

Self Assurance Key Features

Mortgage | Term Personal | Term Business

Key Features of the Self Assurance Mortgage, Term Personal and Term Business plans.



Important information you need to read

The Financial Conduct Authority is the independent financial services regulator. It requires us, Scottish Provident, to give you this important information to help you decide whether our Self Assurance plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

If you have arranged your plan through a financial adviser, you should contact them to discuss your plan. This Key Features document should be read together with your personal illustration.

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

Its aims

- To give you the opportunity to create a plan, which meets your protection needs by giving you a wide choice of benefits and levels of cover over the benefit term that you choose.
- You can choose from the following benefits:
 - death benefit
 - death or earlier critical illness benefit
 - critical illness benefit
 - disability income benefit (income protection)
 - premium payment benefit (waiver of premium)
 - unemployment benefit.
- To enable you to maintain an adequate level of protection by allowing you to change your benefits and levels of cover during the term of the plan.

i For further details please refer to the '**Flexibility**' section in the Self Assurance product guide (**page 19**).

Your commitment

- You must do the following:
 - 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 will offer you together with any other information that you provide in relation to the questions. 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.

Please do not assume that we will clarify or confirm any facts that you give us with your doctor and do not let that affect answering the questions that we have asked. If you are in any doubt about whether something is important enough to include when answering the questions, please provide the information in the application form or alternatively ask us for further guidance.

- tell us if there is any 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.

- You agree to pay regular premiums throughout the period of the cover. If you choose to have increasing benefits your premium will change each year to reflect this.
- If you stop paying premiums:
 - your plan will stop
 - you will not get anything back
 - you will no longer be covered for your benefits.
- If you choose unemployment benefit, you must tell us if you change job or employment status (for example, employed to self employed) from the one shown in 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.
- You should review, and update if necessary, the level of your cover regularly to make sure it is appropriate for your needs.

Risks

- If you do not answer all the questions in the application form honestly and in full, to the best of your knowledge and belief or you do not tell us that the information given has changed before your plan starts, your plan may be cancelled and may not pay out in the event of a claim.
- Your plan has no cash-in value at any time.
- If you choose reviewable rates, to maintain your level of cover your premium may increase when it is reviewed by us. The first review will be 5 years after your plan starts and every 5 years thereafter. For unemployment benefit, your premium will always be reviewable and reviews will be carried out annually. If your premium increases at a review the new premium may be higher than a guaranteed fixed premium would have been. There is no limit to the amount that your premium may increase by, but any increase will be fair and reasonable.

i For further details please see '**What we mean by premium rates**' section in the Self Assurance product guide (**page 18**).

- If you choose unemployment benefit, your premium may change if the rate of insurance premium tax changes.
- Unemployment benefit and premium payment benefit (unemployment) are provided by UK General Insurance Ltd on behalf of Surestone Insurance dac. If they stop offering these benefits, we will do everything possible to find another insurance provider. If this happens, the policy benefit schedule and Self Assurance product guide may change. If we are unable to replace the insurance provider we will have to stop your cover.
- If your plan includes a lump-sum benefit which reduces, the lump-sum may not be enough to repay your loan or mortgage if interest rates rise above the rate you have chosen, and on which we base the rate of the reduction if you claim.
- If the benefits under your plan do not include the increasing benefit option, inflation may reduce the buying power of any benefit amount paid out at the time of a claim.
- We will not pay out in the circumstances described under '**When will my plan not pay out?**' on **pages 14 to 17** in this key features document.

Questions and answers

What is Self Assurance?

- Self Assurance is an insurance plan that provides financial help if any of the events you have chosen to cover yourself against happen during the benefit term.
- There are three versions of the plan:
 - **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.

What benefits are available under a Self Assurance plan?

