



We have designed our
Self Assurance plans with
your protection needs in mind,
both now and in the future.

Except where otherwise stated, this Product Guide, together with the Policy Benefit Schedule(s) and the Policy Benefit Cover Sheet, contains the terms and conditions of your Plan.

We recognise that the events you want to protect against and the amount of cover you want today may not be the same five years from now. This is why you need a protection plan that can adapt to meet your changing circumstances, whether personal, mortgage or business.

If you would like this information in large print, in braille or on cassette or CD, please call 0345 271 0900.

Contents

The technical options and definitions – find out what is included and how it works

Technical options	5	What we mean by premium rates	18
Introduction to your plan	6	Flexibility	19
How to contact us	6	More information	22
Your plan	6	Definitions explained	23
Benefits choice	7	Terminal illness definition	24
Death benefit	7	Critical illness definitions	24
Death or earlier critical illness benefit	7	Additional covered conditions definitions	33
Critical illness benefit	7	Total permanent disability – of specified severity definitions	34
Benefit features and options – death or earlier critical illness benefit and critical illness benefit	7	Disability income benefit (sickness, accident or disability) definition	37
• Which critical illnesses and disabilities are covered?	7	Premium payment benefit (sickness, accident or disability) definition	39
• Additional covered conditions	8	Definition of salary and earned income for disability income benefit (sickness, accident and disability) and unemployment benefit	42
• Total permanent disability – of specified severity	9	Exclusions and limitations of the plan	43
• Children’s critical illness benefit	9	How to claim	47
• Buyback option	9	Additional support	49
Disability income benefit (sickness, accident or disability)	10	Policy provisions	51
Benefit features and options – disability income benefit	11	1 Construction	52
• Immediate cash benefit	11	2 Premiums	53
• Children’s income benefit	12	3 Claims Procedure	55
Unemployment benefit (Mortgage plans only)	12	4 General	56
Premium payment benefit (sickness, accident or disability)	14		
Age limits	14		
How you can take out these benefits	15		
Premiums	17		
Benefit payments	17		
Benefit terms	18		

Technical options

Choice and flexibility underpin all our Self Assurance products. And of course they give you comfort that you have valuable financial cover.

Technical options

Introduction to your plan

For many of us, protection against the financial consequences of dying or being unable to work comes low down on our list of priorities. But if you have responsibilities, like having a spouse or civil partner, having a family or owning your own business then having protection in place should be much higher up your list.

Self Assurance is a term assurance plan that offers you a flexible product range covering Mortgage, Personal and Business protection to meet your needs today and be flexible enough to change later on as your needs change. Please remember that the plan has no cash-in value at any time and your selected cover will cease if you stop paying premiums.

Note: 'You' is used in the Product Guide to show, where appropriate, reference to the actual person insured.

'We' and 'us' means Scottish Provident, a Trading Name of Royal London Mutual Insurance Society.

How to contact us

You can contact us by calling our customer care team on 0345 271 0900 from 8.30am to 6.00pm Monday to Friday or writing to us at:

Scottish Provident
301 St Vincent Street
Glasgow G2 5PB

Your plan

The plan

Our Self Assurance plans are very flexible. You can take them out to cover one or two people. When you take out a plan to cover just one person, all of the benefits are written on a single-life basis.

When you take a plan out to cover two people, each benefit can be written on either a single-life basis or a joint-life basis depending on your needs.

For example, you could take out death benefit on a joint-life basis so that we would pay the benefit if one of you died. And, each life could be covered separately for critical illness benefit on a single-life basis. There may be some tax implications and you will find more details in the tax information section at page 22.

Taking the first steps

Once you have sent us your completed application form, we will send it to our underwriting department. We will review your application to check whether, based on the answers you have given, we are able to accept your plan at our ordinary rate of premium. We may send you for a medical, if we do, you will have the option of choosing your own doctor to complete this. If we are unable to accept your application at ordinary rates because you are a higher than average risk, we will ask you to pay a higher premium for the same amount of cover.

We may consider you a higher than average risk if you have a serious medical condition or have been referred to see a medical specialist. In some circumstances we may be unable to accept your application, and may decline your cover or defer accepting your application until a later date.

It is therefore important that you answer all the questions in the application form honestly and in full, to the best of your knowledge and belief. We will use your answers to the questions to decide what terms we offer you, together with any other information that you or the life assured provide in relation to the questions. If you are in any doubt about whether something is important enough to include when answering the questions, please provide the information. If you are unsure about any information, you may wish to consult your doctor before answering the questions. You must tell us if there is a change to any of the answers given in your application (including in relation to the life assured's health, occupation or leisure activities), or any other information you provide between the date the answer or the information is provided and the date Scottish Provident starts your plan. If you do not do this or you give us incomplete or incorrect answers, we may:

- not pay the full amount of your claim,
- have to amend the terms of your cover, or
- at worst cancel your plan and not pay out.

You can always ask us for a copy of your application form after you have sent it to us.

If you do not smoke, your premiums will be lower on all benefits other than unemployment benefit. You must not have smoked or used any tobacco, nicotine replacement products or e-cigarettes for at least 12 months at the time your benefit starts.

If you have set up your benefit on a joint-life basis, we will take account of whether either of you smokes when we work out your premium.

You should check your Policy Benefit Schedule, Policy Benefit Cover Sheet and Policy Provisions (page 51) to make sure you are aware of the events you are covered for once your plan has been accepted by us.

Ownership of your plan

You will normally be the owner of a plan if you apply and pay the premiums for it. You can own a plan jointly with someone else, usually a spouse, civil partner, partner or business partner. To be an owner, you must be:

- aged 18 or over when you sign the application form
- habitually resident (see the definition on page 7) in the UK, the Channel Islands or the Isle of Man.

We must establish an insurable interest (for example any spouse, civil partner or partner who has a financial interest in your well being) before the start of the plan if:

- a life assured is not an owner
- there are two lives assured who are not married/civil partners.

Definition of habitual residence

You will be habitually resident if for example:

- your main home address is in the UK, the Channel Islands or the Isle of Man
- your premiums are paid from a UK, Channel Islands or Isle of Man bank account
- you are a foreign national, but you have been resident in the UK, the Channel Islands or the Isle of Man for at least one year.

Benefits choice

There are three versions of the Self Assurance plan available:

- **Self Assurance Mortgage** designed to provide protection to cover your mortgage
- **Self Assurance Term Personal** designed to provide protection for you and your family
- **Self Assurance Term Business** designed to provide protection for your business needs.

You can then choose the benefits you need.

Death benefit

Death benefit pays out a lump sum/monthly income until the cover end date if you either die or are diagnosed with a terminal illness that meets our plan definition.

You will find our definition of terminal illness in the section headed **Definitions explained** at page 24.

There are some circumstances where we will not pay claims for death benefit. You will find these in the section headed **Exclusions and limitations of the plan** on pages 44 and 46.

Death or earlier critical illness benefit

Death or earlier critical illness benefit pays out a lump sum/monthly income until the cover end date if you die or are diagnosed with a critical illness or terminal illness that meets our plan definition. We only cover the critical illnesses we define in your Policy Benefit Schedule and in this Product Guide.

You can find our definition of terminal illness and our critical illness definitions in the section headed **Definitions explained**, which begins at page 24.

There are some circumstances where we will not pay claims for death or earlier critical illness benefit. You will find these in the section headed **Exclusions and limitations of the plan** on pages 44 and 46.

Critical illness benefit

Critical illness benefit pays out a lump sum/monthly income until the cover end date if you are diagnosed with a critical illness or terminal illness that meets our plan definition. We only cover the critical illnesses we define in your Policy Benefit Schedule and in this Product Guide.

You can find our definition of terminal illness and our critical illness definitions in the section headed **Definitions explained**, which begins at page 24.

To qualify for a critical illness claim you must survive for 14 days (the survival period) after you meet our plan definition.

If you choose critical illness benefit on its own, we will not pay a death benefit. However, if you die before you make a critical illness claim, we will pay a benefit of £100.

There are some circumstances where we will not pay claims for critical illness benefit. You will find these in the section headed **Exclusions and limitations of the plan** on pages 44 and 46.

Benefit features and options – death or earlier critical illness benefit and critical illness benefit

Which critical illnesses and disabilities are covered?

When you take out death or earlier critical illness benefit or critical illness benefit you can choose which critical illness cover type you want from the three listed below:

- A The complete list of critical illnesses on page 8 plus total permanent disability based on the own occupation definition.
- B The complete list of critical illnesses on page 8 plus total permanent disability based on the work tasks definition.
- C The complete list of critical illnesses on page 8 with no total permanent disability.

The complete list of conditions we cover is set out on page 8. These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in your Policy Benefit Schedules and the Policy Provisions, Definitions explained and Technical options sections of this Product Guide.

The definitions typically use medical terms to describe the illnesses. In some cases the cover may be limited, for example:

- 1) Some types of cancer are not covered
- 2) To make a claim for some illnesses, you need to have permanent symptoms.

Please let us know if you would like to see a copy of the Policy Benefit Schedules.

Technical options

Critical illnesses

Alzheimer's disease – resulting in permanent symptoms
Aorta graft surgery – for disease
Aplastic anaemia – permanent
Bacterial meningitis – resulting in permanent symptoms
Benign brain tumour – resulting in permanent symptoms
Blindness – permanent and irreversible
Cancer – excluding less advanced cases
Cardiomyopathy – of specified severity
Chronic lung disease – of specified severity
Coma – with associated permanent symptoms
Coronary artery by-pass grafts
Creutzfeldt–Jakob disease – resulting in permanent symptoms
Deafness – permanent and irreversible
Dementia – resulting in permanent symptoms
Encephalitis – resulting in permanent symptoms
Heart attack – of specified severity
Heart valve replacement or repair
HIV infection – caught in one of the listed countries from a blood transfusion, a physical assault or at work
Intensive care – requiring mechanical ventilation for 10 consecutive days
Kidney failure – requiring permanent dialysis
Liver failure – irreversible
Loss of hands or feet – permanent physical severance
Loss of independent existence – resulting in permanent symptoms
Loss of speech – permanent and irreversible
Major organ transplant – from another donor
Motor neurone disease – resulting in permanent symptoms
Multiple sclerosis – with persisting symptoms
Multiple system atrophy – resulting in permanent symptoms
Paralysis of limbs – total and irreversible
Parkinson's disease – resulting in permanent symptoms
Pneumonectomy – removal of a complete lung
Primary pulmonary hypertension – of specified severity
Progressive supranuclear palsy – resulting in permanent symptoms
Pulmonary artery graft surgery – with surgery to divide the breastbone
Stroke – resulting in permanent symptoms
Structural heart surgery – with surgery to divide the breastbone
Systemic lupus erythematosus – with severe complications
Third degree burns – covering 20% of the body's surface area or 50% of surface area of the face
Traumatic brain injury – resulting in permanent symptoms

Critical illness definitions begin on page 24.

These critical illnesses comply with the Association of British Insurers (ABI) model definitions.
No ABI model definitions exist for these critical illnesses and disabilities.

Additional covered conditions

We automatically include this at no extra cost when you choose death or earlier critical illness benefit or critical illness benefit (each a main critical illness benefit). We will pay out a lump sum if you are diagnosed with one of the additional covered conditions that meets our plan definition.

The complete list of conditions we cover is set out below. These headings are only a guide to what is covered. The full definitions of the additional covered conditions and the circumstances in which you can claim are given in your Policy Benefit Schedules and the Definitions explained and Policy Provisions sections of the Product Guide.

The additional covered conditions are:

Accident hospitalisation cover - requiring a hospital stay for 28 consecutive days
Ductal carcinoma in situ
Low grade prostate cancer
Third degree burns - covering between 10% and 20% of the body's surface area or 25% to 50% of surface area of the face

We only cover the conditions we define in your Policy Benefit Schedule and in this Product Guide.

To qualify for an additional covered condition claim you must survive for 14 days (the survival period) after you meet the plan definition.

The amount of benefit we will pay in the event of a valid claim will be equal to the lesser of:

- £15,000; **and**
- 20% of the main critical illness benefits in force under the plan in respect of the life assured at the date we accept the additional covered condition claim.

If your main critical illness benefits are to be paid as an income, the additional covered conditions benefit will be based on the annual amount of the benefits in force at the date we accept the additional covered condition claim, multiplied by the number of years between the date we accept the claim and the cover end date. It will be paid as a lump sum.

The maximum amount we will pay in respect of the life assured on all plans with us is limited to whichever is the lesser of:

- £15,000; **and**
- 20% of the total of all death or earlier critical illness benefits and critical illness benefits.

If an additional covered conditions benefit is paid, no further claim for that additional covered condition will be admitted in respect of that life assured. If the plan is joint-life, the cover will continue in respect of the other life assured.

Additional covered conditions benefit will cease to be provided on the cover end date or earlier termination of the main critical

illness benefits, for example, on payment of a critical illness benefit claim. If the life assured satisfies one of the critical illness covered conditions, no claim under the additional covered conditions benefit will be accepted.

Any claim you make for additional covered conditions will not affect the amount of your main critical illness benefits.

There are some situations where we will not pay claims for additional covered conditions. You will find these in the section headed **Exclusions and limitations of the plan** on pages 44 and 46.

Total permanent disability – of specified severity

If you select a critical illness cover type with total permanent disability, you can choose from the following definitions:

- **own occupation:** Total Permanent Disability – unable before age 65 to do your own occupation ever again; **or**
- **work tasks:** Total Permanent Disability – unable before age 65 to do 3 specified work tasks ever again; **or**
- **life tasks:** Total Permanent Disability – unable to look after yourself ever again.

We will pay your benefit if you become totally and permanently disabled. Your disability could be as a result of an accident or an illness.

The disability must be irreversible with no reasonable prospect of there ever being any improvement. If you are not in paid work or you are a house-person, you can only choose the work tasks definition. If you choose the own occupation definition, but are under age 65 and not in paid work immediately before the start of the disability, the work tasks definition will apply in the assessment of a claim even if the own occupation definition is stated to apply on page one of your Policy Benefit Schedule.

You can find full total permanent disability definitions on page 34.

You do not need to tell us if you change your job during the term of your benefit. We will ask for this information if you make a claim.

Children's critical illness benefit

We automatically include children's critical illness benefit when you choose death or earlier critical illness benefit or critical illness benefit (each a main critical illness benefit).

We will cover each of your children, including step children and children that you have legally adopted, from 30 days old until their 18th birthday for 50% of the main critical illness benefits up to a maximum of £20,000. The children's critical illness benefit will be based on the benefit amount at the date of claim.

If both parents have separate critical illness benefits, and children's critical illness cover applies to both, you can have cover up to £40,000. The maximum benefit we will pay for each parent is £20,000. You can claim this benefit once for each of your children.

On payment of children's critical illness benefit, no further claim for benefit will be admitted in respect of the same child under any policy with us. The cover will continue in respect of each of your other children (if any).

We will make a payment as long as the child survives for 14 days (the survival period) after being diagnosed with one of the children's critical illnesses or disabilities that meets our plan definition.

Your children will be covered for the critical illnesses and disabilities shown on page 8 (except loss of independent existence as detailed on page 29). Also, a different definition of total permanent disability – of specified severity is used for children's critical illness benefit. You will find this on page 37.

Any claim you make under this benefit will not affect the amount of your main critical illness benefits.

Additional covered conditions benefit is not included in children's critical illness benefit.

There are some situations where we will not pay claims for children's critical illness benefit. You will find these in the section headed **Exclusions and limitations of the plan** on pages 44 and 46.

Buyback option

When you take out death or earlier critical illness benefit or critical illness benefit in your plan, you can select the buyback option. This option allows you to take out additional critical illness cover when you make a critical illness or total permanent disability claim and we admit the claim. You must be under age 60 when we admit your claim.

Setting up your new cover

Cancer claims

If your claim was for cancer and you wish to exercise the option, we will write to you and ask for details of your GP and the medical consultant who treated you. We will write to them to request details of your medical condition. Once we have confirmation that:

- 12 months have elapsed since you were discharged from successful treatment; **and**
- there has been no subsequent recurrence of any cancer

we will set up your buyback benefit.

This option must be taken up within five years of your claim being admitted.

Claims other than cancer

If the claim was for any cause other than cancer, you can set up the buyback benefit 12 months after we admit your claim. This option must be taken up within two years of your claim being admitted.

For all claims

The buyback benefit will be:

Technical options

- for the life assured in respect of whom the claim was made;
and
- will cover cancer, heart attack and stroke.

The definitions for these illnesses will be the same as those provided under your original benefit.

The normal 14 day survival period will apply to these conditions.

If your original benefit included death benefit, this will also be included under the buyback benefit.

Additional covered conditions will not be included under the buyback benefit, even if it was included in your original benefit.

Any special terms and/or exclusions under your original benefit will also apply to the buyback benefit.

The buyback benefit will be a level lump-sum benefit amounting to 50% of the claim payment made under your original benefit. However, this benefit cannot be more than £100,000 or the equivalent amount of an income benefit (e.g. for a 10 year term the maximum income will be £10,000 a year, in other words £100,000 divided by 10).

Once this limit has been reached, whether through the exercise of this option or the same or similar options under other plans you have with us, the option will no longer be available.

