover** has the right to increase the amount of **cover** they have. They can do this up to 13 weeks after the person covered:

- marries or enters into a civil partnership; or
- has a **child** or legally adopts one; or
- increases their income as a result of a promotion or career change.

We will ask to see evidence of the event and, where the **owner of the cover** is different from the person covered, we may also ask for evidence of the insurable interest. Without this, we reserve the right to refuse to allow the increase.

The increase in **cover** cannot be more than 50% of the monthly **benefit** on the original policy or £625, whichever is lower.

If the increase is for an increase in income then the extra monthly **benefit** cannot be more than the increase in income.

More than one increase can be requested but the total of all increases must not exceed the monthly **benefit** of the original **cover** or £1,250, whichever is lower.

This option cannot be taken up:

- while we are waiving the **premiums**; or
- after the 55th birthday of the oldest person covered;
- in the last five years of the **term of the cover**;
- while we are paying a **benefit** under any **cover**;
- while the **owner of the cover** is in a position to make a claim under the **cover**; or
- if the person covered or the **owner of the cover** has received **benefit** payments under the **cover** in the last two years.

2. Reducing the monthly **benefit**

The **owner of the cover** can reduce the monthly **benefit** at any time, as long as the reduction doesn't mean that the monthly **benefit** falls below the minimum allowed. If they later want to increase the monthly **benefit**, the amount by which they'll be able to do so will be based on the new, lower monthly **benefit**, not the initial one.

3. Stopping and restarting the annual increase - limited

If the **owner of the cover** has an increasing monthly **benefit**, we will write to them each year to tell them the new monthly **benefit** and the new **premium** that they will pay. They can ask for the increases to stop at any time, and if they do, the monthly **benefit** will be frozen at the level it has reached when they ask us to stop the increase. They can ask us to start increasing it again, but we can't do this if:

- we are waiving the **premiums**; or
- the monthly **benefit** has been frozen for three consecutive years;
- we are paying a **benefit** under any **cover**;
- the **owner of the cover** is in a position to make a claim under the **cover**; or
- the person covered or the **owner of the cover** has received **benefit** payments under the **cover** in the last two years.

If the **owner of the cover** stops the annual increase and makes a claim within three years of the last increase that took place, the monthly **benefit** will increase during a claim.

If the **owner of the cover** stops the annual increase and restarts it again within three years, the monthly **benefit** will begin increasing again every year and will continue to increase during a claim.

If the **owner of the cover** stops the annual increase for three consecutive years, they cannot restart the annual increase. If the **owner of the cover** makes a claim, the monthly **benefit** will not increase during the claim.

4. Reducing the term of the cover

The **owner of the cover** can reduce the **term of the cover** at any time. They can reduce it by as much as they want, as long as the reduction doesn't mean:

- the new term is lower than our minimum term; or
- the **premium** would fall below our minimum level.

5. Adding another person to the cover

If the **owner of the cover** and person covered agree, they can ask us to change a **single life cover** to **joint life cover**. We will need information about the new person so we can decide whether to add them to the **cover**, and on what terms. The **premium** may increase if this change is made.

6. Changing a joint life cover to two single life covers - limited

If the **owner of the cover** and people covered agree, they can ask us to change the **cover** from **joint life cover** to two **single life covers**. They can do this providing it is within six months of separating and taking out new mortgages, however not in the last three years of the **cover**. We will ask to see evidence of the separation and the new mortgages. The total of the two new monthly **benefits** cannot be more than 100% of the monthly **benefit** under the **joint life cover**.

7. Changing how often a premium is paid

The **owner of the cover** can change from monthly **premiums** to annual **premiums** and vice versa. If they make this change, it will start from the date that their next **premium** is due to be collected.

How these changes affect the cost of the cover

If you change your **cover**, the **premium** may change.

Please contact us for details about how your **premium** may change.