- You can combine different benefits to suit your own particular needs. Each benefit can last for a different length of time and be paid to you in different ways.
- The following benefits are available for each version of the plan unless explained otherwise:
 - **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. Our definition of terminal illness is:
A definite diagnosis by the attending Consultant of an illness that satisfies both 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.
 - **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. Our definition of terminal illness is shown above under 'death benefit'. We only cover the critical illnesses we define in the policy benefit schedule, the Self Assurance product guide and this key features document.
 - **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 and then survive for at least 14 days. Our definition of terminal illness is shown above under 'death benefit'. We only cover the critical illnesses we define in the policy benefit schedule, the Self Assurance product guide and this key features document.
 - **disability income benefit** (income protection) provides a monthly income of up to 50% of your salary or earned income if you are unable to work during the term of your benefit because of sickness, accident or disability, and you meet our definition of disability. The benefit amount will be restricted to £12,000 a year if you are not in employment when you take out the cover or at the time of a claim. When we accept a claim, the benefit will start to be paid after the deferred period you choose which can be 4, 13, 26 or 52 weeks.

The benefit may be reduced if it, together with income from employment and any other private disability benefits, exceeds 50% of your pre-disability gross salary or earned income.

The definition of disability we give you will depend on your health, whether you are working and, if so, your occupation. The definition will be either the own occupation definition or the 1 year own occupation definition. We will confirm the definition for this benefit in your policy benefit schedule.

For the own occupation definition we will pay out if a sickness, accident or disability means you cannot carry out the material and substantial duties of your own occupation.

If we are unable to accept the definition you have chosen because of your occupation or if you do not work, we will tell you. If you choose (and we accept) the own occupation definition, but you are not in full time (16 hours or more a week) paid occupation immediately before the start of the disability, the serious illness or everyday tasks definitions will apply in the assessment of the claim – even if the own occupation definition is stated to apply on page 1 of the policy benefit schedule .

i The full own occupation definition is in the '**Definitions explained**' section in the Self Assurance product guide (**page 23**).

For the 1 year own occupation definition we will pay out if a sickness, accident or disability means you cannot carry out the essential duties of your own occupation for the first 12 months of any claim. If, after 12 months you are still unable to work, we will consider you to be disabled if you meet one of the serious illness definitions shown below. If you do not meet any one of the serious illness definitions we will consider you to be disabled if you are unable to do at least 3 out of the 9 everyday tasks shown below.

The serious illnesses are blindness; cancer; complete dependency; deafness; dialysis; organic brain disease and terminal illness.

i For a full definition of the serious illnesses please refer to the '**Definitions explained**' section in the Self Assurance product guide (**page 23**).

The everyday tasks are sitting; standing; walking; climbing; lifting; bending; getting in and out of a car; maintaining an ordinary UK driving licence and writing.

i For a full definition of the everyday tasks please refer to the '**Definitions explained**' section in the Self Assurance product guide (**page 23**).

- **premium payment benefit** (waiver of premium) will protect your premiums if you are unable to work during the term of your benefit because of sickness, accident or disability, and you meet our definition of disability. When we accept a claim, the benefit will start to be paid after the deferred period you choose which can be 13, 26 or 52 weeks (4 week deferred period also available if chosen with disability income benefit).

If you claim before your 65th birthday, we will pay out under the same circumstances as we do for disability income benefit. The definition of disability we give you will depend on your health, whether you are working and, if so, your occupation. The definition will be either the own occupation definition or the 1 year own occupation definition. We will confirm the definition for this benefit in your policy benefit schedule. If you claim on or after your 65th birthday the life tasks definition will apply. This means we will pay out if a sickness, accident or disability means you cannot perform 3 out of the 6 life tasks which are: washing; getting dressed and undressed; feeding yourself; maintaining personal hygiene; getting between rooms; getting in and out of bed.

i For a full list of life tasks please refer to the '**Definitions explained**' section in the Self Assurance product guide (**page 23**).

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- **Unemployment benefit** (mortgage plans only) can only be taken out with reviewable premiums and provides 2 benefits:
 - a monthly income of up to a maximum of 40% of your salary or earned income, payable for up to 52 or 104 weeks, if you become unemployed through no fault of your own, after the deferred period which can be 8 or 13 weeks; **and**
 - premium payment benefit (unemployment) which will take care of the premiums for your plan while you are receiving your monthly income.

You can only choose unemployment benefit if you meet all the eligibility criteria, **and**

- the benefit is to protect a secured loan which is used to purchase your home or principal private residence and you are not currently in arrears on your mortgage repayments; **and**
- you are taking out one of the other benefits listed above with a total benefit amount of at least £25,000 (excluding unemployment benefit).

i For further details please refer to the '**Who is eligible for unemployment benefit?**' section of the Self Assurance product guide (**page 13**).