The maximum critical illness cover that you can select with buyback option is £200,000 (or the equivalent income amount).

You should restrict any benefit amount with buyback option to this level on your application form.

If you require more than £200,000 critical illness cover (or the equivalent income amount) you should complete the extra benefit requirements section of the application form.

The term of your buyback benefit will be between five and ten years, depending on the term remaining under your original benefit. For renewable benefits the term of the buyback benefit will be either five years or to the next renewal date, whichever is longer.

Example

If you had three years remaining on your original benefit then your new buyback cover would be for a term of five years. However, if the remaining term on your original benefit was six years, then your new buyback cover would be for a term of six years. Once the buyback benefit is in force, you will be able to make a claim provided the event covered happened during the cover period of the buyback benefit.

Your premium will increase to pay for the option. Once you have exercised the option the buyback benefit will be set up and a yearly premium of £25 will be payable.

Where you have premium payment benefit (sickness, accident or disability) and/or premium payment benefit (unemployment) (Mortgage plans only) under your plan, these benefits will not be extended to cover the £25 premium due when the buyback benefit is set up.

If you choose critical illness benefit on its own with buyback option, we will not pay a death benefit. However, if you die after

we have admitted your claim for critical illness but before the expiry of the buyback option or the term of the buyback benefit, we will pay a benefit of £250.

Additional covered conditions will cease to be provided under the original benefit if a claim for critical illness benefit or death or earlier critical illness benefit is admitted.

Children's critical illness benefit will continue to be covered until the expiry of the buyback option or to the end of the term of the buyback benefit if you exercise the option. Your existing Policy Benefit Schedule and Policy Provisions for Children's critical illness benefit will continue to apply and any claims already paid will be taken into account when assessing any new claims for this Children's critical illness benefit. During this time if you die, this benefit will automatically cease on the date of death.

The buyback option is available at the time you take out either death or earlier critical illness benefit or critical illness benefit. It cannot be added at a later date.

Disability income benefit (sickness, accident or disability)

(also known as income protection)

This benefit will give you a monthly income if, because of sickness, an accident or disability, you are, in our reasonable opinion, unable to work, you meet one of the serious illness definitions, or you are unable to perform 3 out of 9 everyday tasks.

We will automatically include premium payment benefit (sickness, accident or disability) if you choose this benefit.

When you take out this benefit, you decide which of the following definitions you want us to use to assess a claim:

You are unable to:

- **do your own occupation; or**
- **do your own occupation for 1 year and then meet one of the serious illness definitions, or you are unable to perform 3 out of 9 everyday tasks. This is the 1 year own occupation definition.**

If you do not work **full time**, are not in paid work or are a house-person you can only choose the 1 year own occupation definition.

If you choose the own occupation definition, but are under age 65 and not in a **full time** (16 hours or more a week) paid occupation immediately before the start of the disability, the serious illness or everyday tasks definition will apply in the assessment of a claim even if the own occupation definition is stated to apply on page one of your Policy Benefit Schedule.

You can find full definitions of own occupation and 1 year own occupation on pages 37 and 38.

You also choose the level of cover that you want. However, the following limits apply:

- minimum benefit of £1,200 a year or £100 a month

- maximum benefit of 50% of your salary or earned income (50% of the lower salary if you choose joint-life benefit) up to £126,000 benefit a year or £10,500 benefit a month
- if you are a house-person we will not pay more than £12,000 a year or £1,000 a month.

These limits also take into account all other income protection and accident, sickness and unemployment plans that you may have with other providers.

Example

If your salary or earned income is £30,000 and you already have £500 a month from income protection with another provider, the most disability income benefit (sickness, accident or disability) we will pay to you is £750 a month (i.e. 50% x £30,000 = £15,000 maximum benefit less existing yearly benefit (£500 x 12 = £6,000) giving maximum £9,000 yearly benefit or £750 monthly benefit).

When you take out your benefit, you can choose the deferred period you want:

4, 13, 26 or 52 weeks.

The deferred period is the period during which a life assured must be ill or disabled before we will pay any benefit. With a longer deferred period your premiums are lower.

As we will also include premium payment benefit (sickness, accident or disability), the deferred period for this benefit will be the same as the deferred period you choose for disability income benefit (sickness, accident or disability), unless you show otherwise on your application form.

We will ask you to fill in a claim form when you make a claim. This will ask you for details of your condition and of any income that you receive, for example from other income protection and accident, sickness and unemployment plans. We will also need medical information as evidence.

We will pay your benefit until the first of the following events happen:

- in our reasonable opinion, you recover
- you reach the end of your benefit term; **or**
- you die.

There is no limit to the number of times you can claim during the term of this benefit. The maximum age at the end of the benefit term is 65 and your benefit will end on the benefit anniversary after you reach age 65 (or the first life to reach 65 if you choose a joint-life benefit).

The annual amount of disability income benefit will be restricted to 50% of your pre-disability annual salary or earned income. This amount may be reduced if you continue to receive a salary or earned income as defined at page 42 from employment when we pay the benefit or if you are receiving income from other income protection and accident, sickness and unemployment plans.

If you suffer a relapse and have to stop work again within 12 months of a previous claim stopping, we will treat the further period of disability as a connected claim and start to pay your benefit straight away, provided that:

- you did not go back to work against the advice of your doctor;
- you are disabled owing to the same cause as the previous claim;
- you are still working in the same occupation at the time the period of disability starts; and
- you tell us within 2 weeks of the date you stop work again.

We will start to pay the benefit again once we receive your claim form and up to date medical information.

The definition of disability we will use to assess a connected claim is the definition that would have applied if the two periods of incapacity had been a single period.

If your plan schedule shows that the own occupation definition applies, we will start to pay the benefit again straight away.

If your plan schedule shows that the 1 year own occupation definition applies and we had paid 12 monthly payments of benefit before the life assured returned to work, we will only start to pay the benefit again if the life assured meets the requirements of either the serious illness, or everyday tasks definition of disability.

If your plan schedule shows that the 1 year own occupation definition applies and we had not paid 12 monthly payments of benefit before the life assured returned to work, we will use the 1 year own occupation definition until we have made 12 monthly payments of benefit. We will then reassess the claim and will only continue to pay the benefit if the life assured meets the requirements of either the serious illness, or everyday tasks definition of disability.

If you return to work on reduced hours or to a lower paid job after we have admitted a disability claim, we may continue to pay a benefit to you at a reduced rate taking account of the salary or earned income you will be receiving from employment.

If you have a renewable disability income benefit and a claim is in payment when your benefit is due for renewal, we will allow you to renew your benefit in the normal way and your claim will continue subject to our standard claims procedures set out in the Policy Provisions.

You do not need to tell us if you change your job during the term of your benefit. We will ask for this information if you make a claim.

Benefit features and options – disability income benefit

Immediate cash benefit

We automatically include immediate cash benefit when you choose death or earlier critical illness benefit or critical illness benefit for a total benefit amount of at least £25,000; and disability income benefit (the main benefits) within the same plan.

The immediate cash benefit amount will be equal to the weekly equivalent value of your disability income benefit multiplied by the deferred period under your plan (subject to a maximum payment of 26 weeks equivalent disability income benefit). The benefit will be paid as a lump-sum.

Technical options

We will pay this benefit if you are diagnosed with one of the critical illnesses that meets our plan definition under your death or earlier critical illness benefit or critical illness benefit and we admit the claim. We will not pay a claim for immediate cash benefit on diagnosis of an additional covered condition. Once a payment has been made, immediate cash benefit will cease.

Any claim you make under immediate cash benefit will not affect the amount of your main benefits.

Children's income benefit

We automatically include children's income benefit when you choose death or earlier critical illness benefit or critical illness benefit for a total benefit amount of at least £25,000; and disability income benefit (the main benefits) within the same plan.

We will cover each of your children for children's income benefit, including step children and children who have been legally adopted, from 30 days old until their 18th birthday. The benefit amount will be 25% of the disability income benefit in force at the date of notification of a claim for children's income benefit. However, we will not pay more than £5,000 a year, per claim over all policies with us.

The benefit will be paid as an income for a specified period if the child survives for 14 days (the survival period) after being diagnosed with one of the children's critical illnesses or disabilities that meets our plan definition.

Your children will be covered for the critical illnesses and disabilities shown on page 8 (except loss of independent existence as detailed on page 29). Also, a different definition of total permanent disability – of specified severity is used for children's income benefit (see page 37).

We will pay this benefit until the first of the following events happen:

- the date the child reaches age 18
- three months after the death of the child
- five years after the benefit starts; **or**
- the end of your benefit term or earlier cancellation of your benefit.

Any claim you make under children's income benefit will not affect the amount of your main benefits.

Unemployment benefit (Mortgage plans only)

You can only choose this benefit if it is to protect a secured loan which is used to purchase your home/principal private residence and if you are not currently in arrears on your mortgage repayments.

You cannot take out unemployment benefit on its own. You must take it out with one of the other benefits available under this plan. Where you take it out with death benefit, death or earlier critical illness benefit or critical illness benefit, the total benefit amount must be at least £25,000 (excluding unemployment benefit). This benefit is made up of two parts. It will give you:

- a monthly income if you become unemployed through no fault of your own; **and**
- premium payment benefit (unemployment) will take care of your premiums while you are receiving your monthly benefit.

You choose the level of cover that you want. However, the following limits apply.

Minimum benefit of £1,200 a year or £100 a month.

Maximum benefit of 40% of salary or earned income (lower salary/earned income or amount of earned income if you choose joint-life benefit). The maximum cannot be for more than 12.5% of the mortgage amount. We will not pay more than £24,000 a year or £2,000 a month.

The definition of salary or earned income is the same as that used for disability income benefit except that the Benefits in Kind as shown on HM Revenue & Customs Form P11D are not included. Please refer to page 42 for the full definition.

For example, if your salary or earned income is £30,000 a year and your mortgage is £100,000, the most we would pay is £1,000 a month (i.e. 40% x £30,000 = £12,000 a year or £1,000 a month). This has been checked to make sure it is within our maximum limits (i.e. 12.5% x £100,000 = £12,500 a year and is not more than £24,000 a year).

When you take out your benefit, you can choose the deferred period you want and the maximum payment period over which you would want to receive your benefit.

Deferred period	Maximum payment period
8 weeks; or	52 weeks; or
13 weeks.	104 weeks.

The deferred period is the period during which a life assured must be unemployed before we pay any benefit and starts from the later of:

- the date you registered with the appropriate Government office in the UK, the Channel Islands or the Isle of Man, and start to receive any appropriate benefits; **and**
- the end of any period for which you have received payment in lieu of notice.

There is an eight week waiting period from the later date of:

- when we issue our acceptance terms; **and**
- the start date of your unemployment benefit during which if you become unemployed or are notified that you will become unemployed at a later date, no claim will be payable in respect of that period of unemployment.

We will pay your benefit until the first of the following events happens:

- you reach the end of your chosen payment period
- you cease to be unemployed
- you reach the end of your benefit term; **or**
- you die.

The maximum age at the end of the benefit term is 65 and your benefit will end on the benefit anniversary after you reach 65 (the first life to reach 65 if you choose joint-life benefit).

If you find temporary work whilst unemployed, and we are happy that it is temporary and will not continue for more than six months, your unemployment benefit will stop being paid. Payments will resume when the temporary work finishes.

When we admit a claim, we will pay the benefit amount 30 days in arrears.

There are some situations where we will not pay claims for unemployment benefit. You will find these in the section headed **Exclusions and limitations of the plan** on pages 45 and 46.

Who is eligible for unemployment benefit?

You will be eligible for unemployment benefit if you **work and live** in the UK, the Channel Islands or the Isle of Man.

If you are EMPLOYED **all** of the following must apply:

- you have been continuously employed for six months on a full or part time basis;
- you work **at least** 16 hours or more each week;
- if you work on a contract basis, you have a **fixed term, renewable** contract which must:
 - be for a minimum of six months;
 - be with the same employer; **and**
 - have renewed at least twice during the term of the plan (once if renewable contract is for a 12 month period or longer).
- you do not know of, or could not reasonably be expected to know of, any circumstances that may affect your employment status; **and**
- you are not in control of your salary or of the business you work for because you have, or a relative or a member of your household individually or jointly has, a controlling interest in that business; **and**

- you have never been convicted of any offence involving fraud or dishonesty that is not yet “spent” under the Rehabilitation of Offenders Act or equivalent law.

If you are SELF EMPLOYED **all** of the following must apply:

- you carry on a business in the UK, Channel Islands or the Isle of Man alone or with others and pay Class 2 National Insurance contributions and are classed as Schedule D for income tax purposes;
- you control the affairs of the business you work for because you or a relative or a member of your household individually or jointly have a controlling interest in that business;
- the business must have been trading under the same name for the past six months;
- you do not know, or could not reasonably be expected to know, of any circumstances that may affect the ability of the business to continue trading; and
- you have never been convicted of any offence involving fraud or dishonesty that is not yet “spent” under the Rehabilitation of Offenders Act or equivalent law.

You will be classed as SELF EMPLOYED where your spouse or partner or any other immediate family member is self employed as defined above and you are employed in the same business.

If you cannot meet any of the criteria in the relevant section above, you will be unable to take out unemployment benefit.

Change of job

If you choose unemployment benefit, you must tell us if you change:

- your job, or
- your employment status from employed to self employed or vice versa

from the details shown on your application form during the term of your benefit. This could change your premium, or mean that we can no longer cover you for this benefit.

Insurance premium tax

Your unemployment benefit premium will include insurance premium tax (IPT). The UK Government can change the rate of tax at any time. We will change your premium to take into account any change in this tax.

Technical options

Unemployment benefit insurance provider

Unemployment benefit will be provided by UK General Insurance Ltd on behalf of Surestone Insurance dac. UK General Insurance Ltd is authorised and regulated by the Financial Conduct Authority. Registration number 310101, registered office Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ. This can be checked on the FCA's register by visiting the FCA's website at www.fca.gov.uk/register or by contacting them on 0345 606 1234. Surestone Insurance dac is an insurance company established in Ireland and authorised and licensed by the Central Bank of Ireland. The company is registered in The Republic of Ireland, registration number 340407, registered office Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Ireland. We have arranged this insurance as agent for UK General Insurance Ltd on behalf of Surestone Insurance dac.

If UK General Insurance Ltd on behalf of Surestone Insurance dac stops offering unemployment benefit, we will do everything possible to find another insurance provider. If this happens, the Product Guide and any other documents may be subject to change. If we are unable to replace the insurance provider we will have to stop your cover.

If our arrangements with UK General Insurance Ltd on behalf of Surestone Insurance dac change, this may require a change to this Product Guide and any other relevant documents.

We will aim to ensure that any changes to your policy terms and conditions will be fair and reasonable to you. We will give you 30 days prior written notice of any change of insurance provider and/or changes to the Product Guide and any other relevant documents. And we will give you 90 days prior written notice if the benefit is to be withdrawn.

Premium payment benefit (sickness, accident or disability)

(also known as waiver of premium)

You can choose this benefit to protect your premiums if, because of sickness, an accident or disability, you are, in our reasonable opinion, unable to work, meet one of the serious illness definitions, unable to perform 3 out of 9 everyday tasks or 3 out of 6 life tasks.

When you take out your benefit, you can choose the deferred period you want. The cost for this benefit depends on the deferred period you choose. If you choose disability income benefit (sickness, accident or disability) with a deferred period of 4 weeks, your premium payment benefit (sickness, accident or disability) will also have a 4 week deferred period, unless you tell us otherwise.

The deferred period is the period during which an insured person must be ill or disabled before we will pay any benefit.

Your premiums will be paid until the first of the following events happens:

- in our reasonable opinion, you recover
- you reach the end of your plan term; **or**
- you die.

If you have a renewable benefit in your plan and you are claiming premium payment benefit (sickness, accident or disability) at the time you renew the benefit, the premium payment benefit (sickness, accident or disability) claim will continue to be paid provided you confirm to us that you want to renew your benefit when we ask.

If you make a claim, and during the time that the claim is being paid you go beyond age 65, we will re-assess your claim when you reach age 65 on a life tasks definition. This may mean that you no longer meet the definition of disability and the claim payment may stop.

Age limits

There are minimum and maximum ages of the person covered when you take out or increase your benefit. These change depending on the different benefits. Your personal illustration will show the start and end dates of all the benefits you have selected. For more details please speak to your financial adviser.