Asking us to change the cover

To ask us to change their **cover**, the **owner of the cover** can:

- phone us on 0330 123 4467. If calling from outside the **UK**, please call +44 330 123 4467;
- email us at nfmutual@aiglife.co.uk, and
- write to us at AIG Life Limited, PO Box 12010, Harlow CM20 9LG

We are open Monday to Thursday, 8.30am to 8.00pm, and Friday 8.30am to 5.30pm, except bank holidays.

Please note these opening hours are **UK** time.

To make sure we have an accurate record of their instructions, we may record or monitor phone calls.

C5 Claiming a benefit

When to claim

We ask the person claiming to contact us as soon as possible.

For Waiver of Premium claims, we ask we are notified within eight weeks of the person covered becoming **incapacitated**.

How to make a claim

The **owner of the cover** can:

- phone us on 0345 600 6815. If calling from outside the **UK**, please call +44 1737 441 815.
- email us at claimsteam@aiglife.co.uk, and
- write to us at Claims Team, AIG Life Limited, PO Box 12010, Harlow CM20 9LG

We are open Monday to Thursday, 8.30am to 8.00pm and Friday, 8.30am to 5.30pm, except for bank holidays. Please note these opening hours are **UK** time.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

If we are considering a death claim, we will stop collecting **premiums**. If we are considering any other type of claim, **premiums** must be paid whilst it is being assessed. If the claim is paid, we will advise you if we can refund any of the **premiums** paid while we assessed the claim.

If the person claiming, the **owner of the cover** or the person covered does not give us the evidence we ask for, or the information they do give us is inaccurate or incomplete, we reserve the right to decline a claim or stop paying one. We will pay the reasonable cost of all medical reports or evidence we ask for.

Geographical restrictions

Some types of **cover** require the person covered, or the doctor that diagnoses them, to be in a particular part of the world when a claim is made or when we are paying a **benefit**.

For a death claim, the person covered can be anywhere in the world.

For **terminal illness** (where life expectancy is less than 12 months) the person covered can be residing anywhere in the world, however the **consultant** must be in an **eligible country**.

For Waiver of Premium claims, the person covered must be living in an **eligible country** when they become **incapacitated**. They must return to and remain in the **UK, Channel Islands, Isle of Man or Gibraltar** within 26 weeks of becoming **incapacitated** in order to receive the **benefit**.

We may consider claims that fall outside our geographical restrictions if we are satisfied that we are able to obtain sufficient and reliable information to allow us to fully assess the claim.

Support during a claim

If we have agreed that the person claiming may have a valid claim, we may pay up to £300 for services to support the person covered or their family. The services that are covered by this support payment will depend on the circumstances but could range from physiotherapy or counselling to the cost of taking taxis to hospital appointments.

We need to approve the services, and agree their cost, before they are used. Whether we approve the service depends on the situation of the person covered and the advice of their doctor. We will refund the cost as soon as we have received the receipts for the services that we agreed.

The claims adviser will explain the services that we can pay for.

Please remember that if we pay for support services, it does not necessarily mean we will approve a claim on your **cover**.

We will not pay for support services in relation to a Waiver of Premium claim.

Any payments made under the Claims Support Fund will not be deducted from the **benefits** payable.

Who we will pay the **benefit** to

We will pay the **benefit** to the person legally entitled to receive it. Who this will be depends on the nature of the claim, the circumstances at the time and whether the **cover** has been assigned or put under trust.

During the course of the claim assessment, we will establish and confirm who we identify as legally entitled to receive the **benefit**.

We will normally pay the **benefit** to the **owner of the cover** or their personal representatives, if the **owner of the cover** has died. Personal representatives need to send us the original Grant of Representation, Letters of Administration or Confirmation before we can pay any **benefit** to them.

If the **owner of the cover** has instructed us to pay the **benefit** to someone else by a deed of assignment, we will pay this **assignee**. **Assignee(s)** need to send us the original deed of assignment before we can pay any **benefit** to them.

If the **cover** is under trust, we will pay the **benefit** to the **trustee(s)**. The **trustee(s)** must then follow the terms of the trust to distribute the money to the chosen beneficiaries. **Trustee(s)** need to send us the original Trust Deed and any deeds altering the trust before we can pay any **benefit** to them. We will return these when we pay the claim.

