

Key Features of the LV= Flexible Protection Plan

The Financial Conduct Authority is a financial services regulator. It requires us, Liverpool Victoria Financial Services Limited (LV=), to give you this **important information** to help you to decide whether our Flexible Protection Plan is right for you. You should read this document carefully so that you understand what you're buying, and then keep it safe for future reference.

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Find out how we use your personal information, and what rights you have by visiting [LV.com/dataprotectionlife](https://www.lv.com/dataprotectionlife). Please let us know if you'd like us to send you a copy, or have any questions. This includes who we are, how long we hold your information, what we do with it and who we share it with.

Overview

Who are LV=?

LV= are an insurance undertaking, which means we're the company that provides your insurance cover, and are responsible for paying any valid claim made on your policy.

It's up to you to decide whether this policy is right for you; we don't make any personal recommendations to take out this cover. If you have any doubts if this cover is right for you please speak to a financial adviser. LV= is a registered trademark of Liverpool Victoria Financial Services Limited.

How to use this document

In this document we'll explain the key features of our Flexible Protection Plan. It doesn't contain the full terms and conditions, which you will find in the policy conditions for each of the different types of insurance available.

It's important you read this key features document with your personal quote.

Our Flexible Protection Plan allows you to pick and choose from a number of different types of life and health insurances, and include them all within one insurance plan.

The types of insurance available under the Flexible Protection Plan are:

- Life Insurance
- Family Income Benefit
- Life and Critical Illness
- Life and Enhanced Critical Illness
- Income Protection
- Budget Income Protection
- Personal Sick Pay
- Budget Personal Sick Pay
- Waiver of Premium

Depending on the type of insurance you choose (which is shown on your personal quote) you'll need to read one or more sections of this document. In all cases you should read the 'Aims, commitments and risks' section, and the 'Further information' section.

For example if your personal quote only shows you've chosen Life Insurance, you only need to read the Life Insurance section of this document, as well as the Aims, commitments and risks section, and also the Further information section.



It's also important for you to read the relevant policy conditions as well, so you know exactly what you're covered for.

If you've chosen:

- **Life Insurance** – read the Life Protection policy conditions
- **Life and Critical Illness** – read the Life and Critical Illness policy conditions
- **Life and Enhanced Critical Illness** – read the Life and Enhanced Critical Illness policy conditions
- **Family Income Benefit** – read the Family Income Benefit policy conditions
- **Personal Sick Pay and Budget Personal Sick Pay** – read the Personal Sick Pay policy conditions
- **Waiver of Premium** – read the Waiver of Premium policy conditions

We provide separate policy conditions for the following types of insurance depending on whether you've chosen a fixed monthly price (fixed premiums) or a reviewable monthly price (reviewable premiums). If you've chosen fixed premiums you'll need to read the guaranteed premiums version of the document, and if you've chosen reviewable premiums you'll need to read the reviewable premiums version.

If you've chosen:

- **Income Protection** – read the Income Protection policy conditions
- **Budget Income Protection** – read the Budget Income Protection policy conditions

Aims, commitments and risks

You should read this section in all cases.

Aims

- Life Insurance will pay out a cash lump sum if you die, or you're diagnosed with a terminal illness before your insurance ends.
- Family Income Benefit will pay the policyholder or their beneficiary regular monthly instalments until the policy ends if you die or if you are diagnosed with a terminal illness before your insurance ends.
- Life and Critical Illness and Life and Enhanced Critical Illness will pay out a cash lump sum if you die, or you're diagnosed with one of the covered serious illnesses, before your insurance ends.
- Income Protection will pay you a regular monthly income, to help replace some of the income you would lose if you can't work through sickness or an accident.
- Budget Income Protection will pay you a regular monthly income for up to a maximum period of 12 or 24 months (depending on the option you choose and whether you choose a fixed or reviewable monthly cost). This can help to replace some of the income you would lose if you can't work because of sickness or an accident.
- Personal Sick Pay will pay you money each week or month depending on the option you choose, to help replace some of your lost earnings if you become too unwell to work due to sickness or an accident.
- Budget Personal Sick Pay will pay you money each week or month depending on the option you choose, for up to a maximum period 24 months. This can help to replace some of the income you would lose if you can't work because of sickness or an accident.
- Waiver of Premium pays for all of the insurance you've taken out in your Flexible Protection Plan if you're unable to work because of sickness or an accident.

Commitments

All that we ask of you is to:

- Pay for your insurance each month by Direct Debit.
- Make sure when you apply that you answer all the questions we ask you honestly and to the best of your knowledge. If you're insuring someone else, you need to make sure they do the same.
- Tell us if any of the information you give us when you apply changes before your insurance starts.