Benefit	Minimum attained age when you take out a benefit	Maximum attained age when you take out a benefit	Maximum attained age at the end of the benefit term
Death benefit	18	79	85
Death or earlier critical illness benefit	18	69	85
Critical illness benefit	18	69	85
Disability income benefit (sickness, accident or disability)	18	59	65
Unemployment benefit	18	59	65
Premium payment benefit (sickness, accident or disability)	18	59	85

If you choose renewable death, death or earlier critical illness, critical illness or disability income benefits, the maximum age when you take out a benefit is:

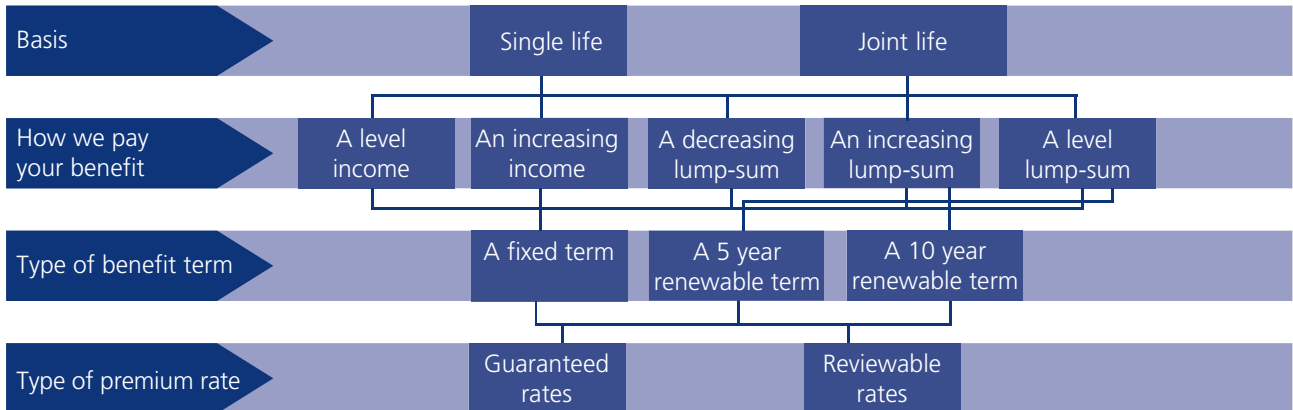
- the maximum age at the end of the benefit term minus twice the renewable term; **or**
- the maximum age when you take out the benefit, shown above, if lower.

How you can take out these benefits

Term Personal and Mortgage –

Death benefit, death or earlier critical illness benefit and critical illness benefit

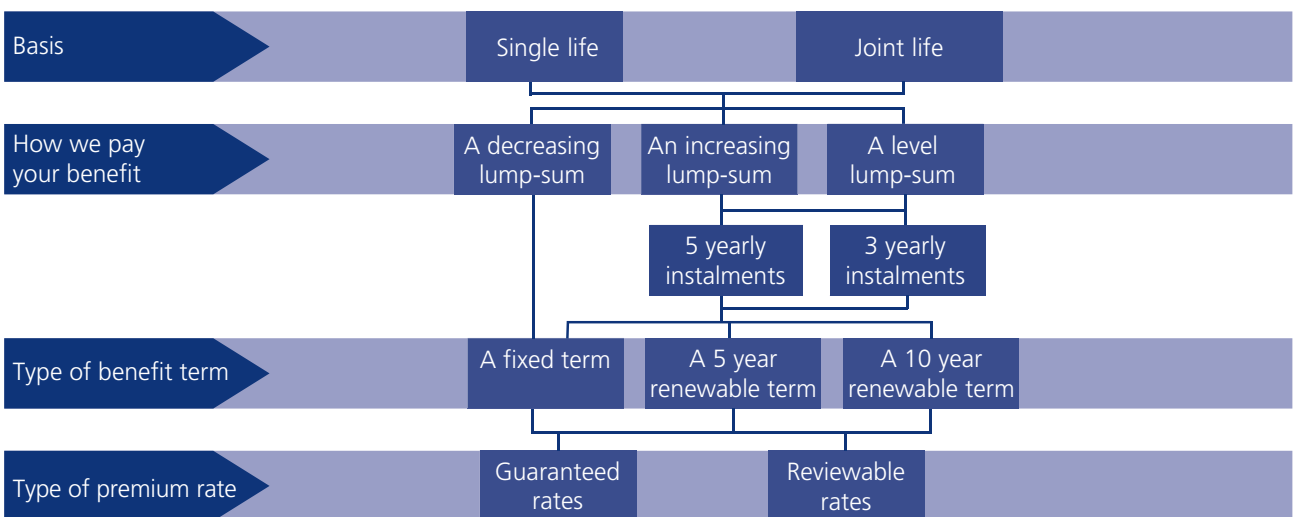
You can take out death benefit, death or earlier critical illness benefit and critical illness benefit in a number of different ways to match your needs. The following diagram shows the options available for each of the benefits shown.



Term Business –

Death benefit, death or earlier critical illness benefit and critical illness benefit

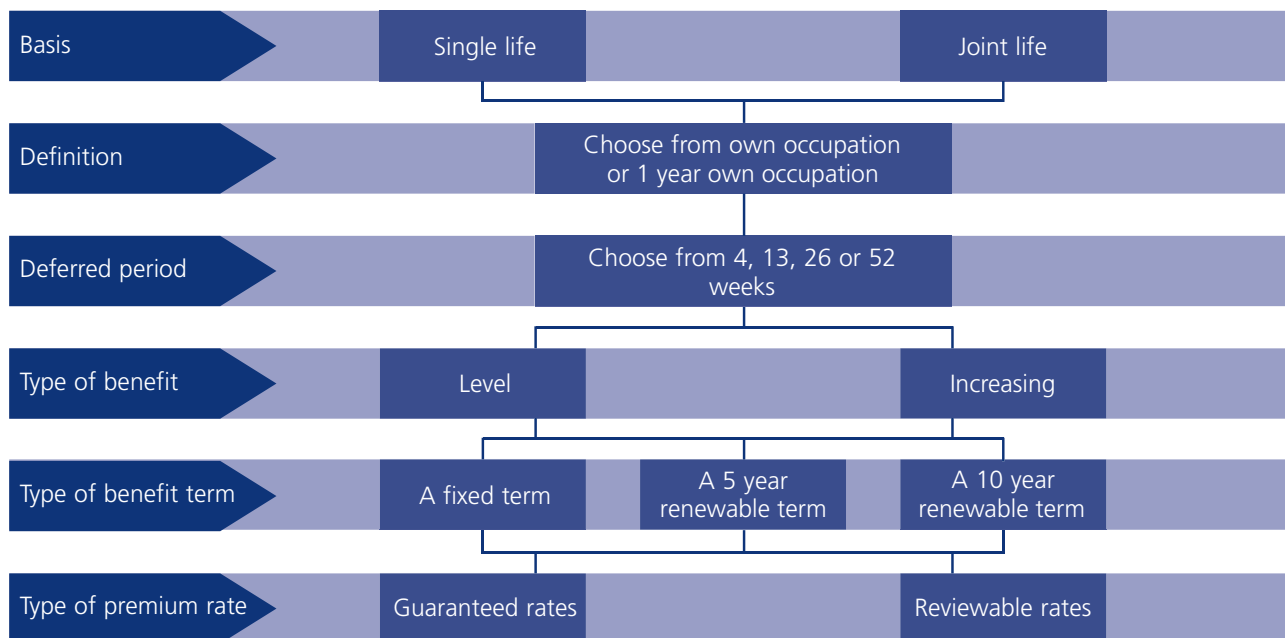
You can take out death benefit, death or earlier critical illness benefit and critical illness benefit in a number of different ways to match your needs. The following diagram shows the options available for each of the benefits shown.



Technical options

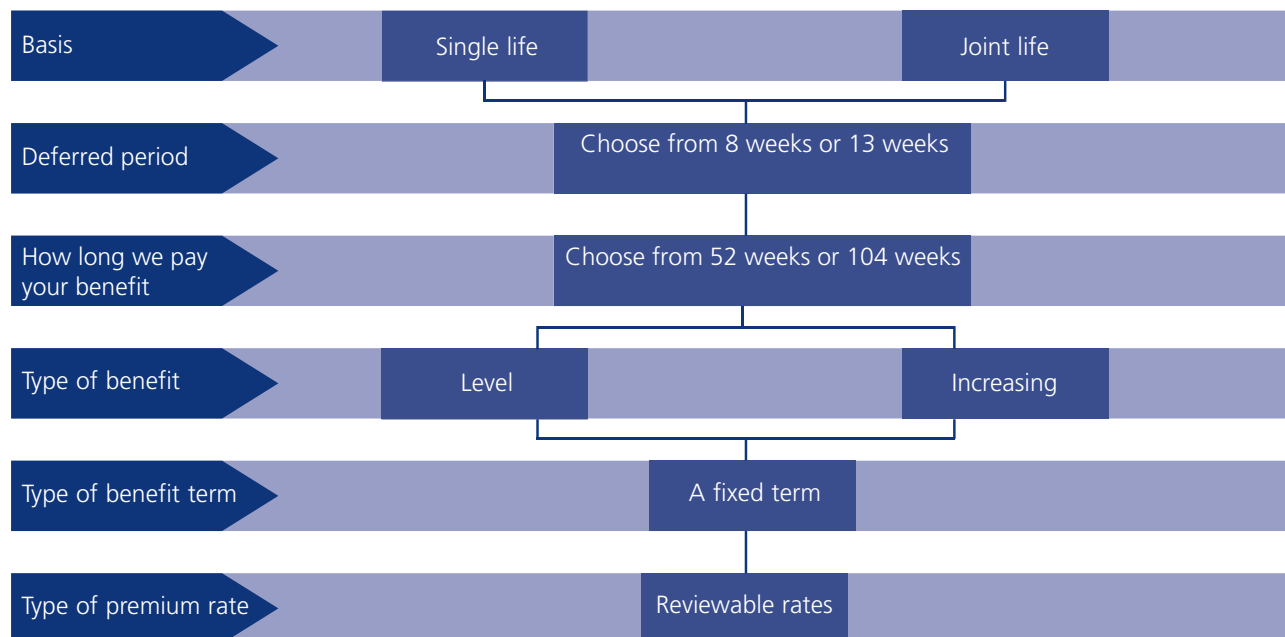
Disability income benefit

You can choose to take disability income benefit (sickness, accident or disability) in a number of different ways to match your needs. The following diagram shows the options you have.



Unemployment benefit

You can take out unemployment benefit in a number of different ways to match your needs. The following diagram shows the options available to you.



Premiums

You can choose how you want to pay your Self Assurance plan premiums.

You can pay them:

- every month by Direct Debit (you must pay at least £5.00*)
- every year by Direct Debit or cheque (you must pay at least £60*).

* If you are resident in the Channel Islands or the Isle of Man the monthly amount is £30 and the yearly amount is £360.

If you stop paying premiums, your cover will stop and we will not pay you anything. This will not apply if we are paying a premium payment benefit (sickness, accident or disability) claim or a premium payment benefit (unemployment) claim as part of an unemployment benefit claim. The procedure we will follow if you stop paying premiums is shown in section 2 (Premiums) of the **Policy Provisions** on pages 53 and 54.

If you want to stop your plan, you can do this by writing to us. If the benefits in your plan have different terms to run, your premium will automatically reduce when each of the benefits come to the end of their term and will stop when the last benefit reaches the plan end date.

Benefit payments

You may not want all your benefits paid as a lump-sum. That is why you can choose, for most benefits, how we pay your benefit and have a number of choices in your plan.

Death and critical illness benefits can be payable:

- **as a level lump-sum**, fixed throughout the benefit term
- **as a reducing lump-sum**, reducing monthly throughout the benefit term in line with a capital and interest loan schedule at an interest rate you choose
- **as an increasing lump-sum**, increasing yearly throughout the benefit term in line with inflation
- **as income on a level or increasing basis**, the income payable monthly from claim date to the end of benefit term (Term Personal & Mortgage plans only); **or**
- **in yearly instalments over three or five years**, allowing you to choose between level or increasing instalments (Term Business plans only).

If, when you make a claim you do not want to receive an income (or instalments under Term Business plans) and would prefer to receive a lump-sum, you can change your income to achieve this. We will work out your lump-sum based on our terms at the time, which will allow us to pay your benefit early.

If you die while we are paying a critical illness income benefit, your personal representatives will have the choice of continuing to receive the income to the end of the benefit term, or they can change the income left into a lump-sum. We will work out the lump-sum the same way as noted above.

Additional covered conditions benefit will be payable as a lump-sum.

Children's critical illness benefit will be payable as a lump-sum.

Disability income benefit will be payable monthly. You can set up the income on a level or increasing basis.

Children's income benefit will be payable monthly.

Immediate cash benefit will be payable as a lump sum.

Unemployment benefit will be payable monthly on a level or increasing basis.

What we mean by level, increasing or decreasing

Level benefit

The amount of benefit you choose will stay at that level for the rest of the term.

Increasing benefit

Your benefit will increase each year by the percentage increase in the UK Government's Retail Prices Index (RPI).

Any income benefit you have will continue to increase while we pay any claim.

However, it will not increase by more than 10% each year. Your premium for that benefit will increase by the percentage increase in RPI multiplied by 1.4. We will actually increase the benefit on the policy anniversary after your cover starts. This means that for benefits added or increased during the year, the first increase will apply less than a year from it starting and then each year after this.

The policy anniversary will fall on the same date each year as the start date of your plan.

We will work out the percentage increase in RPI over the year ending three months before the policy anniversary. If the increase drops below zero, the rate we use will be zero.

Decreasing benefit

You would normally choose this to cover a capital and interest mortgage or loan, or a capital and interest business loan. Your benefit will reduce over the term you have chosen to fit in with your loan reducing as you repay part of the capital each month. You choose the interest rate you want us to use when we work out how your benefit is going to reduce over the term. You can choose an interest rate between 0% a year and 18% a year.

The amount we pay will be the amount of benefit left at the time you make your claim. However, if you change your mortgage amount or any other details of your mortgage, e.g. you take a payment holiday, or if interest rates have risen above your chosen level, the benefit amount due may not pay off your mortgage completely.

Technical options

If you are in any doubt about how this affects you, you should contact your financial adviser who will be able to answer any questions you may have.

Benefit terms

It is up to you how long you want to be covered for. Each benefit you choose can have a different term. If you know how long you want your benefit to last, you can choose a **fixed** term, for example if you are using the benefit to cover a mortgage, or to cover a key employee until they retire. However, if you want more flexibility you can choose one of the **renewable** terms. We describe all your options below.

Fixed term – minimum

The minimum term for all benefits is five years.

Fixed term – maximum

The maximum term available is 40 years or the term to the maximum age at the end of the benefit term if lower.

For example, if you are 33 when you take out disability income benefit (sickness, accident or disability), the maximum term available is 32 years as the maximum age on this benefit is 65.

Unemployment benefit, decreasing lump-sum and death or critical illness benefits paid out as an income are only available with a fixed term.

Renewable term

Instead of choosing a specific term on some benefits you can choose to renew your cover on a five year or ten year basis. At the end of the five or ten years, you will be able to renew your cover for a further five or ten years without the need to provide medical evidence. If you have chosen an increasing benefit amount, your benefit will continue to increase when you take the renewal option. You cannot switch your ten year renewable term benefit to a five year renewable term benefit, or vice versa.

Renewable benefits are available as increasing or level lump-sum benefits only (decreasing lump sum and income benefits are not available).

We will work out your premium when you renew the benefit based on our terms and conditions, your age and our rates at the time you renew. This could mean that your replacement cover (the renewed benefit) may not have the same terms and conditions as your previous benefit. We will base the renewal benefit on the choices you made for your original benefit, e.g. guaranteed or reviewable rates, level or increasing benefit, with all options you have selected.

If an extra premium or exclusion applied to your previous benefit, these will be included under your renewed benefit.

The renewable benefit can be changed to meet lifestyle changes. Please refer to pages 19 to 22 for details on flexibility of Self Assurance.

What we mean by premium rates

Each benefit you choose can have a different type of rate. For example, you may want to have a death benefit on a five year renewable basis with guaranteed rates and a critical illness benefit for a 20 year fixed term with reviewable rates.

Guaranteed rates

If you have chosen level or decreasing benefits, your premium will not change throughout the term you have chosen. If you have chosen increasing benefits, the only change we will make to your premium is as a result of the benefit increases each year.

Reviewable rates

All benefits (other than unemployment benefit)

When we work out your premium, we aim to set it at a level that can be maintained throughout the term you choose but will be reviewed at regular intervals.

We will not change your premium during the first five years of you setting up a benefit. We will carry out a review of premiums on the first policy anniversary date on or after that benefit has been in force for five years and every five years thereafter. Any increase or decrease in premium will take place on the policy anniversary date.

Unemployment benefit

Premiums for unemployment benefit (including premium payment benefit (unemployment)) will be reviewed each year. The reviews are more frequent than for other benefits because the factors which affect the cost of unemployment benefit can change much more quickly than the factors affecting the other benefits.

We will carry out a review of premiums for unemployment benefit on the first policy anniversary date on or after that benefit has been in force for one year and every year thereafter. Any increase or decrease in premium will take place on the policy anniversary date.

Your premium for unemployment benefit may also change at any time to reflect changes in insurance premium tax (IPT).

Unemployment benefit is not available with guaranteed rates.

All benefits

If you have chosen increasing benefits, your premium will increase each year as well as changing as a result of any increase or decrease from a review.