How we will pay the **benefit**

We will pay any **benefit(s)** due under the **cover** in pounds sterling by direct credit (via the BACS system) into a **UK, Channel Islands, Isle of Man or Gibraltar** bank account nominated by the **owner of the cover**, the **trustee(s)**, the **assignee(s)** or their legal representative.

If the **claimant** wishes to receive the **benefit(s)** outside of the **UK, Channel Islands, Isle of Man or Gibraltar**, then arrangements for such transfer from the **claimant's UK** bank account must be made at the **claimant's** own expense. The **claimant** will bear the risk of any difference due to the currency exchange rates.

Section D

General terms and conditions



D1 Cancelling your cover

When your **cover** starts, we will send you information about your right to change your mind and cancel your **cover**. You have 30 days from the date you receive this information to cancel your **cover**. If you cancel your **cover** in this time we will refund any **premiums** you've paid to us, unless we have paid you a **benefit** before you cancel.

Should you not cancel your **cover** within this time period, your **cover** will remain **active** as set out in your **Cover Summary**.

You can stop your **cover** at any other time. Once you tell us, your **cover** will end on the day before your next monthly **premium** is due to be collected. Any **premiums** paid to date will not be refunded. If you are paying annual **premiums**, your **cover** will end on the day before the next monthly anniversary of the **cover**. We will retain the cost of any full (or partial) months of **cover** up to the date of cancellation and will refund any balance of the annual **premium**.

D2 Surrender value

The **cover** does not have any surrender value at any time.

D3 Inflation

The purchasing power of the **benefit(s)** paid out may be reduced in real terms, due to the effects of **inflation**. If the **cover** has an increasing monthly **benefit**, this may provide some protection against the effects of **inflation**, however this is not guaranteed. For further information on the effects of **inflation**, please speak to your financial adviser.

D4 Interest

If we start paying the **benefit** any later than eight weeks after we receive all the information we need, we will pay interest on the overdue amount from the date payment should have started. This will be at the Bank of England base rate at the time.

D5 Data protection

We are committed to protecting the privacy of customers, claimants and other business contacts.

In order to provide our products and services and to run our business, we will collect, use and disclose your personal information, including sensitive personal data (health information). Where we do this, we will rely either on your consent, or on a combination of the following justifications: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

“Personal information” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide personal information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their personal information with us.

Personal information we collect

Personal information we may collect about the **owner of the cover** or the person covered and their dependants includes:

- General identification and contact information;
- Family details;
- Sensitive information such as health and lifestyle details;
- Other sensitive information such as racial/ethnic origin, religious or other beliefs, sexual life, criminal proceedings – outcomes and sentences, offences/alleged offences; and
- Financial details: bank account details and other financial information.

How we use your personal information

We may use the personal information provided to us to:

- Make decisions about whether to provide insurance and assistance services (such as claim assessment, claim processing and claim settlement);
- Administer the policy, assess and pay claims, and general customer service activities (including complaint resolution and claims disputes);
- Detect, investigate and prevent crime, including fraud and money laundering;
- Carry out market research and analysis;
- Comply with applicable laws and regulatory obligations (including those outside your country of residence); and
- Market products and services of the **AIG Group**, unless you have specifically asked us not to in the application.

Sometimes, as part of our business operations, decisions are taken about you using automated computer software and systems. These decisions do not involve human input. For example, we use automated decision making to assess your eligibility for insurance and to determine the **premium** amount.

To opt-out of any marketing communications that we may send you, contact us by e-mail at DataProtectionOfficer@aiglife.co.uk or by writing to The Data Protection Officer, AIG Life, 58 Fenchurch Street, London, EC3M 4AB. If you opt-out, we may still send you other important service and administration communications relating to the services which we provide to you from which you cannot opt-out.

Where we may get personal information from

We may get personal information about the person covered or the **owner of the cover** from them, their financial adviser, or from other sources - for instance their doctor.