What additional benefits are provided under a Self Assurance plan?

- **The following additional benefits** will be included under death or earlier critical illness benefit or critical illness benefit in your plan:
 - **additional covered conditions benefit** will be payable if you satisfy our definition of one of the additional covered conditions (listed on **page 8**). The amount of benefit we will pay in the event of a valid claim will be the lesser of 20% of the death or earlier critical illness benefit or critical illness benefit or £15,000 for each additional covered condition.
 - **children's critical illness benefit** will be payable if your child satisfies our definition of one of the children's critical illnesses or the terminal illness definition and then survive for at least 14 days. The amount of benefit we will pay in the event of a valid claim will be the lesser of 50% of the main critical illness benefit or £20,000 for each child. Your children will be covered for the critical illnesses and disabilities shown on **page 8** (except for loss of independent existence and additional covered conditions). Also a different definition of total permanent disability – of specified severity is used for children's critical illness benefit.

i For a full definition of total permanent disability - of specified severity please refer to the '**Definitions explained**' section of the product guide (**page 23**).

- If you are covered for death or earlier critical illness benefit or critical illness benefit for a total benefit amount of at least £25,000; and disability income benefit (income protection), the following additional benefits will automatically be added to your plan:
 - **immediate cash benefit** which is paid as a lump sum if we accept a claim for one of the critical illnesses or disabilities we cover under your plan; **and**
 - **children's income benefit** which is paid as an income for a specified period if your child satisfies our definition of one of a range of children's critical illnesses or disabilities, and survives for 14 days.

What options can I choose under a Self Assurance Plan?

- The following options can be selected by you under death or earlier critical illness benefit or critical illness benefit in your plan:
 - **increasing benefits** - if you select increasing benefits we will increase your benefit amount each year by the percentage increase in the UK Government's Retail Prices Index (RPI) up to a maximum of 10% each year. Your premium for that benefit will increase each year by the percentage increase in RPI multiplied by 1.4.
 - **buyback option** allows you to take out further critical illness cover after your claim has been accepted for one of the critical illnesses or disabilities covered under your plan. The buyback benefit will include critical illness cover for heart attack, stroke and cancer (and death benefit, if your original benefit included death benefit). You can choose this option when you take out either death or earlier critical illness benefit or critical illness benefit under your plan.

Which critical illnesses are covered?

- 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, including critical illness definitions, additional covered conditions definitions and the total permanent disability definitions, and the circumstances in which you can claim are given in the policy benefit schedules and the definitions, technical options and policy provisions sections of the Self Assurance product guide. These typically use medical terms to describe the illnesses but in some cases the cover may be limited. For example:

- some types of cancer are not covered
- to make a claim for some illnesses you need to have permanent symptoms.

Please let us know if you would like a copy of the policy benefit schedules, policy provisions or the Self Assurance product guide.

- You can choose one of 3 critical illness cover types for your plan, as listed below:
 - A the complete list of critical illnesses plus total permanent disability benefit based on an own occupation definition
 - B the complete list of critical illnesses plus total permanent disability benefit based on the work tasks definition
 - C the complete list of critical illnesses with no total permanent disability benefit.

The complete list of conditions we cover is set out in page 8.

i For further information see the '**Total permanent disability – of specified severity**' section on **page 8**.

– **Critical illnesses and disabilities**

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

These critical illnesses and disabilities comply with the Association of British Insurers (ABI) model definitions.

No ABI model definitions exist for these critical illnesses and disabilities.

– **Additional covered conditions**

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

No ABI model definitions exist for the additional covered conditions.

– **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;
- **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.

If we are unable to accept the definition you have chosen because of your occupation or if you do not work, we will tell you. If you choose (and we accept) the own occupation definition, but you are under age 65 and not in a paid occupation 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 1** of your policy benefit schedule.

How will you pay my benefits?