Review process

When we carry out a review, we will, based on our view, make changes to expected future experience for valid reasons including the following:

- current level of claims incurred is different to that previously anticipated. This will reflect the impact that socio-economic and medical factors have had on our level of claims. This will vary by age, smoker status and other rating factors
- changes to the future outlook on claims. This will vary by age, smoker status and other rating factors
- changes in future investment returns
- changes in future expenses. We will reflect any changes in expenses, which are outside of our control. Examples are changes in Value Added Tax (VAT) and the impact of changes in past and future expected inflation (as measured by the Retail Prices Index). This has the effect of future expected expenses being higher than anticipated. We will not reflect changes in expenses due to operational efficiencies or inefficiencies
- changes in the tax and regulatory environment. We would reflect the impact of changing tax, imposed on us, by the UK Government. We would also reflect the impact that any changes to regulatory rules on accounting prescribed to us by the UK Government or European Union
- changes to reassurance premiums, if the change is based on one of the assumptions listed above. If reassurance premiums change for any other reason we will not include this in any premium review.

These assumptions will be derived by reviewing company and industry data, as well as taking into account data from other parties such as the actuarial profession, medical profession, specialist charities and national statistics. The company data we will analyse will group policyholders together that have similar characteristics based on factors such as age and smoker/non-smoker (this list is not exhaustive and may change in the future). We will not base reviews on individual circumstances, for example, your health at the time of the review.

If our view of these assumptions at the time of the review differs from the view we took of them at the outset, we may increase or reduce your premium based on the difference. These assumptions will be consistent with, but not necessarily the same, as those used for pricing of new contracts. We will not recover any past losses that we may have incurred due to experience being worse than expected. We will revise the premium to reflect future expected experience only.

The assumptions and the premium reviews will be reviewed and agreed by the Directors of Royal London Mutual Insurance Society Ltd who have regulatory responsibility for ensuring that any changes are fair. Changes in premium will apply to all similar policies.

Notification of outcome of review

When we carry out a review, we will write to you at least 30 days prior to the policy anniversary date and let you know the outcome of the review. Your premium may stay the same, go up or go down at review. It is possible, if you have more than one benefit, that one premium may increase whilst the other decreases, as they may have been affected differently by the changes in expected experience.

If your premium increases at review, we will increase your monthly or yearly premium on the policy anniversary date. Alternatively, you will be able to continue with your existing premium level but we will need to reduce the sum assured for this benefit. To do this you must tell us at least ten days before the change would otherwise have taken effect, and your reduced benefit amounts will apply from that date. You also have the right at any time to stop paying premiums although your contract will end without value. Full details of the options open to you will be provided when we write and tell you the outcome of the review.

There is no limit to the amount your premium may increase or decrease but any change will be fair and reasonable.

Flexibility

We realise that your needs for protection will change over time. The cover you take out today may not be appropriate for your needs in five years. You may get married or enter into a civil partnership and want to include your spouse/civil partner in your plan. You may get divorced and want to split the mortgage protection that you have. Your business needs may change. Or you may simply want to include extra protection later because you can afford to.

When you make changes to your plan, your premium must not fall below the minimum levels set by us (see page 17).

Whatever the change in your circumstance, Self Assurance can adapt to meet your new needs.

Increase options

If we have accepted your plan at ordinary rates there are a number of increase options which allow you to increase the amount of benefit within certain limits.

We will set up the increase using the same basis as the original benefit and it will end at the same time. The premium covering the increase will be based on your age and our rates which apply at the time of the increase.

You will not be able to increase any of the benefits if you are already suffering from an illness or condition covered by the plan for which you have or have not yet submitted a claim.

Technical options

You can increase death, death or earlier critical illness, critical illness, disability income and unemployment benefits by up to 50% of the original benefit amount. However, the total of all increases cannot be for more than:

- £150,000 for lump-sum benefits
- £8,000 a year for income benefits; **and**
- an amount which when added to your original benefit amount takes the total above the maximum level set by us.

You can take advantage of these increase options until you reach 55 (first life to reach 55 if you choose joint-life benefit).

If you have more than one Self Assurance plan (or any other plans with similar options issued by us) you cannot increase benefits (without medical information) by more than the amounts shown above.

If your original benefit includes premium payment benefit (sickness, accident or disability) we will automatically include this in the increase as long as there is no claim either in the course of being paid or waiting to be paid.

You cannot take advantage of further increase options on the benefit increase itself.

You may want to increase your benefit by a higher amount. We will need some medical information for any amounts over the maximum limits shown above.

The specific circumstances when the increase options apply are shown below along with the appropriate evidence that you will need to send us. You must let us know, within three months of the event happening, if you want to use the increase option. At this time your plan must be in force and all premiums due to date have been paid.

Increase events for Term Personal and Mortgage plans only

Mortgage increase

You can use this option when you increase your mortgage amount because of moving house or making home improvements. The increase must be for your home/principal private residence and you must not currently be in arrears on your mortgage payments.

We will limit your increase to the lower of the increase in your mortgage and the limits shown above. We will need a copy of the loan offer or confirmation of a mortgage advance taking place as evidence. For unemployment benefit, you can use only the mortgage increase option to increase this benefit.

Childbirth or adoption

You can increase your benefit by any amount within the limits shown above. We will need a copy of the birth or adoption certificate as evidence.

Marriage/civil partnership

You can increase your benefit by any amount within the limits shown opposite. We will need a copy of the marriage/civil partnership certificate as evidence.

Salary increase

If you have been promoted or you move to another job and as a result of this your salary increases, you can increase your benefit by the percentage difference between your new and old salary. However, the increase in your salary must be at least 10%. We will need written confirmation from your employer or HM Revenue & Customs (or equivalent body) as evidence.

You cannot make an increase using this option if you are self-employed, a controlling director, or if you can decide on the amount of your salary.

Increase events for Term Business plans only

Business loan

If you took out your plan to cover a business loan, you can use this option to cover any increase in the loan. We will need written confirmation from the lender or a copy of the new loan offer as evidence.

Increase in value of an important employee

This option allows you to increase the benefit amount following an increase in value of the key person based on an increase in salary or increase in gross profits attributable to that person. You can increase by a maximum of:

- 5 times the amount of the increase in salary; or
- twice the increase in gross profits attributable to that person,

subject to the limits contained in the 'increase options' section starting on page 19. We will need to see how this increase in value of a key person has been calculated and we may need to see copies of the business accounts. You can only use this option once every 3 years and within 3 months of the relevant policy anniversary.

Increase in shareholding

If you took out your plan as part of a share-purchase arrangement, you can use this option to increase your benefit if you increase the share of the business you own. We will need to see evidence of the increase.

Increase in share value

If you took out your plan as part of a share-purchase arrangement, you can use this option to cover an increase in the value of your share of the business. We will need to see how this value has been calculated and may need to see a copy of your business accounts.

You can only use this option once every three years and within three months of the relevant policy anniversary.

Changing your benefits

There are a number of changes that you can make at any time. We may need to ask for medical and/or financial evidence to deal with some of the changes.

You can make all of the following changes at any time (subject to any benefit restrictions mentioned):

- add a new benefit
- remove a benefit
- increase a benefit
- reduce a benefit
- add a life assured
- remove a life assured
- extend the term of a benefit
- reduce the term of a benefit
- change from a level benefit to an increasing benefit
- change from an increasing benefit to a level benefit
- change from an increasing benefit to a decreasing benefit
- change the way you pay premiums
- alter a deferred period.

Any benefit changes will result in a change to your Policy Benefit Schedule which could mean that your cover is more restricted than what you had previously. An example of this is if you requested an extension to the term end date of your critical illness benefit. For this change, we would require you to complete an application form with medical questions, we would underwrite the change and increase your premium for this benefit.

This could also mean that you are now covered for different critical illnesses and definitions resulting in you having reduced cover compared to the cover you had before the change.

If you add a new benefit to your plan and your plan already has premium payment benefit, your original premium payment benefit will be extended to cover the new benefits.

Your premium will change when you make changes to your plan. We will write to you to confirm the change and your new premium. If premiums increase under your plan we will pay commission to the financial adviser dealing with your plan.

If your premiums reduce, for example if you take away a benefit, depending on how long the benefit has been in force, we may reclaim some commission from your financial adviser.

Changing smoker status

If after you have taken out your plan you stop smoking we will consider altering the rates your premium has been calculated on to non-smoker rates subject to:

- 12 months having elapsed since you last smoked tobacco products; **and**
- you completing a declaration of health form.

Any change to the premium is an alteration to the contract. We ask for a declaration of health form to check that there has not been a significant change in your insurability.

Separation option (Term Personal and Mortgage plans only)

You can only take advantage of this option if you and your partner have taken out your plan on a joint-life basis to cover your mortgage and you are both under age 55 at the time this option is exercised.

If you and your partner separate and as a result:

- you rearrange your mortgage to be in the name of you or your partner only; **or**
- either of you take out a new mortgage on a new house

you can apply for your Self Assurance plan to be rewritten as a single-life plan with your partner having the option to start a new plan in their sole name.

The new plan must begin within three months of the removal of one of the policyholders. The benefit type and term under the new plan can be the same as those covered under the old plan.

However, the new plan will be based on the terms and conditions, and premium rates that we offer at the time this option is used. The benefit amount will be restricted to the lower of the sum assured under the old plan and £250,000, or the equivalent amount of an income benefit (e.g. for a ten year term the maximum income will be £25,000 i.e. £250,000 divided by ten). We will need written confirmation from the lender that the mortgage has been rearranged or a copy of the new loan offer as evidence.

We will provide an application form to be completed and we may need to ask for further medical evidence. There will be times when we either cannot offer this option or need to change the terms we offer because of the information on the application form or the medical evidence we ask for. We will explain our decision if this is the case.

Technical options

More information

Cancellation

You will have 30 days to cancel your plan from:

- the date your plan starts; **or**
- the date you receive 'Your Plan Documents' if this is later than the date your plan starts

by writing to us as at Scottish Provident, 301 St Vincent Street, Glasgow, G2 5PB.

If you do this we will refund any premiums you have paid. If you do not cancel, your plan will start and end as set out in our acceptance terms and we will collect premiums as agreed.

Using your information

You can find out about how we use your information in our Privacy Notice online; at www.royallondon.com/privacynotice. We may update this notice from time to time and we will alert you to the important updates. It is not meant to be a legal contract between you and Royal London and this does not affect your rights under data protection laws.

Tax information

The following tax information given is our current understanding of the law and HM Revenue & Customs practice in the United Kingdom.

If you take out a joint-life plan which would pay separate benefits (once when you die and again when the other person dies) tax may be payable when we pay the second benefit. HM Revenue & Customs practice will take into account the benefit we pay on the first death as a 'relevant capital payment' when they work out the 'chargeable gain' after the second death. The chargeable gain is the amount on which tax may have to be paid.

This could happen if you set up separate death or death or earlier critical illness benefits for each life. So, you can only take out these benefits in the same plan in a way that we only pay out death benefits once.

This means that all death and death or earlier critical illness benefits under a plan with two lives covered must:

- apply to both lives
- apply only to life one; **or**
- apply only to life two.

Additional tax information for Term Personal and Mortgage plans only

Benefits

Under current UK tax law (which can change at any time), any benefit we pay will not be taxed on payment by us to you.

Premiums

You will pay insurance premium tax (IPT) on your premiums for unemployment benefit. We include this tax in your premium for these benefits.

The tax position above may change at any time which may affect the premiums you pay or the benefits you receive.

Additional tax information for Term Business plans only

Whether or not your benefits are taxed and whether tax relief will be available on your premiums depends on:

- why you took out the plan
- the benefits you took out; **and**
- how the plan was set up.

For more information on the UK tax treatment of your plan please ask your financial adviser.

Definitions explained

A guide to exactly what we mean
and what we cover.

Definitions explained

This section of the Product Guide explains the following:

- our definition of a terminal illness, which we cover at no extra cost under death benefit, death or earlier critical illness benefit and critical illness benefit
- the critical illnesses and disabilities we cover under death or earlier critical illness benefit and critical illness benefit
- the conditions we cover under additional covered conditions benefit, which we automatically include with death or earlier critical illness benefit and critical illness benefit
- definitions of disability for total permanent disability, disability income benefit (sickness, accident or disability) and premium payment benefit (sickness, accident or disability)
- when we will not pay claims for any of the above; **and**
- our definition of salary and earned income in relation to disability income benefit and unemployment benefit.

For the critical illnesses and disabilities, the following meanings apply:

Irreversible means cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the UK, the Channel Islands or the Isle of Man at the time of the claim.

Permanent means expected to last throughout life, irrespective of when the cover ends or you retire.

Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life assured's life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The following are not covered:

- an abnormality seen on the brain or other scan without definite related clinical symptoms
- neurological signs occurring without symptomatic abnormality e.g. brisk reflexes without other symptoms
- symptoms of psychological or psychiatric origin.

Terminal illness definition

To qualify for a claim you must satisfy our definition of a terminal illness. We will not admit a claim for terminal illness in the 12 months immediately before the cover end date. The terminal illness definition complies with the Association of British Insurers Statement of Best Practice for Critical Illness Cover (December 2014).

Our definition of a terminal illness is:

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

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

Critical illness definitions

You will find in this section the critical illnesses and disabilities we cover under death or earlier critical illness benefit and critical illness benefit. For each critical illness or disability we show the definition we will use to assess a claim and follow this with an explanation of what the definition means.

To qualify for a claim you must survive for 14 days (the survival period) after you satisfy our definition of a critical illness. The critical illness definitions comply with the Association of British Insurers Statement of Best Practice for Critical Illness (December 2014).

The critical illnesses and disabilities we cover are:

Alzheimer's disease

Definition

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

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

For the above definition, the following is not covered:

- other types of dementia (these are covered under the dementia definition).

What does this mean?

Alzheimer's disease is a progressive and degenerative disease. The nerve cells in the brain deteriorate and the brain shrinks. The symptoms can include a severe loss of memory and concentration but there is an overall decline in all mental faculties.

Aorta graft surgery

Definition

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

The undergoing of surgery for traumatic injury to the aorta needing excision and surgical replacement of a portion of the aorta with a graft is also covered.

For the above definition, the following is not covered:

- any other surgical procedure, for example, the insertion of stents or endovascular repair.

What does this mean?

The aorta is the main artery in the body, which carries the blood through the thorax (chest) and abdomen. The aorta may be weakened by an aneurysm (which means a thinning and bulging of the arterial wall) or it may become narrowed by fatty deposits. An operation can be carried out to correct the narrowing or to replace or repair the damaged part of the aorta wall.

Aplastic anaemia

Definition

A definite diagnosis by a Consultant Haematologist of permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood transfusion;
- marrow stimulating agents;
- immunosuppressive agents;
- bone marrow transplant.

For the above definition, the following is not covered:

- other forms of anaemia.

What does this mean?

Aplastic anaemia is a rare and very serious form of anaemia in which there is a decrease in the quantity of blood-forming cells in the bone marrow. This then causes impairment of all blood cell production.

This condition can be present from birth or may develop in later life.

In most cases the bone marrow failure is permanent. However, in some cases (e.g. due to drug or radiation treatment or to infection) it is temporary. Temporary bone marrow failure would not be covered by the definition.

Bacterial meningitis

Definition

A definite diagnosis of bacterial meningitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- all other forms of meningitis other than those caused by bacterial infection.

What does this mean?

Bacterial meningitis is a condition resulting from bacterial infection. This causes inflammation to the meninges, which is the protective layer around the brain. There are many forms of meningitis. It is only bacterial meningitis that is covered; all other forms, including viral meningitis, are excluded.

Benign brain tumour

Definition

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

For the above definition, the following are not covered:

- tumours in the pituitary gland
- tumours originating from bone tissue
- angioma and cholesteatoma.

In addition, the requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

What does this mean?

Unlike cancer, which is a malignant tumour, benign tumours are localised and grow by expansion only. They therefore do not invade and destroy surrounding tissue and do not spread to other parts of the body. Once surgically removed they tend not to recur.

However, a benign tumour can still be very dangerous because it can put pressure on the brain and lead to possible damage, haemorrhage and ulceration. Deficit to the neurological system means muscle weakness or sensory loss. Surgery to cure the condition may not always be possible.

Blindness

Definition

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

Definitions explained

What does this mean?

Sight can be lost because of an accident or illness. In order for a claim to be paid, the loss of sight must be permanent and irreversible. If the loss was only temporary, it would not be covered by the definition.

Cancer

Definition

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

The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential;
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0.
- Any skin cancer (including cutaneous lymphoma) other than
 - malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)
 - basal cell carcinoma or squamous cell carcinoma that has invaded and spread to lymph nodes or metastasised to distant organs.

What does this mean?

Cancer is a malignant tumour or a malignancy. It causes uncontrolled growth of abnormal cells that invade, damage and destroy surrounding bodily tissue. These cells can then spread and cause damage to other parts of the body.

Pre-malignant and non-invasive cancers and cancer in situ are very early stage cancers that have not invaded surrounding tissue and have not spread to other areas of the body. Treatment is relatively easy and successful and these cancers are not covered.

In line with Government policy, screening for prostate cancer will become widely available to men in the not too distant future. The key purpose of this screening is to detect prostate tumours at a much earlier stage than at present – before they cause any noticeable symptoms and when the illness can be more easily treated and cured. Accordingly, the less advanced prostate cancers are not covered by the cancer definition under critical illness benefit, but may be covered under the Low grade prostate

cancer definition in the additional covered conditions benefit. More advanced and more aggressive cases (typically those that are currently detected) will continue to be covered.