We may ask their doctor for information before we offer **cover**. We may also get a report from their doctor or telephone them for more information after the **cover** has started. If we find that we have been given incomplete, inaccurate or false information, we do not receive the report from their doctor or they are unavailable for interview, we reserve the right to cancel the **cover** within 13 weeks.

Who we will share personal information with

We may share personal information about the person covered or **owner of the cover** solely for the purposes listed above in 'How we use your personal information' with certain named third parties. These third parties are:

- **AIG Group** companies: AIG Life Limited is a member company of American International Group, Inc. As such, we have group companies throughout the world, both inside and outside Europe (for example, in the USA);
- Our reinsurers (a list of these reinsurers can be provided on request);
- Our external third party service providers (including medical screening service providers);
- Their financial adviser;
- Their own doctor and other medical consultants;
- Legal and regulatory bodies;
- Law enforcement and fraud prevention agencies; and
- Other insurance companies or organisations.

International transfer of personal information

Due to the global nature of our business, personal information may be transferred to parties located in other countries (including the USA, China, Mexico, Malaysia, Philippines and Bermuda) that have data protection regimes that are different to those in the country where you are based, including countries which have not been found to provide adequate protection for personal information by the European Commission.

When making these transfers, we will take steps to ensure that your personal information is adequately protected and transferred in accordance with the requirements of data protection law.

Security of personal information

Appropriate technical and physical security measures are used to keep your personal information safe and secure. When we provide personal information to a third party (including our service providers) or engage a third party to collect personal information on our behalf, the third party will be selected carefully and required to use appropriate security measures to protect the confidentiality and security of personal information.

Your rights

You have a number of rights under data protection law in connection with our use of your personal information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access personal information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your personal information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator.

Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy notice

For full details on how we use personal information, how we maintain the security of personal information, who we share personal information with, the data protection rights available to individuals in the European Economic Area (EEA), and who to contact in the event of any queries, please refer to our full privacy notice which can be found on our website (www.aiglife.co.uk/privacy-policy).

Alternatively, you may request a copy by writing to The Data Protection Officer, AIG Life, 58 Fenchurch Street, London, EC3M 4AB or by email at DataProtectionOfficer@aiglife.co.uk

D6 Taxation, laws and regulations

This contract between you and AIG, and any dispute or claim arising out of or in accordance with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by and interpreted in accordance with the **laws**.

By taking out this contract, the **owner of the cover** agrees to submit to the exclusive jurisdiction of the courts of England and Wales if there is ever a dispute between them and AIG Life Limited. **Laws** may change in future and AIG Life Limited cannot be held responsible for any information given or any changes in tax provisions or legislation.

Benefit(s) payable under this **cover** are normally free from Income Tax and Capital Gains Tax for **UK** residents. This may change if the **law** changes.

Professional guidance should be sought before any type of assignment or changed ownership is undertaken.

We cannot advise whether a trust is suitable in any particular circumstances or give tax advice in relation to the use of trusts and would recommend that you take professional advice before setting up a trust.

Cover held by the **trustee(s)** of a trust should not normally form part of the estate of the person covered for Inheritance Tax purposes. There is a potential Inheritance Tax charge when **benefit(s)** are paid out of a trust (known as 'exit charges') or on every tenth anniversary of the creation of the trust (known as 'periodic charges'). This applies to **UK** residents only.

Claimant(s) who are outside of the **UK** when **benefit(s)** are received may also be subject to additional taxation in the local jurisdiction. Please consult your tax adviser or local tax inspector for clarification. If there is any change to tax and other **laws**, or **State Benefits**, AIG Life Limited may change the terms and conditions set out in the **cover** documents in order to comply with such **laws**.

D7 Contract

The contract between the **owner of the cover** and AIG Life Limited consists of:

- any information provided by the person covered or the **owner of the cover** in their application and any subsequent information they have provided;
- these terms and conditions, which we may amend from time to time;
- any additional terms and conditions detailed in the **Cover Summary** that we send when their **cover** starts; and
- any additional terms and conditions detailed in any subsequent **Cover Summary**.

