

Policy Summary of Life Insurance+



Keep this document safe

This summary gives you an overview of what a **Life Insurance+** policy is. It isn't the full details. We'll start with the basic information on the next page, then give you more detail in the rest of the document.

For the full terms of the policy, have a look at the separate document, called the '**policy conditions**'.

If you buy this policy, we'll send you a third document – the '**policy schedule**'. This will be personalised to you, so it'll show you what's included in your particular policy.

The basics

Money if you die or get ill

If you die while you have a **Life Insurance+** policy, we'll pay out a lump sum or a monthly amount.

You can choose life cover or life and critical illness cover. With life cover, we'll pay if you die while you have a policy. With life and critical illness cover, we'll pay if you die or you're diagnosed with one of our list of critical illnesses. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.

Both kinds of cover include terminal illness cover. This pays you a lump sum if you're diagnosed with a terminal illness that meets our definition.

Because the policy relates to your health, when you apply you'll have to answer some questions about your health and lifestyle – fully, truthfully and accurately. If you don't, we may amend or cancel your policy, or we may not pay a claim.

You need to regularly review the cover you've got to make sure it still meets your needs.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

Choose how much we pay and how we pay it

You can choose whether your cover amount stays the same or changes.

If you select level cover it will stay the same until the end of your policy. The cover amount could be used to leave money for your loved ones.

If you choose decreasing cover it'll reduce each month. This can be a good option to cover the reducing amount you might owe on a capital and interest repayment mortgage or other loans.

Increasing cover can help your cover keep track with the cost of living. It can automatically increase each year. Your premium may also increase.

During the policy term you pay us money every month – your premium. If you stop paying your premiums or cancel the policy, you won't be covered, and you won't get any money back.

Choose who we cover

You can choose to cover one person or two people – a single policy or a joint policy. With a joint policy, the two people can have different cover. So, one could have life cover and the other could have life and critical illness cover.

If you want to, you can use your policy – single or joint – to cover someone else. But in this summary, we assume you are the policyholder and are using it to cover yourself.

Choose to add different benefits, or upgrade your cover

You can choose to pay more to add different benefits, if you want to. And with life and critical illness cover, you can also choose to pay more to upgrade.

There are different policy terms and age limits, depending on the options you choose.

Contents

Choose between two kinds of cover		Upgraded children's benefit	
Life cover	Page 5 ►	Upgraded Children's critical illness	Page 18 ►
Life and critical illness cover		Child extra care cover	Page 19 ►
		Advanced illness	
Choose how you're covered		You can pay to add extra benefits	
Level cover	Page 6 ►	Fracture cover	Page 20 ►
Decreasing cover		Global treatment	
Family income cover		Waiver of premium	Page 21 ►
Increasing cover		Total permanent disability	
		Extra care cover	Page 22 ►
Your premiums		Summary of the benefits and upgrades	
Guaranteed premiums	Page 8 ►	Life cover	Page 23 ►
Reviewable premiums		Life and critical illness cover	Page 24 ►
Benefits available at no extra cost		Maximum ages for each kind of cover	
Life change benefit	Page 9 ►		Page 25 ►
Separation benefit		Things to think about	
House purchase cover			Page 26 ►
		Protection promise	
Life and critical illness cover			Page 27 ►
Critical illnesses overview	Page 10 ►	Law, compensation and tax	
Critical illnesses cover as standard	Page 12 ►		Page 28 ►
Additional critical illnesses	Page 13 ►	If you need to complain	
			Page 29 ►
Children's benefit		Contact us	
Children's critical illness benefit	Page 14 ►		Page 30 ►
Children's hospital benefit			
Children's death benefit			
Upgraded critical illness benefit			
Upgraded critical illness	Page 15 ►		
Upgraded additional critical illness	Page 17 ►		

Choose between two kinds of cover

Who can have it

To get a **Life Insurance+** policy, at the time you complete the application, both you and the life covered must:

- be in the UK, the Channel Islands, the Isle of Man or Gibraltar, with a legal right to live in that jurisdiction, and
- consider your main home as being in the UK, the Channel Islands, the Isle of Man or Gibraltar and have no current intention of moving anywhere else permanently.

For more information on this, have a look at the eligibility section in your policy conditions.

Your policy term can be between one and 50 years, either in whole years or until you reach a specific age. The age depends on the kind of cover you have. Have a look at the table on page 24 to see the age ranges for all the options.

You can choose life cover or life and critical illness cover. The main benefits of each are described below.

With a joint policy, the two people can have different cover. So, one could have life cover and the other could have life and critical illness cover.

Life cover

With life cover, we pay a death benefit if you die during your policy term. Except we won't pay it if you die in the first 12 months of the policy term because of suicide or intentional, self-inflicted injury.

Life and critical illness cover

Life and critical illness cover pays out if you die during the policy term. It also includes cover for you if, during the policy term, you're diagnosed with one of our list of critical illnesses, and you survive for at least 10 days. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. We only cover the critical illnesses we define in our policy and no others. We won't pay out if you die in the first 12 months of the policy term because of suicide or intentional, self-inflicted injury. You'll find more about the critical illnesses we cover in the section starting on page 10. You can find the criteria you need to meet to make a claim in your policy conditions.

Both kinds of cover include terminal illness cover

This pays the cover amount if you're diagnosed with a terminal illness that meets our definition during the policy term and an attending consultant doesn't expect you to live longer than another 12 months. You can find more information in your policy conditions.

Choose how you're covered

You have three choices.

1 Level cover

We'll pay a lump sum. The size of the sum stays the same throughout the policy term.

2 Decreasing cover

We'll pay a lump sum. The size of the sum goes down every month, at a rate set when you apply for your policy. The usual reason for choosing decreasing cover is so that your lump sum roughly keeps track with what you have left to pay back on a loan, like a repayment mortgage.

3 Family income cover

We'll pay equal monthly amounts until the end of your policy term.