Most skin cancers, including cutaneous lymphoma, are easier to treat and are excluded. However, malignant melanoma is a very serious form of skin cancer that can very quickly spread throughout the body. This form of skin cancer is therefore included if it has invaded beyond the epidermis (outer layer of skin).

Basal cell carcinoma and squamous cell carcinoma are usually low-risk and are not covered, but if they spread to other areas of the body such as the lymph nodes or the liver, this indicates a more severe condition which is included.

Cardiomyopathy

Definition

A definite diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in the permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification. This means there is a marked limitation of activities, with less than ordinary activity causing fatigue, palpitations or shortness of breath.

The diagnosis must also be evidenced by:

- electrocardiographic changes; **and**
- echocardiographic abnormalities.

The evidence must be consistent with the diagnosis of cardiomyopathy.

For the above definition, the following are not covered:

- all other forms of heart disease and/or heart enlargement;
- myocarditis; **and**
- cardiomyopathy related to alcohol or drug abuse.

What does this mean?

Cardiomyopathies are a group of disorders of the heart muscle, which can cause sudden death and heart failure. Cardiomyopathy can occur in young people and can be inherited.

Myocarditis is an acute inflammation of the heart muscle, typically caused by infection, and is not covered by the definition.

Chronic lung disease

Definition

Confirmation by a Consultant Physician of chronic lung disease resulting in all of the following:

- the need for continuous daily oxygen therapy on a permanent basis
- FEV1 being less than 40% of normal; **and**
- Vital Capacity less than 50% of normal.

What does this mean?

Chronic lung disease can be caused by a number of conditions such as severe chronic bronchitis and emphysema and lung fibrosis. It is associated with persistent breathlessness at rest, or on minimal exertion, requiring daily oxygen therapy.

Coma

Definition

A state of unconsciousness with no reaction to external stimuli or internal needs with associated permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- medically induced coma;
- coma secondary to alcohol or drug abuse.

What does this mean?

A coma is a deep state of unconsciousness from which it is impossible to be aroused. The cause of the coma may be as a result of another illness such as a stroke, infection, and very low blood sugar or may be brought on by a serious accident.

The coma needs to result in permanent damage to the nervous system in order to be covered by the definition.

Coronary artery by-pass grafts

Definition

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

For the above definition, the following are not covered:

- balloon angioplasty;
- atherectomy;
- rotablation;
- insertion of stents; **and**
- laser treatment.

What does this mean?

If one or more of the coronary arteries, which supply oxygenated blood to the heart, becomes obstructed by the build up of fatty deposits angina can result and can even cause a heart attack.

A coronary by-pass operation involves inserting a short length of artery or vein, the latter usually taken from the leg, around the narrowed coronary artery thus restoring an adequate supply of blood to the heart.

Creutzfeldt-Jakob disease

Definition

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

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

For the above definition, the following are not covered:

- other types of dementia (these are covered under the dementia definition).

What does this mean?

Creutzfeldt-Jakob disease is a degenerative organic brain disease which may be inherited or acquired. There is a progressive degeneration of the nerve cells of the central nervous system which will result in defective muscular control and dementia. There is no cure.

Deafness

Definition

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

What does this mean?

Loss of hearing may be caused by illness or by a serious accident. The loss must be permanent and irreversible. If the loss is only temporary, it would not be covered by the definition.

Dementia

Definition

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

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

What does this mean?

Dementia is a disorder of the mental process and results in loss of memory and impairment of behaviour and recognition. There is no cure and the cause is unknown. Definite diagnosis must be established through accepted standard medical tests and questionnaires.

Definitions explained

Encephalitis

Definition

A definite diagnosis of encephalitis by a Consultant Neurologist resulting in permanent neurological deficit and persisting clinical symptoms.

For the above definition the following is not covered:

- myalgic encephalomyelitis and chronic fatigue syndrome.

What does this mean?

Encephalitis is inflammation of the brain. It can occur at any age. The inflammation is caused either by an infection invading the brain (infectious); or through the immune system attacking the brain in error (post-infectious / auto-immune encephalitis). The inflammation can damage nerve cells resulting in "acquired brain injury". Encephalitis frequently begins with a flu-like illness or headache. Typically more serious symptoms follow hours to days later.

Heart attack

Definition

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

- typical clinical symptoms (for example, characteristic chest pain);
- the characteristic rise of biochemical cardiac specific markers such as troponins or enzymes;
- new characteristic electrocardiographic changes or newly occurred regional wall motion abnormality on heart imaging or an intracoronary thrombus on angiography.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following is not covered:

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

What does this mean?

The body needs oxygen to survive and it receives this from the blood. The heart is effectively a pump, which ensures that oxygenated blood circulates through the body to where it is needed. The heart itself also needs oxygen to continue to work effectively. If the supply of oxygen to the heart is cut off then a portion of the heart muscle is damaged. This can be caused by the blockage of a coronary artery. Arteries can become blocked by fatty material or by blood clots. Damage to the heart muscle usually causes severe pain and results in an increase in cardiac enzymes and troponins, which are released into the blood. A heart attack will also result in new electrocardiograph changes.

Angina produces similar symptoms to an actual heart attack, but is caused by a reduction in the supply of blood to the heart due to spasm or partial blockage, rather than a complete blockage. Heart muscle does not die as a result. Angina may be an early indication that a future heart attack is likely. Angina is not covered by the definition.

Heart valve replacement or repair

Definition

The undergoing of surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

What does this mean?

The valves of the heart open and close as a part of the pumping action, which circulates blood around the body. When these valves become diseased, the ability of the heart to pump properly is reduced. Surgery can be undertaken to either repair or replace the damaged valve.

HIV infection

Definition

Infection by Human Immunodeficiency Virus resulting from:

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

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

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures
- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus
- the incident causing infection must have occurred in one of the following countries: Australia, Austria, Belgium, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America.

For the above definition, the following is not covered:

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

What does this mean?

Evidence suggests that infection with the Human Immunodeficiency Virus (HIV) can eventually lead to the development of Acquired Immune Deficiency Syndrome (AIDS).

There is currently no cure for AIDS. It causes the body's defence mechanisms to break down leaving the sufferer open to various infections, which would normally pose little threat to people unaffected by AIDS. These infections usually prove to be fatal.

More and more cases of physical assault are being reported to the police where the victim has been brought into contact with the HIV virus. A claim would be paid where the attack had been reported to the police and it is proved that the HIV infection was because of the attack.

Intensive care

Definition

Any sickness or injury resulting in the life assured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

For the above definition the following are not covered:

- sickness or injury as a result of drug or alcohol intake or other self inflicted means;
- children under the age of 90 days.

What does this mean?

There are many causes leading to admission to an intensive care unit (ICU). Reasons include severe illness, accident or surgery. People in ICUs may have had multiple organ failure and require medical equipment to take the place of these functions while they recover. To meet our definition the life assured must not be able to breathe on their own and require mechanical ventilation.

Kidney failure

Definition

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

What does this mean?

The function of the kidneys is to remove waste material from the bloodstream. If they do not work properly there can be a build up of waste material in the blood, which can become life threatening. The body can function perfectly well with only one kidney, but if both fail there will be a need for regular dialysis, to clean the blood artificially, or for a kidney transplant.

Liver failure

Definition

A definite diagnosis, by a Consultant Physician, of irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- permanent jaundice;
- ascites; **and**
- encephalopathy.

For the above definition, the following is not covered:

- liver failure secondary to alcohol or drug abuse.

What does this mean?

The liver has many functions and is essential to life. Cirrhosis is due to long-standing damage to the liver caused by a number of conditions including viral infections, inflammation, biliary obstruction, alcohol and certain drugs. Liver failure results in jaundice (yellow skin), fluid in the abdomen (ascites) and damage to the brain (encephalopathy).

Loss of hands or feet

Definition

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

What does this mean?

Loss of hands or feet could be caused by an accident or because of an illness.

Loss of independent existence

Definition

Becoming permanently disabled according to all the requirements of either of the following definitions:

- i) Life tasks - Becoming permanently disabled:
 - through ageing, illness or injury;
 - to the extent of being unable to perform any three of the six life tasks listed on page 30 without the help of another person, but with the use of appropriate assistive aids and appliances; **and**
 - the disability is irreversible with no reasonable prospect of there ever being any improvement.
- ii) Mental incapacity – Becoming permanently disabled:
 - through an organic brain disease or brain injury which affects the ability to reason and understand;
 - the condition has deteriorated to the extent that continual supervision and the assistance of another person is required; **and**
 - the disability is irreversible with no reasonable prospect of there ever being any improvement.

Definitions explained

The six life tasks are as follows:

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

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding yourself – the ability to feed yourself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

What does this mean?

This benefit is designed as a general disability benefit. Whilst some of the disabling diseases of older age, such as Alzheimer's disease and motor neurone disease are covered separately, there are other conditions which can prove to be just as debilitating.

These could include conditions such as severe rheumatoid arthritis, which can prevent the sufferer from living without constant help and care. In some cases, it could just be extreme old age, which prevents the individuals from looking after themselves.

Loss of speech

Definition

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

What does this mean?

Loss of speech may be caused if the vocal chords are damaged in an accident or by a disease such as cancer of the larynx.

The loss must be total, permanent and irreversible. Therefore a claim would not be paid if the loss was only partial or was a temporary condition. It is possible for the power of speech to be lost without physical damage to the vocal chords, possibly because of a severe mental trauma or shock. However, in such cases it is nearly impossible to determine whether the loss is permanent and therefore a claim would not be paid.

Major organ transplant

Definition

The undergoing as a recipient of a transplant from another donor, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or a whole lobe of the lung or liver, or inclusion on an official United Kingdom, Channel Islands or Isle of Man waiting list for such a procedure.

For the above definition, the following is not covered:

- transplant of any other organs, parts of organs, tissues or cells.

What does this mean?

Sometimes a major organ of the body (such as the liver) becomes so diseased that it fails and becomes life threatening. It may therefore be essential to replace all or part of it with a healthy organ.

For some rare illnesses, such as aplastic anaemia, a major organ transplant (in this case of the bone marrow) may be the only long-term cure available. It can take a long time to find the right donor organ, and the waiting list for such operations is often long. The claim will be met therefore upon acceptance onto an official United Kingdom, Channel Islands or Isle of Man waiting list for the relevant transplant.

Motor neurone disease

Definition

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

- amyotrophic lateral sclerosis (ALS)
- primary lateral sclerosis (PLS)
- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)

There must also be permanent clinical impairment of motor function.

What does this mean?

Motor neurone disease causes a rapid deterioration of the motor neurons. These are the nerve cells in the brain, brain stem and spinal cord, which are responsible for the movement of the body. The disease advances quite quickly and leads to severe disability and death usually within three to four years.

Unfortunately there is no treatment that can alter the outcome of this serious condition.

Multiple sclerosis

Definition

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

What does this mean?

Multiple sclerosis (MS) is an incurable disease of the central nervous system. Nerve fibres are normally covered by a myelin sheath, which protects and insulates them. In MS this sheath degenerates which interrupts the smooth transmission of nerve impulses around the body, leading to loss of power and/or lack of co-ordination and/or sensory impairment usually affecting different parts of the body. The symptoms and signs can come and go over the years or can progressively worsen.

Investigations such as an MRI scan of the brain and/or spinal cord and examination of the cerebrospinal fluid can be helpful in supporting the diagnosis, but do not in themselves make a definite diagnosis.

Multiple system atrophy

Definition

A definite diagnosis of multiple system atrophy confirmed by a Consultant Neurologist. There must be evidence of disease progression and permanent clinical impairment of:

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

What does this mean?

Multiple system atrophy (MSA) is a progressive neurological disorder that affects adults (males and females). It is caused by degeneration or atrophy of nerve cells in several (or multiple) areas of the brain which can result in problems with movement, balance and automatic functions of the body. The cause of MSA is unknown and it develops gradually.

Paralysis of limbs

Definition

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

What does this mean?

Paralysis of two or more limbs is evidenced by permanent and irreversible loss of movement and sensation. It could be caused by an accident or by an illness.

Even more severe types of paralysis, tetraplegia and quadriplegia would therefore be covered.

Parkinson's disease

Definition

A definite diagnosis of Parkinson's disease by a Consultant Neurologist.

There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

For the above definition, the following are not covered:

- Parkinsonian syndromes/Parkinsonism.

What does this mean?

Parkinson's disease causes a disturbance of voluntary movement. It causes tremors in the limbs and head and rigidity of the muscles. The condition usually takes a long time to progress and some drugs are available which can slow the process down even further but treatment becomes less effective as time goes by.

For a claim to be paid the onset of Parkinson's disease must be idiopathic. This means it must have developed naturally rather than because of some other medical treatment or illness.

Pneumonectomy

Definition

The undergoing of surgery on the advice of an appropriate medical specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

For the above definition the following are not covered:

- removal of a lobe of the lungs (lobectomy);
- lung resection or incision.

What does this mean?

Pneumonectomy is the removal of a complete lung. This procedure is most often used to treat lung cancer when less radical surgery cannot achieve satisfactory results. It may also be the most appropriate treatment for a tumour located near the centre of the lung that affects the pulmonary artery or veins, which transport blood between the heart and lungs. In addition, pneumonectomy may be the treatment of choice when the patient has a traumatic chest injury that has damaged the main air passage (bronchus) or the lung's major blood vessels so severely that they cannot be repaired.

Primary pulmonary hypertension

Definition

A definite diagnosis by a Consultant Cardiologist of primary pulmonary hypertension resulting in permanent loss of the ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification. This means there is marked limitation of physical activities, with less than ordinary activity causing fatigue, palpitations or shortness of breath.

For the above definition the following is not covered:

- pulmonary hypertension secondary to any other known cause – in other words, not primary.

What does this mean?

Primary pulmonary hypertension is where the blood pressure is abnormally high in the arteries that provide blood to the lungs. In order to claim, the condition must have reached a position where there are symptoms of a particular severity as detailed in the definition and must be of a permanent nature.

Definitions explained

Because of the complexities involved in the diagnosis and classifying symptoms, the diagnosis must also be made by a Consultant Cardiologist (an expert in heart diseases). The NYHA classifications are an internationally recognised system of describing symptoms of heart disease. Explanation of the NYHA classification is shown in the table below.

Class	Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or shortness of breath.
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation or shortness of breath.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation or shortness of breath.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

Progressive supranuclear palsy

Definition

A definite diagnosis, by a Consultant Neurologist, of progressive supranuclear palsy. There must be permanent clinical impairment of eye movement and motor function with associated tremor, rigidity of movement and postural instability.

What does this mean?

Progressive supranuclear palsy causes a disturbance of voluntary movement. It causes tremors in the limbs and head and rigidity of the muscles. The condition usually takes a long time to progress and some drugs are available which can slow the process down even further but treatment becomes less effective as time goes by.

Pulmonary artery graft surgery

Definition

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

What does this mean?

The surgical division of the breastbone and the opening up of the chest wall is performed to gain access to repair the diseased section of the pulmonary artery with a graft.

Stroke

Definition

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

For the above definition, the following are not covered:

- transient ischaemic attack;
- death of tissue of the optic nerve or retina / eye stroke.

What does this mean?

As with a heart attack the cause of a stroke is inadequate blood supply, this time to the brain. It can be caused by a blood clot becoming caught in an artery of the brain or the bursting of one of the brain's blood vessels. The event that triggers the stroke may result from problems within the body, such as clogged up arteries, or weaknesses in the wall of a blood vessel. After a true stroke there is usually permanent brain damage, which can cause paralysis to the right or left sides of the body, loss of speech or sight and other effects such as loss of strength or mobility. In some cases, the damage may be quite minor, but it will depend upon which part of the brain was affected.

Transient ischaemic attacks are often known as ministrokes but do not result in permanent damage. They are therefore excluded.

Structural heart surgery

Definition

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

What does this mean?

The surgical division of the breastbone and the opening up of the chest wall, for the purpose of correcting a structural abnormality of the heart, for example, the surgical correction of a ventricular septal defect.

Systemic lupus erythematosus

Definition

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist where either of the following are present:

- Severe kidney involvement with systemic lupus erythematosus as evidenced by:
 - permanent impaired renal function with a glomerular filtration rate below 30ml/min/1.73m²; **and**
 - abnormal urinalysis showing proteinuria or haematuria.

In addition to the above criteria, the disease must have been unresponsive to disease modifying drugs for a continuous period of at least 12 months

or

- ii) Severe central nervous system involvement with systemic lupus erythematosus as evidenced by permanent neurological deficit with persisting clinical symptoms.

For the purposes of this definition seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

What does this mean?

The body's immune system produces white blood cells and proteins called antibodies to destroy viruses and bacteria that are foreign to the body. Lupus, like other auto-immune diseases, mistakes your own tissue as foreign and attacks it causing inflammation. It can affect major organs in the body and stop them functioning properly.

Third degree burns –

covering 20% of the body's surface area or 50% of surface area of the face

Definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or 50% loss of surface area of the face which for the purpose of this definition includes the forehead and ears.

What does this mean?

Third degree burns are the most serious type of burn. They involve the destruction of the full thickness of the skin and can cause damage to the fat, muscle and bone beneath.

Traumatic brain injury

Definition

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

What does this mean?

Damage to brain tissue could be caused by an external trauma such as a severe head injury received in a road traffic accident.