The contract between the **owner of the cover** and AIG Life Limited as described above constitutes the entire agreement and understanding between the parties and supersedes and extinguishes all previous drafts, agreements, arrangements and understandings between them, whether written or oral, relating to its subject matter.

If there is a conflict between these terms and any of the terms set out in the **Cover Summary**, the terms set out in the **Cover Summary** will take precedence.

If any court finds that any provision of the **Cover Summary** or any other document embodying the contract between the **owner of the cover** and AIG Life Limited (or part thereof) is invalid, illegal or unenforceable that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the **Cover Summary** or any other document embodying the contract between the **owner of the cover** and AIG Life Limited shall not be affected.

D8 Misstatement of age

If, after the **cover** is taken out, we learn that the person covered has a different date of birth than the one originally stated by you, this will impact on the **premium** and/or monthly **benefit** of their **cover**.

In some cases this may affect their right to the **cover** or your cover may be cancelled. It may also affect how we have interpreted medical evidence, which may result in a claim not being paid or the **benefit** being reduced.

D9 Complaints

If the **owner of the cover**, the person covered or any person to whom the **benefit** of the **cover** has been assigned has a complaint, they can contact our customer care team as detailed on page two of this document.

We will try to resolve complaints as quickly as possible. If we can't deal with a complaint promptly, we will send them a letter to acknowledge it and then give them regular updates until it is resolved.

We are committed to resolving complaints through our own complaints procedures. However, if a matter cannot be resolved satisfactorily, the person with the complaint may be able to refer their complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service helps settle disputes between consumers and financial firms. Their service is independent and does not cost anything. They can decide if we have acted wrongly and if the person with the complaint has lost out as a result. If this is the case they will tell us how to put things right and whether we have to pay compensation.

If a complaint is made, we will send them a leaflet explaining more about the Financial Ombudsman Service. The leaflet is available at any time on request. Alternatively, the Financial Ombudsman Service can be contacted at the following address:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR.

Telephone 0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). If calling from outside the **UK**, please call +44 20 7964 0500.

Email: complaint.info@financial-ombudsman.org.uk Website: www.financial-ombudsman.org.uk

If the person covered makes a complaint, it will not affect their right to take legal proceedings.

D10 If we cannot meet our liabilities

The Financial Services Compensation Scheme (FSCS) is designed to pay compensation if a firm is unable to pay claims, because it has stopped trading or been declared in default.

Before looking to pay compensation, the FSCS will first see if they can arrange for your current policy to be maintained. They may arrange for your policy to be transferred to another insurer or provide a new policy. If this is not possible, the FSCS aims to provide compensation.

Most of our customers, including most individuals and small businesses, are covered by the FSCS.

Whether or not you can claim, and the amount you could claim, will depend on the specific circumstances of your claim. The FSCS will pay 100% of the value of the claim. There is no upper financial limit on the amount of the payment.

You can find out more about the FSCS, including eligibility to claim, by visiting its website www.fscs.org.uk. Alternatively, you can contact the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU.

Telephone: 0800 678 1100 or 020 7741 4100. If calling from outside the **UK**, please call +44 20 7741 4100.

Email: enquiries@fscs.org.uk

Please be aware that the rules of the FSCS may change in the future, or FSCS may take a different approach on their application of the above, depending on the circumstances.

D11 Assignment

If the **owner of the cover** assigns any of their legal rights under the **cover** to someone else (including any assignment to the **trustee(s)** of a trust), we must see notice of the assignment. This notice must be sent to:

AIG Life Limited, PO Box 12010, Harlow CM20 9LG

An assignment could take place when they are using the **cover** as security for a loan.

D12 Rights of third parties

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

The **owner of the cover** and AIG Life Limited are the parties to the contract.

D13 Disclosure confirmation and verification

The person covered will be asked to provide details of their health and personal circumstances. The person covered and the **owner of the cover** must provide full, honest and accurate answers to all questions asked. Furthermore, subject to what we say in section 'Telling us about changes to personal details' we must be told immediately if the information in the **Application Details** is not correct as this may affect the **cover**.