You could also add 'increasing cover'

Because inflation might reduce the value of your cover over time, you might want to add increasing cover. There are two kinds of increasing cover.

1. Fixed increasing cover

You can add fixed increasing cover if you have level cover or family income cover.

Your cover amount will automatically go up every year. You can choose whether it goes up by 3% or 5%.

If you have level cover, your premiums will go up each year by 4.5% or 7.5%.

If you have family income cover, your premiums will stay the same. If we're paying your cover amount, we'll keep increasing the monthly cover amount until the end of your policy term.

Example of increasing cover:

Max, 34 has a £200,000 increasing cover Life Insurance+ to last 25 years. They pay £20.00 a month.

After the first year the Retail Prices Index (RPI) has increased by 2.5%

Their cover amount increases by 2.5%.

$\text{£200,000} \times 2.5\% = \text{£5,000}$

$\text{£200,000} + \text{£5,000} = \text{£205,000}$

Their premium increases by the change in RPI and the factor we apply.

$\text{£20.00} \times 2.5\% \times 1.5 = \text{£0.75}$

$\text{£20.00} + \text{£0.75} = \text{£20.75}$

2. Index-linked increasing cover

You can add index-linked increasing cover if you have level cover.

Your cover amount will automatically go up every year, in line with any increase in the Retail Prices Index (RPI), up to a maximum of 10%.

Your premiums will also go up at 1.5 times the rate of the RPI increase. So your premiums will go up by a maximum of 15%. If the RPI doesn't go up, your cover amount or premiums won't either.

Choose how you're covered

You could also add 'increasing cover' (continued)

Whichever kind of increasing cover you have, if one year you don't want your cover or your premiums to go up, you can skip an increase. Your benefit and your premiums will stay level that year. If you do this three years in a row, we'll take increasing cover off your policy. That means we won't automatically increase your benefit or premiums after that. You won't be able to add increasing cover back on to your policy later.

If you have increasing cover, your extra benefits will also increase apart from fracture cover, global treatment, hospital benefit and children's hospital benefit.

We'll only pay your full cover amount once

If we accept a claim, we'll pay you in the way you've chosen and your policy will end. This is also the case for a joint policy.

There's an exception to this, if you have the option called '**extra care cover**', which is available with life and critical illness cover. Have a look at that section, on page 21, to see how it works.

Your premiums

Your monthly premiums depend on what type and amount of cover you choose, as well as your personal circumstances, which can include factors such as your age, occupation, health, lifestyle, and smoking habits.

When you first apply for a policy, we quote you a premium for the benefits you've asked for. If the premium and benefits are still the same after the application process, and if we haven't applied any exclusions, you'll be on our standard terms.

If you have life cover you'll have guaranteed premiums. With life and critical illness cover you can choose from guaranteed premiums or reviewable premiums.

Guaranteed premiums

The amount you pay is the same every month, unless you choose level with increasing cover. If you do your premiums will go up. But they'll only go up in a set way, at the rate you've chosen.

The only other way your premium would go up is if you've chosen an extra called 'global treatment', which we explain on page 19. Global treatment renews every three years, so your premium might change then.

Reviewable premiums

We'll review your premium every five years to check if you're paying the right price for the cover you've chosen. We'll look at things like our claims experience, medical advances, changes in the law and the insurance industry to decide whether your premiums should change. We'll decide whether they should go up, down or stay the same. We don't look at things like your age or your health as part of this review.

If your premium goes up and you don't want to pay it, you can keep your premium as it is and bring down your cover amount.

If one of the benefits you choose ends before the end of your policy term, we'll reduce the amount of premium you have to pay.

Benefits available at no extra cost

Whether you have life cover or life and critical illness cover, you may be eligible for some additional benefits at no extra cost. We'll confirm this in your policy schedule.

For some of these you have to be within a certain age range. We've put all the age ranges in a table on page 24.

Increase your cover amount if your life changes in a big way

This is called life change benefit.

Once your policy is up and running you might want to increase your cover to keep up with the big changes in your life.

For certain life events we can increase your cover without you having to complete any extra health and lifestyle questions. This includes things like getting married or entering into a civil partnership, becoming a parent or taking out a new mortgage.

There are other life events we can consider and you can find full details of these, how much cover we can offer and any limitation within the policy conditions.

Split your joint policy if you need to

This is called separation benefit.

At some point you might want to split your joint policy if you separate from the other policyholder or rearrange your mortgage into one name. If you both agree, you can cancel the joint policy and one or both of you can take out a new single policy. You won't need to answer any extra health and lifestyle questions.

The cover amount on each new policy can be as much as the cover amount on your existing policy, at the point when you split it.

There are some limits on how and when you can use this benefit, so please read your policy conditions for more information. If you're not accepted on our standard terms when you take out your cover you won't get this benefit.

Free life cover while you're buying a house

This is called house purchase cover.

If you're looking to take out life cover because you're buying a house we can offer you free cover before your policy starts during the house purchase process, which will pay out if you die. The cover starts when we've accepted your application, you've given us a start date and you've exchanged contracts (or completed missives in Scotland).

It covers you for the lower of

- the amount you've applied for
- the price of the house you're buying, or
- £500,000.

The free cover ends after 90 days or on the date of completion (in Scotland, date of entry), or the start date of the policy, whichever comes first. Once a claim is made the policy will end.

Life and critical illness cover

If you choose life and critical illness cover we'll cover you for 32 critical illness conditions, two additional critical illness conditions and children's benefit as standard.

You can tailor your life and critical illness cover to match your needs. At an extra cost you can upgrade your life and critical illness cover so you have some financial protection against even more critical illnesses. By upgrading you can add extra benefits to your cover, your children's cover or both.