Additional covered conditions definitions

In this section you will find the conditions we cover under additional covered conditions benefit. Additional covered conditions benefit is automatically included with death or earlier critical illness benefit and critical illness benefit. For each covered condition we show the definition we will use to assess a claim and follow this with an explanation of what the definition means.

To qualify for a claim you must survive for 14 days (the survival period) after you satisfy our definition of an additional covered condition. The additional covered conditions are:

Accident hospitalisation cover

Definition

An accident that results in physical injury which requires the **life assured** to stay in hospital for 28 consecutive days or more on advice of an appropriate medical specialist.

For the above definition, the following is not covered:

- an accident as a result of drug or alcohol intake or other self inflicted means.

What does this mean?

To meet the definition the life assured must spend 28 consecutive days in hospital as a result of an accident e.g. road traffic accident.

Ductal carcinoma in situ

Definition

The undergoing of a mastectomy, partial mastectomy, segmentectomy or lumpectomy operation on the advice of a Consultant Oncologist following a histologically confirmed diagnosis of ductal carcinoma in situ (DCIS) of the breast.

Specifically excluded are:

- mastectomy, partial mastectomy, segmentectomy or lumpectomy operations for reasons other than DCIS, for example, prophylactic mastectomy or lobular carcinoma in situ (LCIS).

What does this mean?

Ductal carcinoma in situ (DCIS) refers to abnormal cells in the lining of a duct that have not invaded the surrounding breast tissue. The carcinoma is treated by the removal or partial removal of the tissue of the breast.

Low grade prostate cancer

Definition

Tumours of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive, provided:

- the tumour has progressed to at least clinical TNM classification T1N0M0; **and**

Definitions explained

- treatment included the complete removal of the prostate or external beam or interstitial implant radiotherapy.

For the above definition the following are not covered:

- treatment of the tumour by any procedures other than complete removal of the prostate, external beam or interstitial implant radiotherapy. For example:
 - cases treated with cryotherapy,
 - other less radical treatment such as transurethral resection of the prostate,
 - 'experimental' treatments; **or**
 - hormone therapy.

What does this mean?

Prostate cancer is a disease that affects men from around the age of 45 years. It involves the prostate gland, which is a small gland about the size of a walnut, positioned just beneath the bladder. The Gleason score is used to grade the cancer. A Gleason score of 2 - 6 is classed as low grade prostate cancer.

Third degree burns –

covering at least 10% but less than 20% of the body's surface area or at least 25% but less than 50% of surface area of the face

Definition

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% but less than 20% of the body's surface area, or at least 25% but less than 50% of the surface area of the face which for the purpose of this definition includes the forehead and the ears.

What does this mean?

Third degree burns are the most serious type of burn. They involve the destruction of the full thickness of the skin and can cause damage to the fat, muscle and bone beneath.

Total permanent disability – of specified severity definitions

Total permanent disability provides a general disability benefit. Three definitions are available. A separate definition is given for children's critical illness benefit.

To qualify for a claim you must survive for 14 days (the survival period) after you satisfy our definition of total permanent disability. The total permanent disability definitions comply with the Statement of Best Practice for Critical Illness (December 2014).

Own occupation total permanent disability

Definition

Becoming permanently disabled according to all the requirements of any one of the following four definitions:

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

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

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

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

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Total permanent disability – unable before age 65 to do 3 specified work tasks ever again

Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 6 work tasks listed below ever again.

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

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

The 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.

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Total permanent disability – unable to look after yourself ever again

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

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

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

The life tasks are:

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

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding yourself – the ability to feed yourself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Total permanent disability – mental incapacity

Becoming permanently disabled through an organic brain disease or brain injury which:

- affects the ability to reason and understand;
- the condition has deteriorated to the extent that continual supervision and the assistance of another person is required;
and
- the disability is irreversible with no reasonable prospect of there ever being any improvement.

What does this mean?

For a claim to be paid, the disability (which could be caused by an illness or injury) must be permanent and must prevent you from performing your own occupation. If the life assured is under age 65, but is not in a paid occupation immediately before the start of the disability, the work tasks definition shall apply to the assessment of a claim even if the occupation stated to apply on page one of your Policy Benefit Schedule is own occupation.

We will require evidence to confirm the permanent nature of the condition, and in some cases there may be a delay before a claim can be admitted. This will normally be no longer than 12 months.

Work tasks total permanent disability

Definition

Becoming permanently disabled according to all the requirements of any one of the following three definitions:

Total permanent disability – unable before age 65 to do 3 specified work tasks ever again

Loss of the physical ability through an illness or injury before age 65 to do at least 3 of the 6 work tasks listed below ever again.

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

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

The 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.

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Definitions explained

Total permanent disability – unable to look after yourself ever again

Loss of the physical ability through an illness or injury to do at least 3 of the 6 life tasks listed on page 42 ever again.

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

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

The life tasks are:

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

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding yourself – the ability to feed yourself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Total permanent disability – mental incapacity

Becoming permanently disabled through an organic brain disease or brain injury which:

- affects the ability to reason and understand; **and**
- the condition has deteriorated to the extent that continual supervision and the assistance of another person is required;
- the disability is irreversible with no reasonable prospect of there ever being any improvement.

What does this mean?

Rather than measuring disability based upon your ability to do your own occupation, this definition uses work tasks. For a claim to be paid the disability (which could be caused by an illness or injury) must be permanent and must prevent you from performing 3 from the 6 work tasks listed on page 35.

We will require medical evidence to confirm the permanent nature of the condition, and in some cases there may be a delay before a claim can be admitted. This will normally be no longer than 12 months.

Life tasks total permanent disability

Definition

Becoming permanently disabled according to all the requirements of either of the following definitions:

Total permanent disability – unable to look after yourself ever again

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

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

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

The life tasks are:

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

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding yourself – the ability to feed yourself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the appropriate medical specialist cannot give a clear prognosis are not covered. Appropriate medical specialist is defined in section 1.2 b of the policy provisions at page 52.

Total permanent disability – mental incapacity

Becoming permanently disabled through an organic brain disease or brain injury which:

- affects the ability to reason and understand;

- the condition has deteriorated to the extent that continual supervision and the assistance of another person is required; **and**
- the disability is irreversible with no reasonable prospect of there ever being any improvement.

What does this mean?

Where a benefit extends beyond age 65, we will pay a claim if the disability (which could be caused by an illness or injury) is permanent and prevents you from performing 3 from the 6 life tasks listed on page 36. We will require evidence to confirm the permanent nature of the condition, and in some cases there may be a delay before a claim can be admitted. This will normally be no longer than 12 months.

Children's total permanent disability (children's critical illness benefit) – age 30 days to before age 18 years

Definition

Loss of physical ability through an illness or injury to the extent that:

- for a period of twelve consecutive months the child has been confined to his or her home, a hospital or similar institution; **and**
- has required medically supervised constant care and attention.

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

For the above definition, disabilities for which the appropriate medical specialists cannot give a clear prognosis are not covered. Appropriate medical specialist is defined on page 52 in section 1.2(b).

Disability income benefit (sickness, accident or disability) definition

There are two definitions available for disability income benefit.

Own occupation definition

Definition

Being disabled according to all the requirements of any one of the following two definitions:

Own occupation definition

Being disabled according to all of the requirements of any one of the following 3 definitions:

(i) Own occupation definition – unable to do your own occupation

If the life assured is in a **full time** paid occupation we will consider the life assured to be disabled if they meet the following definition:

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

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

If the life assured is not in a **full time** paid occupation immediately before the start of the disability, we will consider the life assured to be disabled if they meet any one of the serious illness definitions below, whilst they are unable to work in their own occupation in any capacity.

(ii) Serious illness

If the life assured is not in a **full time** paid occupation immediately before the start of the disability, we will consider the life assured to be disabled if they meet any of the following definitions whilst they are unable to work in their own occupation in any capacity.

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

Definitions explained

- in the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

If the life assured is not in a **full time** paid occupation immediately before the start of the disability, and they do not meet any of the definitions (a) to (g) above, we will consider the life assured to be disabled if they are unable to perform, on a continuous basis, at least 3 of the 9 everyday tasks below, whilst they are unable to work in their own occupation in any capacity.

(iii) Everyday tasks – unable to do at least 3 specified tasks

Being disabled according to all of the requirements of the following definition:

Loss of the physical ability through an illness or injury to perform, on a continuous basis, at least 3 of the 9 everyday tasks listed below whilst they are unable to work in their own occupation in any capacity.

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

The everyday tasks are:

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

1 year own occupation definition

Being disabled according to all of the requirements of any one of the following 3 definitions:

(i) Own occupation definition – unable to do your own occupation

If the life assured is in a **full time** paid occupation we will consider the life assured to be disabled if they meet the following definition:

Loss of the physical or mental ability through an illness or injury to the extent that the life assured is unable to do the material and substantial duties of their own occupation during the first 12 monthly benefit payments. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the life assured's own occupation that cannot reasonably be omitted or modified.

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

If:

- you have received 12 monthly payments of benefit; or
- the life assured is not in a **full time** paid occupation immediately before the start of the disability,

we shall consider the life assured to be disabled if they meet any one of the serious illness definitions (ii) below, whilst they are unable to work in their own occupation in any capacity.

(ii) Serious illness

If the life assured is not in a **full time** paid occupation immediately before the start of the disability, we will consider the life assured to be disabled if they meet any of the following definitions whilst they are unable to work in their own occupation in any capacity.

- (a) **Blindness** – permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
- (b) **Cancer** – undergoing chemotherapy or radiotherapy in hospital or having received one of these treatments in hospital within the last 3 months.
- (c) **Complete dependency** – being totally incapable of caring for oneself, requiring 24 hour medical supervision in a hospital or nursing home.
- (d) **Deafness** – permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.
- (e) **Dialysis** – undergoing dialysis in hospital or having received this treatment in hospital within the last 3 months.
- (f) **Organic brain disease** – being disabled through an organic brain disease or brain injury which:
 - affects the ability to reason and understand; and
 - the condition has deteriorated to the extent that continual supervision and the assistance of another person is required.

(g) **Terminal illness** – a definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

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

If:

- you have received 12 monthly payments of benefit; or
- the life assured is not in a **full time** paid occupation immediately before the start of the disability,

and the life assured does not meet any of the definitions (a) to (g) above, we will consider the life assured to be disabled if they are unable, on a continuous basis, to perform 3 of 9 everyday tasks below whilst they are unable to work in their own occupation in any capacity.

(iii) Everyday tasks – unable to do at least 3 specified tasks

Being disabled according to all of the requirements of the following definition:

Loss of the physical ability through an illness or injury to perform, on a continuous basis, at least 3 of the 9 everyday tasks listed below, whilst they are unable to work in their own occupation in any capacity.

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

The everyday tasks are:

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

Premium payment benefit (sickness, accident or disability) definition

There are two definitions available for premium payment benefit.

Own occupation definition

Definition

Being disabled according to all the requirements of any one of the following four definitions:

(i) Own occupation definition – unable before age 65 to do your own occupation

If the life assured is under age 65 and in a **full time** paid occupation immediately before the start of the disability, we will consider the life assured to be disabled if they meet the following definition:

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

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

If the life assured is under age 65 and not in a **full time** paid occupation immediately before the start of the disability, we will consider the life assured to be disabled if they meet any one of the serious illness definitions below, whilst they are unable to work in their own occupation in any capacity.

(ii) Serious illness

If the life assured is under age 65 and is not in a **full time** paid occupation immediately before the start of the disability, we shall consider the life assured to be disabled if they meet any of the following definitions whilst they are unable to work in their own occupation in any capacity:

- (a) **Blindness** – permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.
- (b) **Cancer** – undergoing chemotherapy or radiotherapy in hospital or having received one of these treatments in hospital within the last 3 months.
- (c) **Complete dependency** – being totally incapable of caring for oneself, requiring 24 hour medical supervision in a hospital or nursing home.

Definitions explained

- (d) **Deafness** – permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.
- (e) **Dialysis** – undergoing dialysis in hospital or having received this treatment in hospital within the last 3 months.
- (f) **Organic brain disease** – being disabled through an organic brain disease or brain injury which:
 - affects the ability to reason and understand; and
 - the condition has deteriorated to the extent that continual supervision and the assistance of another person is required.
- (g) **Terminal illness** – a definite diagnosis by the attending Consultant of an illness that satisfies both of the following:
 - the illness either has no known cure or has progressed to the point where it cannot be cured; and
 - in the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

If the life assured is under age 65 and is not in a **full time** paid occupation immediately before the start of the disability, and they do not meet any of the definitions (a) to (g) above, we will consider the life assured to be disabled if they are unable to perform, on a continuous basis, 3 of the 9 everyday tasks below, whilst they are unable to work in their own occupation in any capacity.

(iii) Everyday tasks – unable to do at least 3 specified tasks

Being disabled according to all of the requirements of the following definition:

Loss of the physical ability through an illness or injury to do at least 3 of the 9 everyday tasks listed below whilst they are unable to work in their own occupation in any capacity.

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

The everyday tasks are:

- **Sitting** – sit in a chair for at least 30 minutes without unreasonable discomfort.
- **Standing** – stand and perform light tasks such as making a cup of tea, using one hand for support, for a period of at least 5 minutes.
- **Walking** – the ability to walk more than 200 metres on a level surface.
- **Climbing** – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Lifting** – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
- **Bending** – the ability to bend or kneel to touch the floor and straighten up again.

- **Getting in and out of a car** – the ability to get into a standard saloon car, and out again.
- **Maintaining an ordinary UK driving licence** – reasonable medical opinion prevents the life assured obtaining an **ordinary UK driving licence**.
- **Writing** – the manual dexterity to write legibly using a pen or pencil, or type using a desk top personal computer keyboard.

If the life assured is aged 65 or more immediately before the start of the disability or reaches the age of 65 during a period of disability, we will consider the life assured to be disabled if they meet the life tasks definition below.

(iv) Life tasks – unable to look after yourself on or after age 65

Loss of the physical ability through an illness or injury on or after age 65 to do at least 3 of the 6 life tasks listed below:

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

The life tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

1 year own occupation definition

Definition

Becoming disabled according to all the requirements of any one of the following four definitions:

(i) 1 year own occupation definition – unable to do your own occupation

If the life assured is under age 65 and in a **full time** paid occupation immediately before the start of the disability we will consider the life assured to be disabled if they meet the following definition:

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

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

If:

- we have credited the payments to the policy for one year; or
- the life assured is not in a **full time** paid occupation immediately before the start of the disability,

we shall consider the life assured to be disabled if they meet any one of the serious illness definitions below whilst they are unable to work in their own occupation in any capacity.

(ii) Serious illness

If the life assured is under age 65 and is not in a **full time** paid occupation immediately before the start of the disability, we shall consider the life assured to be disabled if they meet any of the following definitions whilst they are unable to work in their own occupation in any capacity:

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

If:

- we have credited the payments to the policy for one year; or
- the life assured is not in a **full time** paid occupation immediately before the start of the disability,

and the life assured is under age 65 and does not meet any of the definitions (a) to (g) above, we will consider the life assured to be disabled if they are unable to perform, on a continuous basis, at least 3 of the 9 everyday tasks listed below, whilst they are unable to work in their own occupation in any capacity.

(iii) Everyday tasks – unable to do at least 3 specified tasks

Being disabled according to all of the requirements of the following definition.

Loss of the physical ability through an illness or injury to do at least 3 of the 9 everyday tasks listed below whilst they are unable to work in their own occupation in any capacity.

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

The everyday tasks are:

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

If the life assured is aged 65 or more immediately before the start of the disability or reaches the age of 65 during a period of disability, we will consider the life assured to be disabled if they meet the Life tasks definition on page 42.

Definitions explained

(iv) Life tasks – unable to look after yourself on or after age 65

Loss of the physical ability through an illness or injury on or after age 65 to do at least 3 of the 6 life tasks listed below.

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

The life tasks are:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

Life tasks definition

The six life tasks are:

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

Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.

Feeding yourself – the ability to feed yourself when food has been prepared and made available.

Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

Getting between rooms – the ability to get from room to room on a level floor.

Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again.

Definition of salary and earned income for disability income benefit (sickness, accident and disability) and unemployment benefit

For an **employed** person, salary or earned income means:

- **gross taxable earnings for PAYE assessment purposes currently shown on HM Revenue & Customs form P60. Benefits in kind as shown on HM Revenue & Customs form P11D are also included for disability income benefit only.**

This can include:

- regular commission and bonuses received by you
- dividends received by you (and your spouse or cohabiting partner) from a private limited company in which you and not more than three other shareholders are employed as full time working directors
- the dividend amount used will represent your share (and your spouse's or cohabiting partner's share) in the net trading profit of that company from its normal, regular business, and must cease as a result of your disability; **and/or**
- the salary received by your spouse or cohabiting partner where they are employed by the same company as you. Their salary would need to be a nominal amount (up to a maximum of £6,500 a year), and they would not contribute towards generating the profit of the company. The spouse's or cohabiting partner's salary must cease on your disability.

Any salary, dividends or any form of private disability benefits being received by your spouse or cohabiting partner when you are disabled will be treated as continuing income for you for claims assessment purposes.