Risks

Risks that apply to all our types of insurance

- If you don't answer all the questions honestly, accurately, and in full when you apply, we might not pay a claim, and your insurance could be cancelled and you won't be entitled to a refund of any money you've already paid for it.
- If you stop paying for your insurance, we'll stop insuring you after 60 days.
- Once your insurance ends you don't get anything back. You cannot cash in any of the insurance policies you have with us.
- If you choose level cover the amount you're insured for is fixed. This means it won't keep up with the cost of living (inflation) so you won't be able to buy as much in the future with the lump sum, or regular payments we pay out if you claim.
- If you choose decreasing cover the amount you're insured for reduces over time, in a similar way to the amount borrowed on a repayment mortgage does. However if you've used your insurance to cover a mortgage or loan we can't always guarantee the amount we pay out if you claim will be enough for you to fully repay the mortgage or loan.
- If you choose Budget Income Protection, we'll only pay out for up to 12 or 24 months for each claim (depending on the option you choose). This means you'd then need to find another source of income or rely on state benefits.
- If you choose Budget Personal Sick Pay, we'll only pay out for up to 24 months for each claim. This means you'd then need to find another source of income or rely on state benefits.
- If the government changes the tax treatment of the types of insurance we offer then the amount we pay you if you claim could change.

Important

When you apply for your insurance it's vital that you (and anyone you're insuring) answer all the questions we ask you honestly and in full. If you don't, we could cancel your insurance and may not pay your claim. If we cancel your policy you won't be entitled to a refund of the money you paid for the policy.

Life Insurance – Questions and Answers

Only read this section if your personal quote includes Life Insurance.

What is Life Insurance and when does it pay out?

- Life Insurance is designed to pay out a one off cash lump sum if you die, or are diagnosed with a terminal illness before your insurance ends.
- You can use the money to help pay off a mortgage, or provide a cash lump sum to help your family.
- You choose the amount of Life Insurance you want and how long you want to be covered for.
- You can insure just yourself, or yourself and other people.
- You can choose to be insured for a minimum of five years and a maximum 50 years. But if you've chosen level cover or decreasing cover we can only insure you until you're age 90, or if you've chosen inflation-linked cover we can only insure you until you're aged 85.

What is a terminal illness?

- A terminal illness is an incurable illness, where in the opinion of an attending medical consultant and our chief medical officer, you aren't expected to live for more than 12 months.

Is there anything I'm not covered for?

- We won't pay a claim if you die as a result of intentionally taking your own life within the first 12 months of your insurance starting.
- If you're diagnosed with a terminal illness we'll need this confirmed by a doctor who works in one of a certain number of countries.

We explain what you are and aren't covered for in section A1 and A2 of your Life Protection policy conditions.

Can I apply?

You can apply if you're:

- permanently living in the UK, and aged between 17 and 84 if you choose level cover or decreasing cover, or
- aged between 17 and 79 if you choose inflation linked cover.

Additional criteria applies if you are also applying for Income Protection, Budget Income Protection, or Personal Sick Pay. Please see the individual sections in this document for more details.

What types of cover can I choose?

- Level cover means the amount you're insured for is fixed for as long as your insurance lasts and doesn't change.
- Decreasing cover means the amount you're insured for reduces over time in a similar way to the amount owed on a capital and interest repayment mortgage.
- Inflation linked cover means the amount you're insured for will increase each year in line with inflation (which we measure using the Retail Prices Index, known as RPI).

We explain these types of cover in more detail in the Life Protection policy conditions in section A3.

When does my insurance start and end?

Your Life Insurance starts on the date when we've accepted your application and we ask you to start paying for it.

- It ends:
 - If we pay a claim
 - On the end date that you choose
 - If you stop paying for it
 - If we cancel your insurance

We explain when your policy ends in the Life Protection policy conditions in section B8, and when we can cancel your policy in section B7.

Can you change how much I pay for my insurance?

- The amount you pay each month for your insurance is fixed when your insurance starts and doesn't change.
- If you change the amount you're insured for, or how long you want your insurance to last, the amount you pay will be changed to reflect this.
- If you've chosen inflation linked cover this means that your amount of cover will go up each year in line with inflation. The amount you pay will increase in line with inflation multiplied by 1.5.
- The only other time it might change is if the government changes the law, and this affects your insurance.

We explain this in more detail in the Life Protection policy conditions in section B4.

Who gets the money when a claim is paid?

- For a terminal illness claim we'll normally pay the claim to you.
- For a death claim we'll normally pay the claim to your estate.
- However if you're the person insured, and someone else is insuring you - then we'll pay the claim to the person who is insuring you.
- If you've put your insurance in trust then the money will be paid to the trustees. If you'd like more information about whether a trust is suitable for you, please speak to your financial adviser.