Critical illness benefit



Critical illness includes the following:

32 critical illness conditions

2 additional critical illness conditions

Children's benefit - which includes:

- the same 34 conditions adults are covered for
- children's hospital benefit
- children's death benefit
- cover from 30 days old to age 18 (or 21 if in full time education)

Upgraded critical illness benefit



Upgraded critical illness includes the following:

15 further critical illness conditions

24 further additional critical illness conditions

Hospital benefit – £100 per night up to £3,000

Pregnancy complications – £5,000 per affected pregnancy

Upgraded children's benefit



In addition to the **children's benefit** that's automatically included, the following is included under the **upgraded children's benefit**:

15 further children's critical illness conditions

12 conditions covered under child extra care cover

Advanced illness

Cover **from birth** up to age 22

Children's death benefit covering from 24 weeks of pregnancy

A successful claim under a critical illness condition for the life covered will pay the full cover amount and end the policy.

A claim under an additional critical illness condition will pay out up to £25,000 and this is calculated by your cover amount. In a successful claim, the pay out does not reduce the cover amount on the policy and the policy will remain in force. Full details of how this is calculated, in both the critical illness and upgraded critical illness benefit, can be found on pages 13 and 16.

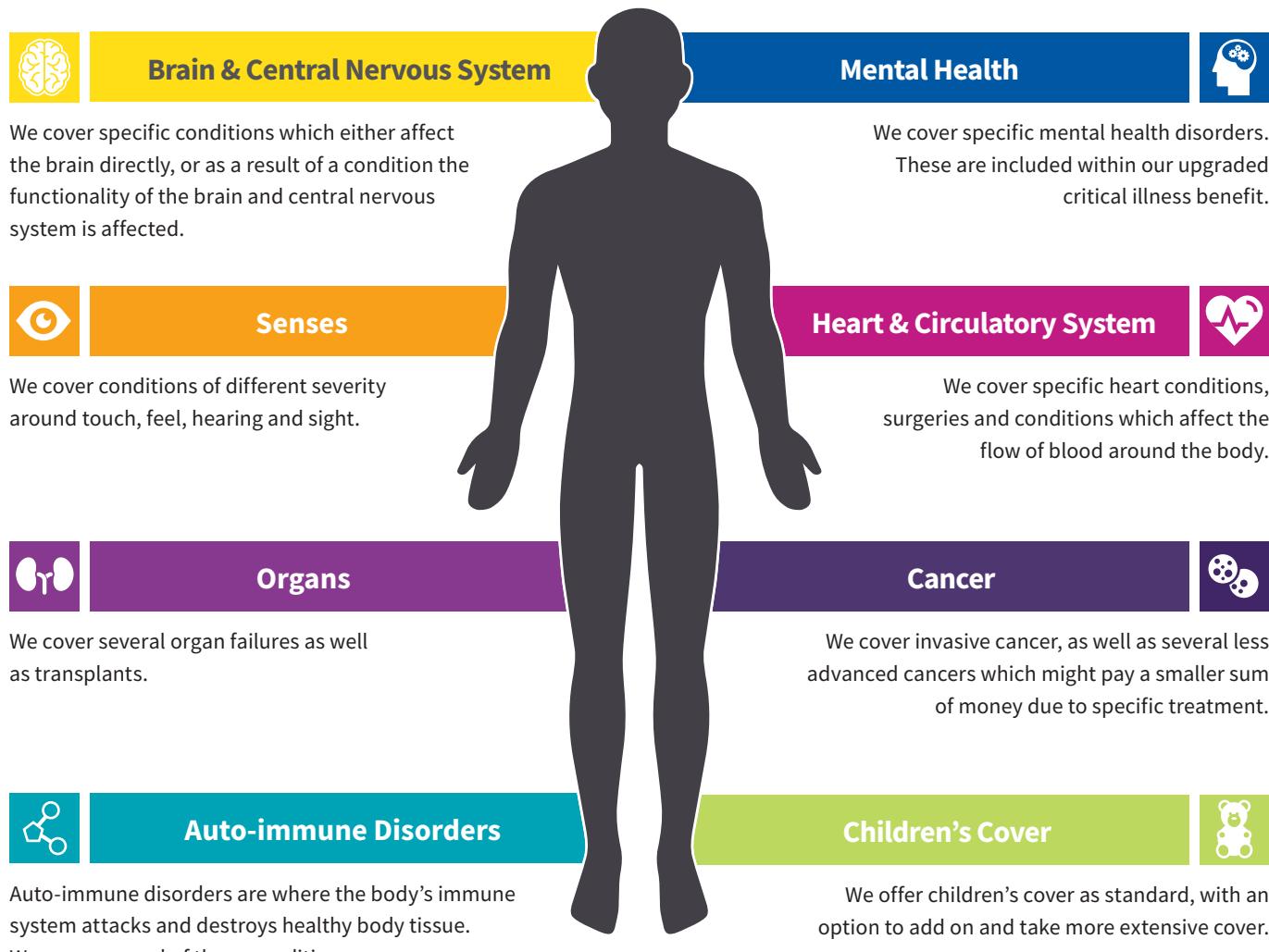
Life and critical illness cover

How we present the conditions we cover

We've organised the critical illnesses that we cover into groupings (as shown below).

We've done this so that you can see, at a glance, the types of conditions you're covered for.

This is just an overview. We've provided more details later in the document.



Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. We only cover the critical illnesses we define in our policy and no others. You can find the criteria you need to meet to make a claim in your policy conditions.

Life and critical illness cover



Critical illness benefit

Critical illness includes the following:

32 critical illness conditions

2 additional critical illness conditions

Children's benefit - which includes:

- the same 34 conditions adults are covered for

- children's hospital benefit

- children's death benefit

- cover from 30 days old to age 18 (or 21 if in full time education)

If during the policy term you're diagnosed with one of our list of critical illnesses, and you survive for at least 10 days, we'll pay your full cover amount. **Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.**

The definitions typically use medical terms to describe the conditions but, in some cases they also limit the cover. For example, we don't cover some types of cancer. Also, for some conditions, you need to have permanent symptoms to make a claim. **You can find full definitions of these illnesses, and the circumstances in which you can claim, in your policy conditions.**

Your policy will end when we pay out the lump sum. The exception to this is if you have extra care cover, which we'll explain later on page 21.