– We can pay your benefits to suit your individual needs, depending on the version of your plan and benefit type:

How benefits are paid	Death benefit	Death or earlier critical illness benefit	Critical illness benefit	Additional covered conditions	Children's critical illness	Disability income benefit (income protection)	Children's income benefit	Immediate cash benefit	Unemployment benefit
Level lump sum fixed throughout the benefit term.	✓	✓	✓	✓	✓			✓	
Reducing lump sum reducing monthly throughout the benefit term in line with a capital and interest loan schedule at an interest rate you choose.	✓	✓	✓						
Increasing lump sum increasing yearly throughout the benefit term in line with inflation.	✓	✓	✓						
As an income on a level or increasing basis, with the income payable monthly from the claim date to the end of the benefit term. <small>(mortgage and term personal plans only).</small>	✓	✓	✓			✓	✓		✓
In yearly instalments over 3 or 5 years, allowing you to choose between level or increasing instalments <small>(term business plans only).</small>	✓	✓	✓						

Can I make changes after my plan starts?

- Your plan is very flexible and can be adapted to meet your changing needs at any time by adding, removing, increasing or reducing benefits, or by changing the term of your benefits within limits. Your premium will either increase or decrease when you make changes to your plan but cannot fall below the minimum level set by us. Depending on what changes you make, you may have to provide medical evidence and your policy benefit schedule may change (this could include, for example, a change to your critical illness definitions).

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- Provided we accepted your plan at ordinary rates, there are **increase options** which allow you to increase the amount of your benefits within limits, when certain events happen without having to provide medical evidence. Your premium will increase to meet the cost of the increased cover.
 - You can only make changes to your plan or use the **increase options** if you are not claiming, nor eligible to claim any benefit.

i Full details on how you can change your plan can be found in the **'Flexibility'** section in the Self Assurance product guide (**page 19**).

Who can own the plan?

- The owner of the plan is the person who applies for the plan and normally pays the premium. To be an owner you must be:
 - aged 18 or over when you sign the application form; **and**
 - “habitually” resident in the UK, the Channel Islands or the Isle of Man (for example, having a UK main home address and a UK bank account).
- We must establish an insurable interest (for example, any spouse, civil partner or business partner who has a financial interest in the well being of the life assured) before the start of the plan.

Who can be a life assured?

- A life assured is a person whose life is covered by the plan and may be different to the owner. To be a life assured you must be at least age 18 at the start of the plan. For each benefit, there can be up to two lives assured.

When does my cover begin?

- You will not be covered until we have accepted your application and we have contacted you to tell you that your cover has started.
- The cover can start either on the date we accept your application (if you have requested immediate cover), or a specific start date if:
 - your application is accepted at ordinary rates;
 - you have asked for the plan to start from that date; **and**
 - we have received the first premium or an acceptable method of collecting it.

Otherwise, we will write and tell you the conditions under which we are prepared to issue a plan. We will then wait for your agreement before we start the plan.

- When we start your plan, we will send you policy benefit schedules for each of your benefits and a policy benefit cover sheet showing a summary of these benefits.
- You may be eligible for immediate or mortgage free cover while we are assessing your application form and before your plan is in force.

i See the **'Free cover'** section on **page 11** for full details of the cover including the eligibility conditions.

Free cover

- You could be eligible for immediate free cover or mortgage free cover if you have applied for death benefit, death or earlier critical illness benefit or critical illness benefit and you tick the appropriate box on the application form.

Immediate free cover

- This cover will start when we receive (subject to the free cover terms and conditions):
 - your completed application form (including anti money laundering evidence) telling us that your plan is to start when we accept it and confirming that the life assured is under age 60 (the oldest life assured, if there are 2); **and**

- a cheque or Direct Debit instruction

at our Glasgow Administration Centre.

Your immediate free cover will continue until the date we make our underwriting decision. If we have increased your premium or otherwise accepted your application on special terms, your free cover will be extended for a further 14 days.

However, in any event, free cover will not continue beyond the earlier of:

- 90 days after we receive your application; **and**
- the start date of your plan.

If you are eligible for immediate free cover and the cover you request on your application form is less than the limits set out on **page 12**, you will not need to tell us if there is a change to any of the information in the application form or any other information you supply to us in relation to your application between us receiving your application form and other information, and the date that immediate free cover stops.

Immediate free cover is also available when you make alterations to your plan after it is in force. If you are eligible for free cover, you need to tick the box on the alteration application form.