Income from savings and investments is not included in our definition of salary or earned income.

For a **self employed** person, salary or earned income means:

- your share of pre-tax profit (after the deduction of trading expenses and adjustment for capital allowances) from your trade, profession or vocation for the purpose of Income Tax (Trading and Other Income) Act 2005 (ITTOIA 2005), Part 2 (trading income), in the 12 months prior to you becoming disabled; **and/or**
- your salary or earned income confirmed by HM Revenue & Customs or by the tax authorities in the relevant country for earnings outside the United Kingdom.

If you make a claim, we may average earnings over a different period, if in our reasonable opinion, your salary or earned income fluctuates significantly and using a different period would give a better indication of your usual earned income.

Exclusions and limitations of the plan

Exclusions and limitations

Death claims

If the cause of claim is the death of the life assured through intentional self inflicted injuries within one year of:

- you taking out the benefit or the benefit being reinstated, we will not pay the claim; **or**
- an increase in the benefit amount (other than an automatic increase by the rate of inflation) we will not pay the increase.

This does not affect the payment of the benefit to any recognised lending institution to whom the plan has been assigned for mortgage or loan purposes.

Intentional self inflicted injuries in relation to death claims means, in our reasonable opinion, the most likely cause of death is that the life assured took his or her own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation.

Terminal illness claims

We will not pay a claim for terminal illness in the 12 months immediately before the cover end date.

Critical illness benefit claims

We will not pay a claim if the life assured dies within 14 days (the survival period) of satisfying our definition of:

- a terminal illness
- a critical illness or disability; **or**
- one of the additional covered conditions.

Death benefit, death or earlier critical illness benefit and critical illness benefit claims

If you have chosen to have your benefits paid as an income, and we admit your claim, we will pay income benefits each month over the balance of the benefit term left to run after you have made a claim.

Additional covered conditions

We will not pay a claim if the life assured dies within 14 days (the survival period) of satisfying our definition of an additional covered condition. There is a limit to the number of claims for each of the additional covered conditions. Claims are limited to one for each life assured for each additional covered condition.

If the life assured satisfies one of the critical illness covered conditions, no claim under additional covered conditions benefit will be accepted.

Children's critical illness benefit or children's income benefit

If both parents have separate cover under the one plan, we will pay up to £40,000. The maximum benefit we will pay for each parent is £20,000 across all plans with Scottish Provident. After a claim your plan will still continue to cover your other children.

We will not pay a claim for children's critical illness benefit or children's income benefit if:

- the child's condition was present at birth
- the symptoms first arose before the child was covered by the plan, or before the latest reinstatement date where there has been a break in premiums
- the child in respect of whom the claim is being made does not survive for 14 days after satisfying our definition of one of the critical illness covered conditions; **or**
- the child is under the age of 30 days or over the age of 18 years.

For children's income benefit, we will pay the benefit until:

- the child reaches age 18
- three months after the death of the child
- five years after this benefit first became payable; **or**
- the end or earlier cancellation of disability income benefit, whichever comes earliest.

Disability income benefit (sickness, accident or disability) claims

We will restrict the claim value to an amount which, together with income from employment and any other income protection and/or accident, sickness and unemployment plans, does not exceed 50% of your pre-disability gross salary or earned income. If you are not in employment at the time of the claim, the benefit amount will be restricted to £12,000 a year.

We will pay your benefit until:

- you recover
- you reach the end of the benefit term; **or**
- you die,

whichever comes earliest.

- If you suffer a relapse and have to stop work again within 12 months of a previous claim stopping, we will treat the further period of disability as a connected claim and start to pay your benefit straight away, provided that:
 - you did not go back to work against the advice of your doctor;
 - you are disabled owing to the same cause as the previous claim;
 - you are still working in the same occupation at the time the period of disability starts; and
 - you tell us within 2 weeks of the date you stop work again.

We will start to pay the benefit again once we receive your claim form and up to date medical information.

The definition of disability we will use to assess a connected claim is the definition that would have applied if the two periods of incapacity had been a single period.

If your policy benefit schedule shows that the own occupation definition applies, we will start to pay the benefit again straight away.

If your policy benefit schedule shows that the 1 year own occupation definition applies and we had paid 12 monthly payments of benefit before the life assured returned to work, we will only start to pay the benefit again if the life assured meets the requirements of either the serious illness or everyday tasks definition of disability.

If your policy benefit schedule shows that the 1 year own occupation definition applies and we had not paid 12 monthly payments of benefit before the life assured returned to work, we will use the 1 year own occupation definition until we have made 12 monthly payments of benefit. We will then reassess the claim and will only continue to pay the benefit if the life assured meets the requirements of either the serious illness or everyday tasks definition of disability.

- If you return to work on reduced hours or to a lower paid job after we have accepted a disability claim, we may continue to pay a benefit to you at a reduced rate taking account of the salary or earned income you will be receiving from employment.

There is no limit to the number of times you can claim during the term of this benefit.

Unemployment benefit and premium payment benefit (unemployment) claims (Mortgage plans only)

We will not pay a claim arising from:

- redundancy, when you knew you were going to be made redundant, or you could reasonably be expected to have known, when you took out the benefit
- misconduct, including being dismissed for taking part in industrial action, your failure to meet the standards or targets laid down by your employer or any other circumstances that result in your employer taking disciplinary action against you
- choosing to become unemployed or made redundant; **or**
- resigning for whatever reason, retiring, leaving your employment voluntarily or accepting early retirement in lieu of unemployment.

We will not pay a claim:

- if you become unemployed, or are notified that you will become unemployed at a later date, within eight weeks from the date we issue our acceptance terms or the start date of your unemployment benefit, whichever is later
- if an increase in benefit has been accepted by us or is in force for less than eight weeks, we will not pay a claim for the increase
- if you have not been continuously employed or self-employed for at least six consecutive months at the time of taking out this benefit, no claim for unemployment benefit will be admitted unless you become unemployed, or are notified that you will become unemployed at a later date, at least eight weeks (the waiting period) after the six months period has been reached
- if at the date of claim your work is temporary, seasonal, casual (including any temporary work for an employment agency) or unemployment is a regular feature of your work; **or**
- until the later of the date you first registered unemployed with the appropriate Government office in the UK, the Channel Islands or the Isle of Man and you are receiving benefits or the end of your notice period for which you have received or been entitled to payment in lieu of notice.

We will restrict the claim value to an amount that does not exceed 40% of your salary or earned income immediately before you became unemployed.

Exclusions and limitations

We will pay your benefit until the end of the benefit term, your return to work, your death or we have paid the benefit for the payment period shown in your personal illustration, whichever comes earliest.

If unemployment benefit stops being paid and you become unemployed again within three months of the previous claim stopping, both periods of unemployment will be added together and treated as one continuous claim. We will start to pay the benefit again immediately provided you satisfy our definition of unemployment and the payment period of your benefit has not been used during the period of your first claim for unemployment benefit.

Claims other than death claims

We will not pay your benefit if your claim is caused by intentional self inflicted injuries.

Intentional self inflicted injuries in relation to claims other than death claims means any injury the life assured has suffered that is, in our reasonable opinion, as a result of his or her own deliberate act.

We will not pay a claim during the deferred period shown in your personal illustration. Deferred periods apply to disability income benefit, premium payment benefit (sickness, accident or disability), unemployment benefit and premium payment benefit (unemployment). The deferred period is the time during which you must be ill or unemployed before we start to pay any benefit.

If you are not in the UK, the Channel Islands or the Isle of Man when you make a claim, you will have to return to the UK or a country within the geographical areas set by us, unless we decide otherwise. The geographical areas are Australia, Austria, Belgium, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, the Republic of Ireland, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States of America.

For unemployment benefit, the geographical areas are the UK, Channel Islands and Isle of Man.

Claims for all benefits

We may not pay your claim in the following circumstances:

- you do not answer the questions on the application form honestly and in full, to the best of your knowledge and belief or do not tell us if there is any change to the answers given in your application, or to information provided in relation to your application, before your plan starts. You should not assume that we will write to your doctor, it is your responsibility to complete the application form properly
- new information comes to light at the claims stage which was not provided by you when you applied (even if it is unconnected to the condition which you are claiming for)
- for all benefits other than disability income benefit (income protection), you must write and tell us about a claim within 13 weeks of the occurrence of the event resulting in a claim
- for disability income benefit, you must write and tell us about a claim within eight weeks of becoming disabled (two weeks for plans with a four week deferred period)
- if you do not tell us about a claim quickly enough and we are unable to obtain evidence to support your claim, we may delay payment or not be able to pay your claim.

We may apply specific exclusions when we accept your plan. These will be shown in your acceptance letter and policy benefit cover sheet.

How to claim

This section is for your reference and guidance and does not form part of the terms and conditions of your plan. At Scottish Provident we want to keep it as simple as we can when you make a claim. We know that lots of paperwork and form-filling is usually the last thing on your mind. We want to help and support you. That is why we try to make our claims process as easy as possible and will always provide you with an efficient service when you make a claim.

How to claim

The following information explains how to make a claim under your Scottish Provident plan. Detailed claims guides are available for each benefit and will be sent to you along with your claim form to help you make your claim. The guides explain the claims process step-by-step so you can see how the process works and what happens at each stage.

For all benefits other than disability income benefit (income protection), you must write and tell us about a claim within 13 weeks of the occurrence of the event resulting in a claim.

For disability income benefit, you must write and tell us about a claim within eight weeks of becoming disabled (two weeks for plans with a four week deferred period).

If you do not tell us about a claim quickly enough and we are unable to obtain evidence to support your claim, we may delay payment or not be able to pay your claim.

Read your plan documents

If you need to make a claim, the first thing you will need to do is read this Product Guide and the other documents that were sent to you when you first took out your plan. If you have made changes to your plan, you should also read any additional documents that have been sent to you. These will help you understand what you are covered for. A list of any specific definitions that apply to your claim can be found in your original plan documents, including this Product Guide.

If you no longer have, or are unable to find the documents appropriate to your plan, you should contact our customer care team on 0345 271 0007. Monday to Friday, 8.30am to 6.00pm.

At this stage, you should start to think about any additional information that we may need to support your claim. For life cover, we may need Grant of Probate or Letters of Administration (or Grant of Confirmation if the deceased lived in Scotland). For an unemployment benefit claim, you would need to register as being unemployed with the appropriate Government office.

Request a claim form

Once you have checked you are eligible to claim, please contact the customer care team on 0345 271 0007 for a claim form.

Pay your premiums

You should continue to pay your premiums until we have reached a decision on your claim. If we pay the claim, we will of course give you back any overpaid premiums paid during the claim process.

Additional support

This section is for your reference and guidance and does not form part of the terms and conditions of your plan. At Scottish Provident we want to help and support you - that is why we have arranged access to specialist support helplines.

Additional support

Just need someone to talk to?

As a special added service for you, we have arranged access to Lifeline; an independent and completely confidential helpline to put you in touch with a team of fully trained experts on a wide range of issues.

Lifeline* is a confidential helpline offering legal and medical advice. However, it cannot provide financial advice. You will need to speak to your financial adviser for that.

So whether you are experiencing a difficult issue yourself or helping someone else deal with a problem, the experts at Lifeline can be a huge help.

* This phone based support package is free (other than the cost of making a call). Please note that Lifeline is a separate company from Scottish Provident and all advice is therefore independent from Scottish Provident. The helplines are only available Monday to Friday, 9.00am to 5.00pm. We can withdraw the Lifeline service or change the company providing it at any time. You can find details of this service in Your plan documents, which is the pack we send to you when you take out a plan.

We do not share any of your personal information with Lifeline, and they do not share any of your personal information with us.

Help getting back to work

Working Transitions is a free* specialist service providing personal employment advice and guidance specifically designed to help you find work. Working Transitions will contact you when you make your unemployment benefit claim to help you find alternative employment as soon as possible.

* This phone based support package is free (other than the cost of making a call if you call Working Transitions). Please note that Working Transitions is provided by Working Transitions Limited, a separate company from Scottish Provident, and all advice is therefore independent from Scottish Provident. We can withdraw the Working Transitions service or change the company providing it at any time.

We do not share any of your personal information with Working Transitions, and they do not share any of your personal information with us.

Policy provisions

Policy provisions

The material in sections 1 to 4 in ordinary print comprises the “**Self Assurance Policy Provisions**” and these form part of the policy.

The informal notes in **lighter blue text** do not form part of the Policy Provisions and are not part of the terms and conditions of your plan, but are intended to give you further information and guidance on what to do in various circumstances.

1 Construction

1.1 References

Where appropriate in the policy the words in the singular will include the plural and the masculine includes the feminine and vice versa.

The words defined in policy provisions section 1.2 (Definitions), and in your Policy Benefit Schedules shall have the meanings assigned to them there.

The use of headings in these Policy Provisions is for reference only and shall not affect the interpretation of these Policy Provisions.

1.2 Definitions

These provisions apply to any policy effected which is expressed to be subject to them. In relation to such a policy, in these provisions:

- a) **alteration date** means the date that a change has been made to the policy
- b) **appropriate medical specialist** means someone who must:
 - i) hold an appointment as a Consultant or equivalent at a hospital in the UK or a country within the **geographical areas** set out opposite
 - ii) be accepted by our Chief Medical Officer; **and**
 - iii) be a Specialist appropriate to the cause of the claim
- c) **assessment period** means the period during which **we** will assess a condition before **we** make a decision on whether or not to admit a claim. The assessment period will typically start on receipt of the claim and will not normally be longer than 12 months as long as **we** have all the evidence **we** need. Also, the assessment period should only apply to claims for the condition which must be **permanent** for cover to apply
- d) **child** means a natural or legally adopted child, or a stepchild of the **life assured** who is financially dependent on the **life assured**
- e) **cover anniversary date** means the anniversary of the **cover start date**
- f) **cover end date** means the date shown as such in the **Policy Benefit Cover Sheet** and the **Policy Benefit Schedules**
- g) **cover period** means the term between the **cover start date** and the **cover end date**
- h) **cover start date** means the date shown as such in the **Policy Benefit Cover Sheet** and the **Policy Benefit Schedules**
- i) **deferred period** means the period during which the life assured must be ill or disabled before **we** pay any benefit
- j) **full time** means that the **life assured** must be in a full time (16 hours or more each week) remunerative occupation
- k) **geographical areas** mean Australia, Austria, Belgium, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, the Republic of Ireland, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States of America
- l) **irreversible** means cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK, the Channel Islands or the Isle of Man at the time of the claim
- m) **life assured** or **lives assured** means the person or persons specified as such in the **Policy Benefit Cover Sheet** and the **Policy Benefit Schedules**
- n) **occupation** means the trade, profession or type of work the **life assured** does for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.
- o) **ordinary UK driving licence** means a group 1 licence as defined in the The Motor Vehicles (Driving Licences) Regulations 1999 as amended by The Motor Vehicles (Driving Licences) (Amendment) Regulations 2012, The Motor Vehicles (Driving Licences) Regulations (Northern Ireland) 1996 and any future amendment to the legislation which defines a group 1 licence
- p) **owner** means the person or persons who is or are for the time being legally entitled to deal with the policy. When a claim is made the **owner** will be the **owner** at the benefit payment date. Where a policy is jointly owned, and one owner dies, the survivor will be the **owner**
- q) **permanent** means expected to last throughout life, irrespective of when the cover ends or the **life assured** retires
- r) **permanent neurological deficit with persisting clinical symptoms** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the **life assured's** life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma

The following are not covered:

- an abnormality seen on the brain or other scan without definite related clinical symptoms
 - neurological signs occurring without symptomatic abnormality, for example, brisk reflexes without other symptoms
 - symptoms of psychological or psychiatric origin.
- s) **policy** or **plan** means a policy or policies as referred to in the **Policy Benefit Cover Sheet**
- t) **policy anniversary date** means the anniversary of the **policy start date**
- u) **Policy Benefit Cover Sheet** means the sheet which accompanies this booklet, (whether issued at the same time as the booklet or in addition or in substitution of a previous sheet)
- v) **Policy Benefit Schedules** mean the schedules which accompany this booklet (whether issued at the same time as, or subsequent to this booklet or in addition to or in substitution of a previous schedule); and **Policy Benefit Schedule** means any one of the **Policy Benefit Schedules**
- w) **policyholder** or **policyholders** means the person or persons specified as such in the **Policy Benefit Cover Sheet**
- x) **policy start date** means the date shown as such in the **Policy Benefit Cover Sheet**
- y) **rate of inflation** means the percentage calculated by **us** based on the United Kingdom Government's Retail Prices Index (or in the event RPI is unavailable, another index as **we** shall reasonably determine) over the 12 months ending three months prior to the **policy anniversary date**
- z) **survival period** means the period after an insured event that the insured person has to survive before a claim becomes valid. A survival period normally applies to critical illness benefit, children's critical illness benefit and children's income benefit
- aa) **we** and **us** means "the Company" as defined in the **Policy Benefit Cover Sheet**; **our** and **ourselves** has a corresponding meaning.