We've listed below details of the critical illnesses which are covered as standard. These are shown in grey under their grouping heading.

Critical illness benefit

 Cancer	Cancer
 Brain and the central nervous system	Bacterial meningitis Benign brain tumour Brain injury due to trauma, anoxia or hypoxia Coma Creutzfeldt-Jakob disease Dementia Encephalitis Motor neurone disease Multiple sclerosis Paralysis of a limb Parkinson's disease Stroke or spinal cord stroke
 Heart & the circulatory system	Aorta graft surgery Cardiac arrest Coronary artery bypass grafts
 Heart attack	Heart attack
 Heart valve replacement or repair	Heart valve replacement or repair
 Primary cardiomyopathy	Primary cardiomyopathy
 Pulmonary arterial hypertension	Pulmonary arterial hypertension
 Pulmonary artery surgery	Pulmonary artery surgery
 Structural heart surgery	Structural heart surgery
 Organs	Kidney failure Liver failure Major organ transplant Respiratory failure Third degree burns
 Auto-immune disorders	Aplastic anaemia – with bone marrow failure Systemic lupus erythematosus
 Senses	Blindness Deafness Loss of hand or foot

Life and critical illness cover

Additional critical illnesses

In addition to the standard 32 critical illnesses, we also cover you for two additional critical illnesses as standard.

Additional critical illnesses



Cancer

Less advanced cancer of the breast

Less advanced cancer of the prostate

You can find full definitions, and the circumstances in which you can claim, in your policy conditions.

If during the policy term you're diagnosed with one of these two defined illnesses and you survive for at least 10 days, we'll pay you an amount which is lower than your cover amount.

For level and decreasing cover, we'll pay £25,000 or 25% of your cover amount, whichever is lower. If you have family income cover, we'll pay a lump sum. It will be 25% of the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000.

Each person covered by the policy can claim for each additional critical illness once. If you claim for an additional critical illness, your policy will continue and won't affect what we pay for any other benefit in the future.

Life and critical illness cover - Children's benefit

Life and critical illness cover includes a **children's benefit**. This covers all your children (natural, step, legally adopted and under legal guardianship), including any future children. Your children are covered from age 30 days until their 18th birthday, or 21st birthday if in full time education.

It covers them in three situations. You can claim for all three for each child. If you claim your policy will continue. It won't affect what we pay for any other benefit in the future.

1 Your child suffers from one of the standard 32 critical illnesses or two additional critical illnesses

This is called children's critical illness benefit.

We'll pay it if your child survives for at least 10 days after being diagnosed with one of the definitions they're covered for. Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. Children are covered for:

- one of the 32 critical illnesses on page 12, or
- one of the two additional critical illnesses on page 13.

You can find full details of when you can claim and definitions for these illnesses within your policy conditions.

We'll pay £25,000 or 50% of your cover amount – whichever is lower.

If you have family income cover, we'll pay a lump sum. It'll be 50% of the monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £25,000.

We'll pay this benefit once for each child. We won't pay if the child had the illness when they were born – whether it was diagnosed at the time or not. We won't pay if the child had the symptoms before the start of the policy or before your child was covered. And we won't pay if you caused the illness or condition by intentionally injuring your child.

2 Your child spends more than a week in hospital

This is called children's hospital benefit.

We'll pay this benefit if your child spends more than seven consecutive nights in hospital. From the eighth night onwards we'll pay £100 a night. We'll pay that for up to 30 nights for each child over the policy term.

3 Your child dies

This is called children's death benefit.

We'll pay £5,000.

Take a look at your policy conditions for more information.

Upgraded critical illness benefit



Upgraded critical illness benefit

Upgraded critical illness includes the following:

15 further critical illness conditions

Hospital benefit – £100 per night up to £3,000

Pregnancy complications – £5,000 per affected

pregnancy

24 further additional critical illness conditions

If you upgrade your critical illness cover you get the following benefits.

Upgraded critical illness benefit

If you pay more and upgrade your cover, it'll include the following 15 critical illnesses in addition to those listed previously. A claim under one of these definitions will pay the full cover amount and end the policy.

Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed. You can find full details of when you can claim and definitions of each illness within your policy conditions.

 Brain and the central nervous system	 Organs
Benign spinal cord tumour	Crohn's disease – treated with 2 resections
Brain abscess	Interstitial lung disease
Intensive care	Necrotising fasciitis
Neuromyelitis optica (Devic's disease)	Pneumonectomy
Parkinson's plus syndromes	Ulcerative colitis
Syringomyelia or syringobulbia	
 Heart & the circulatory system	 Auto-immune disorders
Heart failure	Rheumatoid arthritis
Peripheral vascular disease	 Mental health
	Psychosis and bipolar affective disorder

Hospital benefit

If, during the policy term, you spend more than seven consecutive nights in hospital due to illness or injury, we'll pay £100 a night, from the eighth night onwards. We'll pay hospital benefit for a maximum of 30 nights per life covered, over the term of the policy.

Claiming for this benefit won't affect what we'll pay on a successful claim for any other benefit in the future.

Upgraded critical illness benefit

Pregnancy complications

If during the policy term you or your partner are diagnosed with one of the below listed pregnancy complications we will pay out £5,000 per affected pregnancy.

- Disseminated intravascular coagulation (DIC)
- Eclampsia (but excluding pre-eclampsia)
- Ectopic pregnancy with surgery to remove the fallopian tube
- Foetal death in utero after at least 20 weeks gestation
- Hydatidiform mole
- Placental abruption but excluding placenta praevia

Claiming for this benefit won't affect what we'll pay on a successful claim for any other benefit in the future. We won't pay a claim if the person covered was aware of an increased risk of having a complication of pregnancy before the policy start date.