The information provided to us by the person covered is confidential and we will not disclose it to the **owner of the cover** without their permission. We will send to the person covered details of their answers and a copy of their **Application Details**, and ask them to advise us of any corrections or additions they wish to make. If they do not answer our questions fully and honestly, this may result in us refusing any future claim.

We will provide the **owner of the cover** and the person covered with a **Cover Summary** which will include information on any exclusions made as a result of the health information provided by the person covered.

We may select the application for a disclosure check. To complete the check, we will either obtain a report from the doctor of the person covered, or call them for further information or perform data checks. If we have selected it for a check, the person covered must give permission for us to contact their doctor if required, and use all reasonable endeavours to ensure we are able to complete the check. If we have requested any additional information from the **owner of the cover** or person covered they must provide it within 30 days.

If they do not respond to a request from us within 13 weeks for medical evidence or 30 days for other information, we will cancel the **cover**.

D14 Economic sanctions

We will not be responsible or liable to provide **cover** (including payment of a claim or provision of any other **benefit**) under this policy if we are prevented from doing so by any economic sanction which prohibits us or our **Parent Company** (or our **Parent Company's** ultimate controlling entity) from providing cover or dealing with you under this policy.

Economic sanctions change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freezing the assets of a government, the corporate entities and residents of a sanctioned country, or freezing the assets of specific individuals or corporate entities. This means that if you, or any third party who has suffered a loss which would otherwise be covered under the **cover**, are the subject of an economic sanction we may not be able to provide **cover** under the policy.

D15 Restricted persons

This **cover** will not cover any injury, loss or expense sustained directly or indirectly by any person covered who is in a terrorist organisation, narcotics trafficker, or seller of nuclear, chemical or biological weapons.

Section E

Definitions

An explanation of the terms we use across AIG Family Income Benefit (please note these definitions are not case sensitive).

Active

The **cover** has started, is within its term, **premiums** are up-to-date and we have not written to the person covered or the **owner of the cover** to tell them that they are no longer covered.

AIG Group

Any wholly or partly owned, direct or indirect subsidiary of American International Group, Inc.

Application Details

A copy of all the information provided by the person covered and (if applicable) the **owner of the cover** in the application.

We must be told immediately if the information in the Application Details is not correct as this may affect the **cover**.

Assignee

A person to whom this **benefit(s)** is legally transferred.

BACS

A scheme for the electronic processing of direct debits and direct credits.

Benefit

Any payments the **claimant** receives from AIG Life Limited.

Channel Islands

The Island of Jersey and the Island of Guernsey.

Child

Anybody between 30 days and 21 years old who is:

- a natural child of the person covered or their **partner**; or
- legally adopted by the person covered or their **partner**; or
- a legal stepchild of the person covered following their marriage or civil partnership.

Claimant

The person(s) legally entitled to claim the **benefit(s)** under the **cover(s)**. This may be the **owners(s) of the cover**, **trustee(s)** on behalf of the trust and for the benefit of the beneficiaries, **assignee(s)** or personal representatives of the **owner(s) of the cover's** estate.

Consultant

A consultant doctor who:

- specialises in an area of medicine appropriate to the cause of the claim;
- is employed at a hospital in an **eligible country**; and
- is treating the person covered for their condition.

All diagnoses made by a consultant must be confirmed by our Consultant Medical Officer.

Cover/covers

Any policy provided by AIG Life Limited.

Cover Summary

This is a document we send to the person covered or to the **owner of the cover** once we have agreed to offer them a **cover**. It explains any special conditions which apply to the **cover**, for example if there are any illnesses which are usually part of the **cover** but which we can't cover them for, and whether or not they have the automatic right to ask for an increase in the monthly **benefit** should their circumstances change.

Daily Activities

These are the things people need to do in everyday life. We refer to these as **work tasks**. See **work tasks** for further information.

Eligible country

An eligible country is one of the following:

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

Incapacitated

There are three different ways we define incapacitated in relation to the person covered.