If the policy is assigned to a third party, or held under trust, the **owner** will be the assignee(s) or trustee(s) respectively. If the policy is assigned to a building society or bank as a security for a loan, the **owner** will be the lender. Since the lender will hold the Policy Benefit Cover Sheet and the **Policy Benefit Schedules** as security, **we** will provide the **policyholder** with copies of the **Policy Benefit Cover Sheet**, the **Policy Benefit Schedules** and this booklet on request. These copies are of no value other than as a source of information about the policy. The **owner's** permission will always be required before **we** are able to act on instructions involving a material change to the policy.

2 Premiums

2.1 Premiums payable

The premiums payable under the policy are as stated in the **Policy Benefit Cover Sheet**.

No premiums will be due:

- a) after the **policy** has terminated under policy provisions section 4.11 (Termination), **or**
- b) in respect of the cover provided under a **Policy Benefit Schedule** on or after the **cover end date** stated on that schedule.

Premiums may be paid only by a method acceptable to **us**.

The total premium you pay at any time includes the cost of providing all of the benefits under your policy but each benefit may be providing cover over a different period of time. If one or more of the benefits under your policy reaches the end of its term you will no longer need to pay for that benefit and your premium will be adjusted accordingly. **We** will write with details of any proposed adjustment to the premium shown on the **Policy Benefit Cover Sheet**.

Where premiums are payable yearly by cheque **we** shall contact you shortly before the premium is due and ask you to send a cheque for the amount of the premium.

Monthly premiums must be paid by Direct Debit.

2.2 Non-payment of premiums

Monthly premiums are payable when due. One month of grace is allowed for the payment of yearly premiums. If a monthly premium has not been paid when due or if a yearly premium has not been paid within the period of grace, policy provisions section 2.3 (Premium arrears) will apply on the due date of that premium or on the day following the expiry of the period of grace respectively.

If payment of premiums is discontinued and a claim is being considered by **us**, the **policy** will continue in full force for a period which begins on the date of discontinuance and ends on the earliest of the 30th day following rejection of the claim or the first anniversary of the date of discontinuance. At any time within that period, payment of premiums may be resumed by the payment of all premiums which have fallen due but not been paid, together with an administration charge to continue the **plan**. If payment of premiums is not resumed within that period, policy provisions section 2.4 (Cancellation) will apply on the day after its expiry. If no such claim is being considered when payment of premiums is discontinued, policy provisions section 2.4 (Cancellation) will apply at the date of discontinuance.

Policy provisions

Premiums continue to be payable until a claim is admitted. This provision gives some help in keeping the cover in force while a claim is being investigated. This will avoid cover ending because of financial hardship pending the claim being admitted by us. However, you should continue to pay premiums as long as possible, to minimise the amount outstanding in the event that the claim is not admitted and you wish to ensure the cover does not end.

Premiums paid between the benefit payment date and the date of admittance will be returned with interest.

2.3 Premium arrears

If any premium is not duly paid, **we** will notify you of our arrears procedure which will be put into effect at that time. If any premium remains unpaid once the arrears procedure has been completed, then payment of premiums shall be considered as having been discontinued and in any event this will not occur later than three months after the date of the first unpaid premium.

If **we** admit a claim which arises before completion of the arrears procedure, **we** shall deduct the amount of any unpaid premiums and any outstanding charges from the benefits otherwise payable.

2.4 Cancellation

When this provision applies, the policy will terminate without value.

2.5 Premium Rates

Your **Policy Benefit Schedule** will show whether guaranteed or reviewable premiums apply to the benefits within your **plan**.

All benefits (other than unemployment benefit)

Guaranteed rates

If your premiums are guaranteed this means that the assumptions **we** have used to calculate your premium have been set to cover the whole term of the benefit without any change before the cover end date. This does not mean that the actual amount you pay will necessarily stay the same. It will change if you alter your **plan** and it will increase if you have selected increasing benefits as described in the section headed "What we mean by level, increasing and decreasing" in the technical options section on page 17.

Reviewable rates

If your premiums are reviewable, this means that the assumptions **we** have used to calculate your premium have been set to cover the whole period of the benefit. However they will be reviewed on the first **policy anniversary date** on or after the benefit with reviewable premiums has been in force for five years and on each following fifth **policy anniversary date**. When **we** review your premium it may stay the same, go up or down.

Unemployment benefit

Unemployment benefit (including premium payment benefit (unemployment)) can only be taken out with reviewable premiums. Premiums for this benefit will be reviewed every year. Premiums will be reviewed on the first **policy anniversary date** on or after each benefit has been in force for one year and on each following **policy anniversary date**. When we review your premium it may stay the same, go up or down. Any increase or decrease in premium will take place on the **policy anniversary date**.

Review process

When **we** carry out a review, **we** will, based on our view, make changes to expected future experience for valid reasons including the following:

- current level of claims incurred is different to that previously anticipated. This will reflect the impact that socio-economic and medical factors have had on our level of claims. This will vary by age, smoker status and other rating factors
- changes to the future outlook on claims. This will vary by age, smoker status and other rating factors
- changes in future investment returns
- changes in future expenses. **We** will reflect any changes in expenses, which are outside of our control. Examples are changes in Value Added Tax (VAT) and the impact of changes in past and future expected inflation (as measured by the Retail Prices Index). This has the effect of future expected expenses being higher than anticipated. **We** will not reflect changes in expenses due to operational efficiencies or inefficiencies
- changes in the tax and regulatory environment. **We** would reflect the impact of changing tax being imposed on **us**. **We** would also reflect the impact that any changes to regulatory rules on accounting prescribed to **us** by the UK Government or European Union
- changes to reinsurance premiums, if the change is based on one of the factors above. If reinsurance premiums change for any other reason **we** will not include this in any premium review.

These assumptions will be derived by reviewing company and industry data, as well as taking into account data from other parties such as the actuarial profession, medical profession, specialist charities and national statistics. The company data **we** will analyse will group **policyholders** together that have similar characteristics based on factors such as age and smoker/non-smoker (this list is not exhaustive and may change in the future). **We** will not base reviews on individual circumstances, for example, your health at the time of the review.

If our view of these assumptions at the time of the review differs from the view **we** took of them at the outset, **we** may increase or reduce your premium based on the difference. These assumptions will be consistent with, but not necessarily the same, as those used for pricing of new contracts. **We** will not recover any past losses that **we** may have incurred due to experience being worse than expected. **We** will revise the premium to reflect future expected experience only.

The assumptions and the premium reviews will be reviewed and agreed by the Directors of Royal London Mutual Insurance Society Ltd who have regulatory responsibility for ensuring that any changes are fair. Changes in premium will apply to all similar policies.

Notification of outcome of review

When **we** carry out a review, we will write to you at least 30 days prior to the **policy anniversary date** and let you know the outcome of the review. Your premium may stay the same, go up or go down at review. It is possible, if you have more than one benefit, that one premium may increase whilst the other decreases, as they may have been affected differently by the changes in expected experience.

If your premium increases at review, **we** will increase your monthly or yearly premium on the **policy anniversary date**. Alternatively, you will be able to continue with your existing premium level but **we** will need to reduce the sum assured for this benefit. To do this you must tell us at least ten days before the change would otherwise have taken effect, and your reduced benefit amounts will apply from that date. You also have the right at any time to stop paying premiums although your contract will end without value. Full details of the options open to you will be provided when we write and tell you the outcome of the review.

There is no limit to the amount your premium may increase or decrease but any change will be fair and reasonable.

3 Claims Procedure

On notification of any claim for death or critical illness benefits the **Policy Benefit Schedule** should be returned to **us** by, or on behalf of, the **owner**. Any other requirements (which will depend on the circumstances) will be advised at the time.

3.1 Notification

A claim for payment of a benefit must be made in writing to **us** as soon as you reasonably can after the date of the occurrence of an event resulting in a claim. If **we** are not notified as soon as you reasonably can, except for death claims, **we** may not be able to assess your claim if your delay in telling us about the claim means **we** are unable to obtain the information **we** need.

Unemployment benefit and premium payment benefit (unemployment) are underwritten by the **insurance provider** named in the **Policy Benefit Schedule** (the "**insurance provider**"). Although you deal with **us**, **we** act as agent for the **insurance provider** and your contract is with the **insurance provider**.

Claims for unemployment benefit and premium payment benefit (unemployment) will be managed by Trent, an administration service provider. They do this on behalf of your insurance provider for these benefits, who is currently Surestone dac. Surestone dac also use UK General for underwriting services. However, in all instances, you should send any correspondence relating to the benefits to **us**.

3.2 Admittance of a claim

We will examine each claim for payment of a benefit and will decide whether it can be admitted as an event assured under the **policy**. In order to make a decision, **we** will seek confirmation by an **appropriate medical specialist** that your claim satisfies the appropriate definition.

In arriving at **our** decision, **we** may request, and will take into account, such evidence and information as **we** consider to be relevant, having particular regard to any medical reports and to whether such proofs as may be required in accordance with policy provisions section 4.5 (Payment subject to proofs) have been provided.

Please note that in arriving at our decision we will have regard to the exclusions and limitations of the **plan** and also any specific exclusions applied to your **plan**.

Premiums paid between the benefit payment date and the date of admittance will be returned with interest.

We have the right to review any claim accepted, as described in policy provisions section 3.3 (Review of claims admitted).

For unemployment benefit, it may be necessary to arrange for an agent to visit the **life assured**. The purpose of any such visit will be to gather details relating to the claim in order to ensure accurate assessment. It is essential that the **life assured** makes themselves available for any such visit. If the **life assured** fails to do so, no further benefit will be paid.

For unemployment benefit, the **insurance provider** or its agents (which may include **us**) will assess each claim and decide whether it is admissible. In order to reach a decision additional evidence and information may be required – for example, proof of mortgage and confirmation of unemployment from employer.

In order that the permanence of a disability under critical illness benefit or death or earlier critical illness benefit is established, in some cases there may be a delay before a claim can be admitted. This is called the **assessment period** and is defined at section 1.2(c) on page 52.

3.3 Review of claims admitted

This provision only applies to disability income benefit, children's income benefit, premium payment benefit (sickness, accident or disability), unemployment benefit and premium payment benefit (unemployment).

Where a claim has been admitted under policy provisions section 3.2 (Admittance of a claim) **we** will re-examine the claim and may request such additional evidence and information as **we** may require.

Policy provisions

If such evidence and information is not provided or **we** reasonably consider it to be insufficient to justify the continued admittance of the claim, **we** have the right to alter or withdraw the benefit being provided.

We may from time to time require fresh evidence and information to ensure that the **life assured** continues to suffer from a disability or be **unemployed**. If a children's income benefit is in payment, **we** may from time to time request information about the welfare of the **child** of the **life assured**.

If such evidence and information is not satisfactory, or is unduly delayed, the benefits being provided may be altered or withdrawn.

3.4 Complaints procedure

We would always hope to be able to sort out problems or complaints the **owner** has regarding problems that are experienced in the administration and claims management of the benefits under the **plan**.

We hope that the **owner** will never have reason to complain but you can write to us at:

Customer Relations Manager
Scottish Provident
301 St Vincent Street Glasgow G2 5PB
Phone: 0345 271 0900

We hope that we will be able to resolve the complaint where possible through our complaints procedure. If the **owner** is still not satisfied, they have the right to ask the Financial Ombudsman Service to review their case. The relevant address and telephone number for all benefits is:

The Financial Ombudsman Service, South Quay Plaza,
183 Marsh Wall, Docklands, London E14 9SR
Phone: 08000 234 567 (calls to this number are free from mobile phones and UK landlines)
Phone: 0300 123 9 123 (calls to this number cost no more than calls to 01 and 02 numbers)
Fax: 0207 964 1001

None of the above actions affect the legal rights of the **owner**.

Your statutory rights are not affected if you do not follow the complaints procedure above. For further information about your statutory rights contact your local authority Trading Standards Service or Citizens Advice Bureau.

4 General

4.1 Notices of assignment

If the owner assigns any of their legal rights under the plan to someone else, we must see notice of the assignment. This notice must be sent to **us** at:

Scottish Provident, 301 St Vincent Street, Glasgow G2 5PB.

It is important for the **owner** to retain with the **Policy Benefit Cover Sheet** and **Policy Benefit Schedules**, any deeds of assignment and reassignment or other deeds transmitting title to (that is, ownership of) the policy as these are part of the proof of his legal entitlement and he will be required to produce them before any benefits under the policy are paid to him.

4.2 Payment by us

Payment of any amount of money will be:

- a) by cheque drawn in favour of the person entitled to receive it, or of any other person authorised by that person with **our** approval, or
- b) into a bank or other account of the person entitled to receive it, or of any other person authorised by that person with our approval, and

will be an absolute discharge to **us** for that amount.

For the avoidance of doubt, any payment due as a result of the death of a joint **owner** of the **policy** shall be made to the surviving **owner** (or, where applicable, to the trustee or assignee of the **policy**).

4.3 Late benefit payment

If a lump sum benefit (as opposed to income benefit) becomes payable under the **policy**, we may pay interest on the amount unless the interest is less than a minimum amount.

Any interest payable may be subject to the deduction of income tax at source under current UK legislation.

4.4 Source of benefits

Any benefits other than unemployment benefit and premium payment benefit (unemployment) under the policy are payable out of **our** non profit fund. Unemployment benefit and premium payment benefit (unemployment) will be payable by the **insurance provider**.

4.5 Payment subject to proofs

Payment of any benefit under the policy will be made subject to **our** receiving such proofs as **we** may require as follows:

- a) of the happening of any event on which the benefit is payable within the appropriate benefit term
- b) of legal entitlement
- c) of the date of birth of the **life assured** or, if there are two **lives assured**, of both the **lives assured**; and
- d) for **disability income benefit**, of pre and post disability earned income and, for unemployment benefit, of pre and post **unemployment earned income**.

Unless **we** agree otherwise, the claimant must furnish at his own expense all certificates, information or other evidence **we** may require in support and continuing support of the claim and the **life assured** must submit to medical examination (by a doctor of **our** choosing) as often as **we** may require.

4.6 Basis of contract

The **policy** has been granted on the basis of statements made in the application for it and **we** place reliance on the accuracy and completeness of such statements. If any of these statements proves to have been untrue in a material respect, no benefit will be payable and premiums will be returnable without interest.

4.7 Wrong date of birth or mis-statement of occupation

If the date of birth or occupation of the **life assured** or, if there are two **lives assured**, the date of birth or occupation of either of them has been wrongly stated to **us**, or the **insurance provider**, **we** may change the benefits to those which are suitable for and consistent with the correct date of birth and occupation.

4.8 AIDS definition

For the purposes of this policy the definition of Acquired Immune Deficiency Syndrome shall be that used by the World Health Organisation at the time a claim is made. If there is no such definition, then that of any successor body or governmental or international body as **we** shall decide shall be substituted.

4.9 Changes to these Policy Provisions

- a) If the policy or **we** are affected by law or other circumstances beyond **our** control, **we** may make reasonable changes to the Product Guide, including these Policy Provisions, and your Policy Benefit Schedule which **we** consider are appropriate in the circumstances.
- b) **We** may, acting on professional actuarial advice, make changes to the Product Guide which, in our reasonable opinion, **we** consider appropriate in the circumstances, if:
 - it ceases to be reasonably practicable for us to carry out any of the terms as a result of:
 - a change (introduced, enacted or proposed) in legislation, order, regulation or directive, or

- a change in the interpretation or application of legislation, order, regulation or directive, or
- compliance with any request from any regulatory authority, or
- the basis of taxation applying to the **policy** changes.

We will give you reasonable notice of any changes.

4.10 Surrender value

This policy does not carry any surrender value.

4.11 Termination

A benefit provided under the **policy** will terminate on the earliest of:

- a) discontinuance of premiums under policy provisions section 2.2
- b) payment of a benefit, unless otherwise stated in the **Policy Benefit Schedule** giving rise to the payment
- c) the **cover end date** in respect of that benefit.

The policy will terminate on the **cover end date** of the last benefit in force under the policy.

4.12 Proper law

The **policy** is governed by the law of Scotland unless otherwise agreed. If you reside in the Channel Islands or the Isle of Man your **policy** will be governed by the law of England and Wales and be held under Seal unless otherwise agreed.

Your contract for unemployment benefit and premium payment benefit (unemployment) is with UK General Insurance Limited, for whom **we** act as agent. These benefits are governed by the law of England and Wales.

4.13 Forms

Any election, instruction or notice must be in a form acceptable to **us**.

4.14 Currency

The premium and monetary benefits are payable in sterling in the United Kingdom, the Channel Islands or the Isle of Man.

4.15 The European Union

The European Union is made up of the United Kingdom, Austria, Bulgaria, Belgium, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, the Republic of Ireland, Romania, Slovakia, Slovenia, Spain and Sweden.

Scottish Provident is a division of the Royal London Group, which consists of The Royal London Mutual Insurance Society Limited and its subsidiaries. The Royal London Mutual Insurance Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm is on the Financial Services Register, registration number 117672. It provides life assurance and pensions and is a member of the Association of British Insurers. Registered in England and Wales number 99064. Royal London Marketing Limited is authorised and regulated by the Financial Conduct Authority. The firm is on the Financial Services Register, registration number 302391 and introduces Royal London's customers to other insurance companies. Registered in England and Wales number 4414137. Registered office for both companies: 55 Gracechurch Street, London, EC3V 0RL. **SCPR5265 JUN18 LD**