Upgraded critical illness benefit

Upgraded additional critical illnesses

If you pay more and upgrade your cover, the upgraded additional critical illness cover replaces the additional critical illness cover we explained previously. You can claim for each upgraded additional critical illness once and your policy will continue. It won't affect what we pay for any other benefit in the future.

You can find full details of when you can claim and definitions of each illness within your policy conditions.

We'll pay £30,000 or 100% of your cover amount – whichever is lower. We'll pay this if you survive for at least 10 days after you're diagnosed with, or have surgery for, any of the 26 upgraded additional critical illnesses from the list below.

If you have family income cover, we'll pay a lump sum. It will be your monthly cover amount multiplied by the number of months left on the policy, up to a maximum of £30,000.

We've listed below, details of the additional critical illnesses which are covered if you add on upgraded critical illness benefit. These are shown in grey under their group heading.

Upgraded additional critical illness benefit

 Cancer	Less advanced cancer of the breast
	Less advanced cancer of the larynx
	Less advanced cancer of the ovary
	Less advanced cancer of the prostate
	Less advanced cancer of the renal pelvis and ureter
	Less advanced cancer of the testicle
	Less advanced cancer of the urinary bladder
	Less advanced cancer in situ – with surgery
	Less advanced tumour of gastrointestinal stromal (GIST) or Neuroendocrine (NET) types – with surgery
	Skin cancer (not including melanoma)
 Brain and the central nervous system	Cauda equina syndrome
	Cerebral spinal aneurysm
	Cerebral or spinal arteriovenous malformation
	Drug resistant epilepsy
	Non-malignant pituitary adenoma
 Heart & the circulatory system	Aortic aneurysm
	Carotid artery stenosis
	Central retinal artery or vein occlusion
	Coronary angioplasty
 Organs	Crohn's disease – 1 intestinal resection
	Less severe third-degree burns
	Removal of one or more lobe(s) of the lung
 Auto-immune disorders	Aplastic anaemia – of specified severity
	Diabetes mellitus type 1
	Guillain-Barre syndrome
 Senses	Severe visual loss

Upgraded children's benefit

More cover for your children



Upgraded children's benefit



In addition to the **children's benefit** that's automatically included, the following is included under the **upgraded children's benefit**:

15 further children's critical illness conditions

12 conditions covered under child **extra care cover**

Advanced illness

Cover **from birth** up to age 22

Children's death benefit covering from 24 weeks of pregnancy

You can upgrade your children's benefit and get more cover for your children

If you pay more and upgrade your children's cover, you replace the children's benefit we explained on page 14 with an **upgraded children's benefit**. This will cover your children from birth until their 22nd birthday. It gives you cover in five situations. You can find full details of when you can claim and definitions for all the illnesses we cover within your policy conditions.

1 Your child suffers one of the 32 critical illnesses, additional critical illnesses or one of 15 more conditions

This is called upgraded children's critical illness.

We'll pay this benefit if during the policy term, your child survives for at least 10 days after being diagnosed with one of our listed critical illnesses. **Depending on the definition of the critical illness, we may pay on diagnosis only, when the condition has progressed to a specified severity or when named treatments or surgeries are performed.** They are covered for:

- one of the critical illnesses on page 12, and
- one of the two additional critical illnesses on page 13, or
- one of the conditions from the list below.



Upgraded children's critical illnesses

Benign spinal cord tumour – resulting in permanent symptoms or undergoing defined treatments	Down's syndrome
Brain abscess – undergoing defined treatments	Edwards Syndrome
Cerebral palsy	Hydrocephalus – treated with the insertion of a shunt
Craniosynostosis – requiring surgery	Intensive care – requiring mechanical ventilation for 7 consecutive days
Crohn's disease – treated with two intestinal resections or total colectomy	Osteogenesis Imperfecta
Cystic fibrosis	Patau Syndrome
Diabetes mellitus type 1	Third degree burns – covering at least 5% of the body's surface area or 10% of the face or head
	Ulcerative colitis – with total colectomy

We'll pay £25,000. After a successful claim we'll no longer cover that child for upgraded children's critical illness. You could still claim for that child for upgraded children's hospital benefit, advanced illness, child extra care cover and upgraded children's death benefit.

2 Your child spends more than a week in hospital

This is called Upgraded children's hospital benefit

If you've upgraded, this cover for your children will start from birth, instead of from when your child is 30 days old. We won't pay if the stay in hospital is due to the child being born prematurely (before the 37th week of pregnancy).

Upgraded children's benefit

More cover for your children

3 Your child dies

This is called Upgraded children's death benefit

If you've upgraded, this cover for your children will start from 24 weeks of pregnancy, instead of from when your child is 30 days old. We'll pay £10,000.

4 Your child suffers from a severe condition

This is called child extra care cover.

Some conditions have the potential to severely impact not only the child who is suffering, but also the family and care givers. We'll pay this benefit if your child survives for at least 10 days after being diagnosed with, or having surgery for, one of the conditions in the list below. If the condition is 'loss of independence', the child has to survive for 90 days.



Child extra care cover conditions

Blindness – permanent and irreversible	Major organ transplant – from another donor
Cancer – excluding less advanced cases	Motor neurone disease – resulting in permanent symptoms
Kidney failure – requiring permanent dialysis	Muscular dystrophy
Liver failure	Paralysis of two limbs – total and irreversible
Loss of independence	Spina bifida myelomeningocele
Loss of two limbs – permanent physical severance	Third degree burns – of specified severity

We'll pay £50,000, unless you've already made a claim for upgraded children's critical illness cover. Instead we'll only pay £25,000.

After a successful claim, we'll no longer cover that child for child extra care cover, upgraded children's critical illness or advanced illness. You could still claim for that child for children's hospital benefit and death benefit.

5 Your child's illness is advanced or progressing rapidly

This is called advanced illness cover.

We'll pay this benefit if your child is diagnosed with an advanced or rapidly progressing illness with a life expectancy of less than 12 months, and we haven't already paid under child extra care cover for that child.