Once free cover ends (we will not tell you when any free cover period has begun or ended, however please refer to the full explanation of all of the eligibility criteria above) your full duty of disclosure resumes and you will need to 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 and this affects the terms that we would offer you, your insurance may be cancelled and may not pay out in the event of a claim.

If you are not eligible for immediate free cover or the cover you requested is over the limit set out on **page 12** or if you are unsure whether you are eligible for immediate free cover 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 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 and this affects the terms that we would offer you, your insurance may be cancelled and may not pay out in the event of a claim.

Mortgage free cover

- This cover will start on the later of the date we receive (subject to the free cover terms and conditions):
 - your completed application form (including anti money laundering evidence) requesting mortgage free cover and confirming that the life assured is under age 60 (the oldest life assured, if there are 2);
 - a cheque or Direct Debit instruction; **and**
 - confirmation that you have exchanged contracts (or, in Scotland, missives have been concluded) at our Glasgow Administration Centre.

Your mortgage free cover will continue until the date we make our underwriting decision. If we have increased your premiums or otherwise accepted your application on special terms, your free cover will be extended for a further 14 days.

If we accept your application at ordinary terms or you notify us of your acceptance of any special terms within 14 days, your free cover will be further extended, if necessary, until the completion date of your mortgage.

However, in any event, free cover will not continue beyond the earlier of:

- 90 days after we receive your application; **and**
- the start date of your plan.

You still need to tell us if there is a change to the answers given in your application, or to information provided in relation to your application, between sending us your completed application form and the start date of the plan.

Immediate and mortgage free cover terms and conditions

- The terms and conditions that apply to free cover are:
 - the policy terms and conditions (contained in the product guide including policy provisions); **and**
 - any specific acceptance terms and conditions once we have issued the acceptance letter; **and**
 - the following further terms and conditions:
 - the free cover benefit will be equal to the type and level of cover you have applied for up to a maximum life cover of £1,000,000, £500,000 for critical illness cover or the equivalent amount for an income benefit (e.g. for a 20 year term the maximum income will be £25,000 a year i.e. £500,000 divided by 20);
 - if you have chosen death or earlier critical illness benefit or critical illness benefit, additional covered conditions benefit will not be included in free cover;
 - if you have chosen death or earlier critical illness benefit or critical illness benefit, you will be entitled to children's critical illness benefit free cover;
 - if you have chosen total permanent disability cover, a work tasks definition will be used until we accept your plan – the life assured will then be covered for the definition we have accepted you for;
 - if we are unable to offer you a plan due to your country of residence, you will not be entitled to any free cover;
 - if we have to write to you to request missing or incomplete information from your application form, your free cover will not start until we receive this; **and**
 - if you have or are in the process of applying for similar cover with another insurance company, you will not be entitled to free cover.

- We will not pay any free cover claims if, in our reasonable opinion, the claim is related to any medical condition that we could have expected the life assured to have been aware of on or before the free cover start date. This includes:
 - any illness, disease or condition for which the life assured received medical treatment or advice from a registered medical practitioner;
 - any illness the life assured should have been aware of before you completed the application form and, in our reasonable opinion, contributes towards the life assured's condition during the free cover period; **and**
 - any symptoms the life assured has suffered which relate to a physical or mental condition, even though medical attention has not, at the time, been sought or discussed with a GP.

We will not pay any free cover claim if the claim was caused by:

- intentional self inflicted injury; **or**
- taking part in hazardous activities.

We will not pay any free cover claim if you do not answer the questions in your application form honestly and in full, to the best of your knowledge and belief.

i For our definition of intentional self inflicted injury please refer to the '**Exclusions and Limitations**' section in the Self Assurance product guide (**page 43**)

How long will my cover last?

- Your cover will last for the term you choose. Each benefit you choose can last for a different term.
- You can choose cover for a fixed term of between 5 and 40 years, or have the option to renew your cover on a 5 year or 10 year basis.

i You can find more details in the '**Benefit terms**' section in the Self Assurance product guide (**page 18**).

How is my premium calculated?

- The cost of your plan will depend on factors such as age, occupation, health status and the benefits you choose and how long you want them to last.
- Your personal illustration shows the amount and type of each benefit you have chosen to include in your plan, the initial monthly or annual premium and any options or additional benefits you have selected.