These are based on their ability to do:

1. their **own occupation** - the kind of job they did before they had to stop **work**;
2. their **suited occupation** - the kind of job they could do; and
3. their **work tasks** (also known as **daily activities**) - the things people need to do in everyday life.

Which of these three definitions applies to the person covered depends on:

- whether they are in paid **work**; and
- what kind of **work** they do.

The **Cover Summary** shows which definition applied to the person covered when the **cover** was taken out. If their circumstances change, a different definition may apply. For instance, if the person covered is aged under 70 and is not in paid **work** when they become incapacitated, a **work tasks** definition will apply.

In all cases, their incapacity must be confirmed by appropriate medical evidence and agreed by our Consultant Medical Officer.

Inflation

Inflation is the rise in the general level of prices in goods and services over a period of time. As inflation rises, the real value of your money, and the **benefit(s)** provided by your **cover**, may fall because you may be able to afford less with the same amount.

Joint Life

Cover for two people with the **benefit** payable once.

Laws

The law of England and Wales.

Occupation

A trade, profession or the 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.

Own occupation

The person covered is not doing any paid **work** and has been diagnosed with an illness, injury or disability which prevents them from doing the essential duties of their own occupation. The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's own occupation that cannot reasonably be omitted or modified.

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

Owner(s) of the cover

A person or two persons that enter into a contract for **cover** to insure their lives or the life of another person on the basis of an insurable financial interest in that person.

Parent Company

The legal entity that owns or controls AIG Life Limited as defined by the laws applicable to the jurisdiction within which the legal entity resides.

Partner

Someone the person covered is married to or in a civil partnership with, or someone they have been living with for a minimum of two years as if they were married or in a civil partnership.

Premium/premiums

The monthly or annual payment to AIG Life Limited for AIG Family Income Benefit.

Single life

Cover for one person.

State Benefits

A payment made by the government of the state where the **claimant** resides.

Suited occupation

The person covered is not doing any paid **work** and has been diagnosed with an illness, injury or disability that:

- in the first 12 months following the date they stopped **work**, totally prevents them from doing the essential duties of their **own occupation**. The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's **own occupation** that cannot reasonably be omitted or modified;
- after they have been off **work** for more than 12 months, totally prevents them from doing the essential duties of a suited occupation.

A suited occupation means one they could do for profit or pay taking into account their employment history, knowledge, transferable skills, training, education and experience, and is irrespective of location and availability.

Term of the cover

How long the **cover** lasts. In other words, the period between the date the **cover** starts and the date it ends as shown in the **Cover Summary**.

Terminal illness - where life expectancy is less than 12 months

A definite diagnosis by the attending **consultant** of an illness which 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.

A claim will be considered where terminal illness is diagnosed and this definition is met at any time up to the day **cover** ends, provided a claim has been submitted while the **cover** is still **active**, before the **cover** ends.

Trustee

A person, often one of a group, who becomes the legal owner of the trust assets (in this case, the policy and its proceeds) and who has powers to deal with the trust assets in accordance with the terms of the trust and the duties imposed by **law**.

UK

The United Kingdom consisting of England, Wales, Scotland, and Northern Ireland.

Work

Paid employment or self-employment.

Work Tasks

The person covered has been diagnosed with an illness, injury or disability which prevents them from doing at least three out of the six work tasks, also known as **daily activities**.

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

The work 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.

In addition to the above, we will pay the **benefit** where the person covered meets the following definition:

Mental failure

A current mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:

- remember;
- reason; and
- perceive, understand and give effect to ideas, which causes a significant reduction in mental and social functioning, requiring continuous supervision. A **Consultant** Neurologist or Psychiatrist needs to make the diagnosis.

Or

Where the person covered is unable to meet both of the following definitions, or one of the following definitions and one work task:

Seeing

The ability to see well enough to read 16-point print using glasses or other reasonable aids.

Communicating

The ability to:

- Clearly hear conversational speech in a quiet room in your first language;
- Understand simple messages in your first language; or
- Speak with sufficient clarity to be clearly understood in your first language.

For the above definitions, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.



www.aiglife.co.uk

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EDCO2150-0121