After a successful claim, we'll no longer cover that child for advanced illness, upgraded children's critical illness or child extra care cover. You could still claim for that child for children's hospital benefit and death benefit.

When and what we won't pay

We won't pay upgraded children's critical illness, child extra care cover or advanced illness if any of the following were true before the policy started or before you adopted your child:

- your child already had the symptoms
- the illness or condition had already been diagnosed
- either parent received counselling or medical advice about the condition
- either parent was aware of the increased risk of the condition.

And we won't pay if you caused the illness or condition by intentionally injuring your child.

Making a successful claim for upgraded children's benefit won't affect your policy. You'll still be able to claim for any other benefit in the future. You'll also be able to make further claims for other children.

You can pay to add extra benefits

We've listed the benefits you can choose below.

These benefits are all secondary to the main point of your policy. You shouldn't take out the policy just to get these extra benefits.

For more information on all of these, have a look at your **policy conditions**.

Fracture cover - money for fractures

If you (the life covered) fracture a bone we'll pay you a lump sum. The size of the lump sum depends on the type of fracture and it has to be one of 18 specified fractures.

We won't pay more than one claim in any 12 month period. The 12 months runs from your policy start date to the day before the anniversary date. We won't pay a claim for a fracture that happens within the first 7 days after the policy start date. The policy anniversary and the start date will be shown on your policy schedule.

We won't cover a fracture that happens when taking part in any of the following: mountain biking or BMX; boxing, cage fighting or martial arts; rugby or Gaelic football; horse riding; or any form of motor cycle sport or event including practice, competing or track days, or motor cycling off-road, trail riding, or green-lane riding.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

If you have a joint policy, you can add this benefit for one or both people covered.

You can find full details of when you can claim and the injuries we cover within your policy conditions.

Access to world class treatment abroad

This is called global treatment.

If you or your child is diagnosed with a serious illness or needs a medical procedure as specified in your policy conditions, this benefit gives you access to overseas medical treatments.

This benefit includes a concierge service which recommends doctors and treatment centres. The concierge service manages all the treatment and makes the arrangements.

We'll pay up to £1 million for each person in every 12 month period from the issue of our written approval of the claim. We'll cover as many treatments as you need, up to a total maximum of £2 million for each person. This limit includes medical, travel and accommodation expenses that we cover.

We'll automatically renew global treatment every three years until your policy ends, unless we substantially change the terms of the benefit or we can no longer offer it. This means the premium you pay for it might change every three years.

If you make a successful claim, your policy will continue and it won't affect what we pay for any other benefit in the future.

If you have a joint policy, you can add this benefit for one or both people covered.

If you have any children, they're covered from birth, up to the age of 18 or 21 if in full time education. If you live in the UK, Channel Islands, the Isle of Man or Gibraltar but you have children who live outside of these territories, they'll have to come back for a doctor to confirm the initial diagnosis.

If you go to live outside of the UK, Channel Islands the Isle of Man or Gibraltar, we'll have to cancel the global treatment benefit.

You can find full details of what's covered within your policy conditions.

This option is provided in conjunction with Further who will process your claim and provide all services related to overseas treatment.

You can pay to add extra benefits

Pay no premiums if you can't work because you're ill or injured

This is called waiver of premium.

If you can't work because you're ill or injured, we'll pay your premiums for you. We'll do this until:

- your policy ends,
- you go back to work,
- you're no longer ill or injured,
- you turn 71.

When your waiver claim ends, you'll have to start paying your premiums again to keep your policy in force.

We won't start paying your premiums straight away. You can choose whether you have to wait one, three or six months. This could be in line with how long you receive sick pay from your employer. This is your 'deferred period'.

To add this benefit to your policy you have to be employed or self-employed when your policy starts. We assess claims against your ability to do the regular duties of your occupation.

You can still make a claim later if you're no longer employed or self-employed. If that's the case, we'll pay if you can't perform at least two of the work-related tasks listed in your policy conditions.

Claiming for waiver won't affect what we pay for any other benefit in the future.

If you have a joint policy, you can add this benefit for one or both people covered.

Money if you become totally, permanently disabled

This is called total permanent disability.

We'll pay your full cover amount if you have an illness or injury that means you can't ever again:

- do your own occupation, or
- perform at least three of the work-related tasks listed in your policy conditions.

We'll confirm which of the above criteria we'll use in your policy schedule.

It's only available with life and critical illness cover. If you have a joint policy, you can add total permanent disability for one or both of you.

When we pay a claim for total permanent disability, your policy will end, unless you have extra care cover.

You can find full details of when you can claim and the work-related tasks we use within your policy conditions.

You can pay to add extra benefits

Extra care if you suffer severe and permanent symptoms

This is called extra care cover.

Extra care cover can provide additional support if you're diagnosed with a condition that results in severe and permanent symptoms.

It's only available with life and critical illness cover. If you have a joint policy, you can add extra care cover for one or both of you.

We'll pay your full cover amount plus £50,000:

- if you're aged under 55 when you get a condition that meets our definition of dementia, kidney failure, liver failure, Parkinson's disease, motor neurone disease or respiratory failure. If you've chosen upgraded critical illness we'll also pay this if you're diagnosed with heart failure or Parkinson's plus syndromes and aged under 55. Or we'll also pay
- if you're totally and permanently unable to do at least three activities of daily living listed in your policy conditions. We won't pay this if instead of claiming under extra care cover, you could claim under critical illness, upgraded critical illness or total permanent disability.

Usually if we pay your full cover amount your policy will end. But if that claim is for critical illness cover, upgraded critical illness or total permanent disability, you might still be able to make a claim for extra care cover, if you have it, up to a year later.

In these circumstances we'll pay £50,000 after a successful claim for a critical illness, an upgraded critical illness or total permanent disability, if:

- before the first anniversary of that claim, and as a direct result of it, you suffer from total and permanent failure of at least three of the activities of daily living in your policy conditions.