How do I pay my premiums?

- You can pay your premiums every month by Direct Debit or every year by Direct Debit or cheque. You will pay premiums throughout the term of the plan.
- If you stop paying your premiums your cover will stop and we will not pay you anything.
- We will pay your premiums if you claim under any premium payment benefits and we accept your claim. You should continue to pay your premiums until we have reached a decision on your claim.
- If you want to stop paying premiums and stop your plan you can do this by writing to us at the address listed in the section '**Contact us**'.

Will the premium I pay change during the benefit term?

- For most benefits you can choose either:
 - **guaranteed premiums**, which will not change throughout the benefit term, unless they increase as a result of a benefit increase each year; **or**
 - **reviewable premiums** (not unemployment benefit), which will be reviewed on the first policy anniversary date on or after the benefit has been in force for 5 years and every 5 years thereafter. Any increase or decrease in premium will take place on the policy anniversary date.
- Unemployment benefit will be reviewed on the first policy anniversary date on or after the benefit has been in force for 1 year and every year thereafter. Any increase or decrease in premium will take place on the policy anniversary date.
- For reviewable premiums, the assumptions we may review are the future outlook on:
 - claims
 - investment returns
 - expenses
 - the tax and regulatory environment
 - reinsurance premiums.

If our view of these assumptions at the time of the review differs from the view we took of them at the outset (in the case of your first review) or at the last review, we may increase or reduce your premium based on that difference.

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

We will give you at least 30 days notice before we change your premium. If your premium needs to be increased, you can tell us to keep it at the same level and reduce the amount of your cover instead.

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 cover end date.

i You can find full details of how we will review your premiums in the '**What we mean by premium rates**' section in the Self Assurance product guide (**page 18**).

When will my plan not pay out?

- We list below circumstances where we will not pay a claim under each of the benefit types.

i For full details please refer to the '**Exclusions and limitations of the plan**' section of the Self Assurance product guide (**page 43**).

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

Death claims

- If the cause of the claim is the death of the life assured through intentional self inflicted injury within 1 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 and loan purposes.

Intentional self inflicted injury 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 last 12 months immediately before the cover end date.

Critical illness benefit including additional covered conditions claims

- We will not pay a claim if the life assured dies within 14 days of satisfying our definition of:
 - a terminal illness
 - a critical illness or disability
 - one of the additional covered conditions.

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 critical illness 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 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 covered conditions; **or**
 - the child is under the age of 30 days or over the age of 18 years.

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 or the benefit being reinstated. If you have increased the benefit amount (other than an automatic increase by the rate of inflation), we will not pay a claim for the increase;
 - misconduct, including fraud or dishonesty, breach of contract, participation in industrial action, 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 8 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 8 weeks, we will not pay a claim for the increase;
 - if you have not been continuously employed or self-employed for at least 6 consecutive months at the time of taking out this benefit, no claim for unemployment benefit will be accepted unless you become unemployed or are notified that you will become unemployed at a later date, at least 8 weeks (the waiting period) after the 6 month period has been reached;
 - unless your fixed term employment contract has either been:
 - renewed at least once during the term of the benefit with the same employer provided there is no period between contracts when you have not been employed and the period of total unbroken employment is 12 months or more;
 - renewed at least twice during the term of the benefit with the same employer provided there is no period between contracts when you have not been employed and the period of total unbroken employment is 6 months or more.

if your fixed term contract has not been renewed at least once during the term of the benefit and it is then terminated, unemployment will be deemed to cease no later than the original expiry date of the fixed term contract

 - 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;
 - until you have ceased to trade, are being wound up, put in the hands of a liquidator or for a partnership the business has been dissolved due to the financial inability of the business to continue trading;

- if unemployment benefit stops being paid and you become employed again within 3 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 injury. Intentional self inflicted injury 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.
- 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, the Channel Islands and the Isle of Man.

Claims for all benefits

- 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 8 weeks of becoming disabled (two weeks for plans with a 4 week deferred period).

i For further details please refer to the '**Exclusions and limitations of the plan**' section in the Self Assurance product guide (**page 43**). You can ask for a copy of this if it has not already been given to you.