You can find more details about extra care cover and the activities of daily living in your policy conditions.

Summary of the benefits and upgrades

Here's a summary showing what's included with your **Life cover**, which benefits you can upgrade and the extra benefits you can add:

Life cover, benefits and upgrades	
Death benefit	► It's included.
Terminal illness benefit	
Level cover	
Decreasing cover	► It's available at no extra cost, but you can only pick one.
Family income cover	
Fixed increasing cover	► Available on level or family income cover.
Index linked increasing cover	► Available on level cover.
Life change benefit	
Separation benefit	► Included if we accept your policy on our standard terms.
House purchase cover	► It's included, on level cover or decreasing cover.
Fracture cover	
Global treatment cover	► It's available but it costs more.
Waiver of premium	► On a joint policy, you can add this for one or both people covered.
Premiums	► Guaranteed.

Summary of the benefits and upgrades

Here's a summary showing what's included with your **Life and critical illness cover**, which benefits you can upgrade and the extra benefits you can add:

Life and critical illness cover, benefits and upgrades	
Death benefit	► It's included.
Terminal illness benefit	
Level cover	
Decreasing cover	► It's available at no extra cost, but you can only pick one.
Family income cover	
Fixed increasing cover	► Available on level or family income cover
Index linked increasing cover	► Available on level cover.
Life change benefit	
Separation benefit	► Included if we accept your policy on our standard terms.
House purchase cover	► It's included, on level cover or decreasing cover.
Critical illness benefit	► It's included. ► On a joint policy, you can add this for one or both people covered.
Upgraded critical illness	► It's available but it costs more. ► On a joint policy, you can add this for one or both people covered.
Upgraded children's benefit	► It's available but it costs more.
Fracture cover	
Global treatment cover	
Waiver of premium	► It's available but it costs more. ► On a joint policy, you can add this for one or both people covered.
Total permanent disability	
Extra care cover	
Premiums	► Guaranteed or reviewable.

Maximum ages for each kind of cover

To get a **Life Insurance+** policy you need to be 18 or over. We've different maximum ages for each of the available options. These are all shown in the table below.

If you've more than one of these options, the limits that apply will be the lowest maximum age and the highest minimum term.

	Maximum age at the start of the policy	Maximum age at the end of the policy	Minimum policy term
Life only	77	90	1 year
Life and critical illness (guaranteed premiums)	64	75	1 year
Life and critical illness (reviewable premiums)	64	90	6 years
Increasing cover	77	90	5 years
Life change benefit	54	54*	1 years
Separation benefit	54	54*	1 years
Upgraded critical illness	The limits that apply are based on the type of life and critical illness cover selected.		
Upgraded children's benefit			
Fracture cover	59	70**	1 years
Global treatment	74	84**	1 years
Waiver of premium	64	70*	1 years
Total permanent disability	64	70*	1 years

* The benefit ends when the oldest person covered reaches this age, but the policy will continue if you've chosen a longer term.

** The benefit ends independently for each person covered at this age, but the policy will continue if you've chosen a longer term.

Things to think about

Things to think about if you apply for a policy.

Tell us about yourself

After you've applied, you must let us know if any of the information you've given us changes before we tell you the policy will start.

If things change, you can change your policy

Once your policy has started, you should look at your cover again regularly to make it sure it's still the right cover for you.

Six months after your policy has started, you can remove any options and upgrades, if you want to. You can also change your policy term and your cover amount. To make these changes, we might change your original policy or issue a new policy. So you may need to answer more medical questions. For more information, have a look at your policy conditions.

You can cancel

You can change your mind and cancel your policy by contacting us. We'll refund any premiums paid if you cancel within 30 days. If you don't cancel within this time your policy will continue in line with the policy conditions. You can still choose to cancel outside these 30 days but we won't refund any premiums.

If you cancel your policy, you're not covered.

Who do you want to benefit from your policy?

It's important to consider how you make sure the right people benefit from your policy.

The chart below shows who might receive money from your policy if you die.

Policy Type	Who we'll pay
A policy held by and covering you	Your estate.
A policy held jointly, covering you and someone else	The surviving policyholder. If you were to die at the same time, the money would go to the estate of the youngest policyholder.
A policy held by you and covering someone else	You.
A policy held under trust	The trustees. Who'll pass on to your chosen beneficiaries.

You might want to consider having a will and keeping this up-to-date. A will is a legal document that can be used to set out your wishes regarding the care of your children and how your estate should be distributed when you die.

If you die without a valid will (intestate), your personal representatives will have to distribute your estate according to the laws of intestacy. This could mean that your estate, and potentially any money from this policy, doesn't go to the person you would've wanted it to.

For more information on who might benefit when there isn't a valid will in place, please visit gov.uk/inherits-someone-dies-without-will.

If the cover amount under a policy is to be paid to your estate it could be subject to Inheritance tax, unless it is left to a spouse or civil partner or you put it into a suitable trust. Trusts are a way to ensure that the money from your policy gets to the right people at the right time and tax efficiently. For more information about trusts, contact us and we'll be happy to help.

Protection promise

You're protected while we find out more during your application

This is called our Protection Promise.

We understand how important it is to have life cover in place. That's why we'll aim to give you a decision on your application as quickly as possible.

If we need more information before we can give you a decision, for customers under 55, our Protection Promise will cover you free of charge. We'll not offer Protection Promise if you're in the process of applying for the same cover from another insurance company.

After we've received a fully completed application form, we'll confirm that your free cover has started. The cover will end on the earliest of:

- 10 days after we make our acceptance offer, or
- your policy start date, or
- the date we decide to defer or decline your application, or
- the date you withdraw your application, or
- 90 days from our confirmation that your free cover under our protection promise has started.

The Protection Promise will pay out if a life covered dies unless:

- we haven't received complete and accurate information as part of your application
- death is as a result of suicide or self-inflicted injury
- death is a result of a pre-existing medical condition present at the date of your application, which the life covered knew about or was having symptoms of.

For level and decreasing cover, we'll pay the total cover amount you've applied for up to a maximum of £500,000. For family income cover, the amount will be the lower of the monthly benefit multiplied by the number of months cover on your application, or £500,000.

For joint applications/policies, we'll only pay out once per application or policy applied for.

Important:

You need to tell us about any changes in the health or medical history of a life covered as soon as possible before we tell you when the cover will start, or we'll decline or defer the application.

If you don't, we may not be able to pay a Protection Promise claim, or any subsequent claim on a policy. Until we confirm the Protection Promise has started, we can change or withdraw it at any time.

Law, compensation and tax

The law of England will apply in legal disputes

This policy is governed by the law of England. Your contract will be in English and we'll always write and speak to you in English.

We're regulated by the
Financial Conduct Authority:

The Financial Conduct Authority
12 Endeavour Square
London
E20 1JN

We're also regulated by the
Prudential Regulation Authority:

The Prudential Regulation Authority
20 Moorgate
London
EC2R 6DA

Solvency Financial Condition Report

Every year we publish a Solvency and Financial Condition report which provides information about our performance, governance, risk profile, solvency and capital management.

This report is available for you to read on our website at aviva.com/investors/regulatory-returns/.

You could get compensation if we become insolvent

Our **Life Insurance+** policy is covered by the Financial Services Compensation Scheme. If we become insolvent and we can't meet our obligations under this policy, the scheme may cover you for 100% of any successful claim you make.

For more information on this scheme, please visit: fscs.org.uk or call **0800 678 1100** or **0207 741 4100**.

Tax

In the UK, the payments we make are free from personal liability to income and capital gains tax. However, they may be subject to inheritance tax, unless it is left to a spouse or civil partner or you put your policy in a suitable trust. For more information about trusts, contact us and we'll be happy to help.

If you live in Gibraltar, tax relief on premiums paid by individuals is allowed under the allowance based system of tax at the appropriate rate, provided they don't exceed 1/7th of your assessable income or 7% of the cover amount. The payments we make are free from income and capital gains tax.

Wherever you live, we'd always recommend that you get independent financial advice. This is because your individual circumstances can affect your tax position.

Premiums include insurance premium tax, where applicable.

Please remember that tax rules may change in the future.

If you need to complain

How to complain

If you've taken a product out with Aviva and are unhappy with the product or the service you received, you can contact us at:

Aviva Customer Relations
PO Box 3182
Norwich
NR1 3XE

Phone number: **0800 285 1098**

From outside the UK: **+44 1603 603 479**

Email: **protection@aviva.com**

We aim to resolve your complaint quickly. If we can resolve your complaint within three working days following the day we receive it, we'll write and confirm this to you, along with your rights to refer your complaint to the Financial Ombudsman Service (FOS).

If we don't resolve your complaint within three working days of receiving it:

- We'll acknowledge your complaint promptly.
- We'll assign a dedicated complaint expert to review your complaint.
- We'll carry out a thorough and impartial investigation.
- We'll keep you updated as to our progress.
- We'll do everything we can to resolve things as quickly as possible.
- We'll send you a written response within eight weeks of receiving your complaint. This will tell you the results of the investigation or explain why that's not possible.

Where we can't resolve your concerns, or have been unable to resolve them within eight weeks, you may be able to ask the FOS to carry out an independent review. Whilst firms are bound by their decisions, you are not. Contacting the FOS will not affect your legal rights.

You can contact them on **0800 023 4567** or visit their website at **financial-ombudsman.org.uk**, where you'll find further information.

Contact us

Before you make a claim

Remember that we won't be able to pay anything if:

1. your policy has ended because you haven't paid your premiums
2. you've cancelled your policy
3. you're diagnosed with, or have surgery for, something that isn't defined in the policy
4. you're diagnosed with a terminal illness and you're expected to live longer than 12 months
5. you're not covered for the benefit you claim for
6. you die in the first 12 months of the policy term because of suicide or intentional, self-inflicted injury
7. you get ill outside the policy term, or
8. you die outside the policy term.

We may amend or cancel your policy, or we may not pay a claim at all, if you haven't answered the questions on the application completely, truthfully and accurately.

This isn't the kind of policy that you can 'cash in' – so you don't get any money if you cancel it.

To make a claim



Call us on:

0800 015 1142



If you're outside the UK, call:

+44 1603 603 277
option 1

For our opening hours, please refer to our website aviva.co.uk.

Calls may be monitored and will be recorded.

Make a claim under global treatment

To make a claim, you can call us on **0345 030 8071** and select the option to start a global treatment claim. Your call will be transferred to Further, who will evaluate and process your claim and provide you with any options for overseas treatment. Further's claims line is open Monday to Friday 8.30am to 5pm. These times are correct at the time of publishing.

Calls to 0800 numbers from UK landlines and mobiles are free. The costs of calls to 03 and +44 1603 prefixed numbers are charged at national call rates (charges may vary dependent on your network provider) and are usually included in inclusive minute plans from landlines and mobiles. Calls from outside the UK may be charged at international rates.

Talk to us about your policy



Call us on:

0800 285 1098



If you're outside the UK, call:

+44 1603 603 479

For our opening hours, please refer to our website aviva.co.uk.



Write to us at:

Aviva
PO Box 520
Norwich
NR1 3WG



Email us at:

protection@aviva.com



Need this in a different format?

Please get in touch if you would prefer this policy summary (**AL50001**) in large print, braille, coloured paper, or as an audio.

How to contact us?

📞 0800 285 1098 (+44 1603 603 479)

✉️ protection@aviva.com

🌐 MyAviva.co.uk

| Retirement | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited. Registered in England No 3253947. Aviva, Wellington Row, York, YO90 1WR Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 185896. Member of the Association of British Insurers.

aviva.co.uk

AL50001 04/2025 © Aviva plc