Further information

Client category

- We will treat you as a retail client in all dealings we have with you. This means you will benefit from the highest level of protection under the regulatory system.

Contact us

- **Scottish Provident**
301 St Vincent Street
Glasgow
United Kingdom
G2 5PB
- Phone: 0345 271 0900 (8.30am to 6.00pm, Monday to Friday)
Email: servicing@scotprov.co.uk
Web address: www.scottishprovident.co.uk

Your right to cancel

- 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 startsby writing to us at the address listed in the section '**Contact us**'.
- 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. If you cancel at any other time your cover will end and you will get nothing back.

Tax

- 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.
- Whether you have to pay tax on the benefits we pay to you or whether you will get tax relief on your premiums depends on the reason you took out the plan, the benefits you choose to include, your country of residence and how you set up the plan (term business plans only).

i For more information on the UK tax treatment of your plan please read the '**Technical options**' section in the Self Assurance product guide or ask your financial adviser.

Law

- The law of Scotland governs the relationship we have with you prior to the conclusion of the contract.
- The plan will be governed by the law of Scotland, unless the parties agree otherwise.
- If you reside in the Channel Islands or the Isle of Man your plan will be governed by the law of England and be held under Seal unless otherwise agreed
- Your contract for unemployment benefit and premium payment benefit (unemployment) is with UK General Insurance Ltd on behalf of Surestone Insurance dac, for whom we act as agent. The contract for these benefits is governed by the law of England.

Making a claim

- To make a claim, you should contact our claims department by phoning 0345 271 0007 or by writing to the address listed in the section '**Contact us**'.
- When you notify us of a claim, you will need to tell us your plan number and give us details about your claim.

Complaints

- If you have any complaints about this plan, or about any part of our service, please contact our customer relations team by phoning **0345 271 0900** or by writing to the address listed in the section '**Contact us**'.
- We always hope that we are able to sort out your issue. However, if we:
 - have not been able to satisfy your complaint; **or**
 - have not sent you a final response after 8 weeks

you can write to the Financial Ombudsman. The Financial Ombudsman would usually only investigate the complaint once our internal complaints process had been completed. Their contact details are as follows:

Financial Ombudsman Service

South Quay Plaza

183 Marsh Wall

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**

Email: **complaint.info@financial-ombudsman.org.uk**

- If you make a complaint to the Ombudsman, it will not affect your right to take legal action.
- We have made our complaints procedure simple to follow, so that you should not have to use a solicitor or seek professional help. If you choose to do this you will be responsible for the costs.
- A copy of our complaints procedure is available on request.

The Financial Services Compensation Scheme (FSCS)

- The plan, other than unemployment benefit, is covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. You can get more details directly from the Financial Services Compensation Scheme online at www.fscs.org.uk or by contacting them at:

Financial Services Compensation Scheme

10th Floor, Beaufort House

15 St Botolph Street

London

EC3A 7QU

Phone: **0800 678 1100** or **0207 741 4100**

Fax: **0207 741 4101**

A guide to critical illness cover

- The ABI (Association of British Insurers) give general information about critical illness cover in their booklet "**A guide to critical illness cover**". You can ask us for a copy or you can get a copy by writing to:

Association of British Insurers

51 Gresham Street

London

EC2V 7HQ

- This key features document complies with the ABI Statement of Best Practice for Critical Illness Cover (December 2014) and follows the Statement of Best Practice for Income Protection Insurance (July 2003).

How to find out more

- This leaflet tells you about the key features of the Self Assurance plan. Further information including policy provisions is given in the Self Assurance product guide. You can ask us for a copy of this.
- Your plan may be provided through a financial adviser. If so, the financial adviser acts on your behalf and will give you details of the service they provide and how to contact them.
- Should you require any further information please contact Scottish Provident by phoning **0345 271 0900** or by writing to the address listed in the section '**Contact us**'.
- All documentation and communications about your plan will be in English.

Legal information

- The information contained in this key features document and our understanding of UK law and HM Revenue & Customs practice are those current at the time of publication. These details are not intended as a substitute for professional, legal or tax advice on these matters. If we are affected by changes in UK law or other circumstances beyond our control, we may change the terms and conditions in the product guide as we think appropriate.