We explain this in more detail in the Life Protection policy conditions in section A6.

Can I change my cover?

- Yes, you can change the amount you're insured for, or the date your insurance ends. However, we can't guarantee we'll be able to make these changes as it depends on whether we're still offering this type of cover, the terms and conditions that apply at that time, as well as your age and current circumstances, so we'll need you to provide some up to date health and lifestyle information first. But in some circumstances you can increase the amount you're insured for, or change when your insurance ends without having to provide health and lifestyle information. If you do wish to make any changes you need to let us know at least six months before the end date of your policy.

We've explained this in more detail in sections B10 and B11 of the Life Protection policy conditions.

What about tax?

- Based on current tax laws you won't have to pay Income Tax or Capital Gains Tax on any money you're paid by us if you claim on your insurance.
- If you die the money will usually go to your estate. Depending on the value of your estate, the people who are appointed to deal with your estate may have to pay Inheritance Tax.

This is based on our understanding of current legislation and HM Revenue & Customs practice, which can change. If you'd like to know more about how tax could affect this policy please speak to your financial adviser.

Family Income Benefit – Questions and Answers

What is Family Income Benefit and what does it cover?

- This policy will pay the policyholder a regular income or a lump sum if you die, or are diagnosed with a terminal illness between your policy start date and the end date. This period is called the 'policy term'.
- We'll pay the income from this policy in monthly instalments starting from the date you die or are diagnosed with a terminal illness until the policy ends or the person receiving the payments can choose to have the money as a one-off reduced lump sum instead. We explain in more detail about who we pay the claim to and ways to receive claim payments in sections A6 and A7 of your policy conditions.
- You choose how much you want to be covered for and how long you want this policy to run for.
- This policy will only pay out once, so if you are diagnosed with a terminal illness and we pay your claim for that we won't pay out again if you die before the end date of the policy.

What is a terminal illness?

- A terminal illness is an incurable illness, where in the opinion of an attending medical consultant and our chief medical officer, you aren't expected to live for more than 12 months.

What doesn't my policy cover?

- If the person insured by this policy takes their life within 12 months of the start date we won't pay a death claim, but we will cancel the policy and refund the premiums you've paid so far.
- If you live past the policy end date and we haven't paid a terminal illness claim then the policy will stop and you'll no longer be covered. Please remember that we don't refund the money you've paid for the policy when it ends.
- If the person insured by this policy is abroad when diagnosed with a terminal illness and doesn't get the diagnosis confirmed by a doctor in one of the countries we list in section A1 of the policy conditions we won't pay the claim.
- If this policy covers two people and we pay a death or terminal illness claim for one of them the policy will end, we won't pay another claim if the remaining person becomes terminally ill or dies.
- If you provide the wrong details by mistake when completing your application this may result in nonpayment of a claim, or a reduction in the amount we will pay. Please read section B7 of your policy conditions to find out more.
- If we find that during any stage (between applying for this cover and the policy end date) that anyone connected with the policy has deliberately given us incorrect information we may cancel the policy or refuse to pay a claim. We explain under what circumstances we can cancel your policy in section B7 of the policy conditions.

Can I apply?

We can only insure people who live permanently in the UK and are 17 years old or over. The maximum age at the start of the policy for the person we're insuring depends on the type of cover you want, it will either be 79 (for inflation linked cover) or 84 (for level cover).

Additional criteria applies if you are also applying for Income Protection, Budget Income Protection or Personal Sick Pay. Please see the individual sections in this document for more details.

You can insure yourself and another person, but the policy will only pay out once – it won't pay out twice if you both die or become terminally ill.

You can insure another person without insuring yourself – you'll be the policy owner and they'll be the person insured, but you can only do this if you'll suffer financially if they die or become terminally ill (for example, if you're married to or in a civil partnership with them).

How long can I get cover for?

You can choose how long your policy lasts as long as it is within the following limits.

- We can only insure people for a minimum period of five years and a maximum period of 50 years.
- We can only insure people until they reach age 85 for inflation linked cover.
- We can only insure people until they reach age 90 for level cover.

What types of cover can I choose?

Once your policy has started you cannot change the type of cover you have, but you can change the amount you are covered for by using a guaranteed increase option (we explain these in full in section B10 of your policy conditions).

If you want to change the type of cover you have you would need to cancel your current policy and take out a new one.

The types of cover available are:

- **Level cover** – this means the amount of cover you have and the amount you pay (your 'premium') is fixed at the start of the policy and won't change for the whole policy term. It's worth bearing in mind that the amount of cover you choose won't be worth as much in the future as it was when the policy started because your cover won't keep up with the rising cost of things over time due to inflation.
- **Inflation linked cover** – this means that your amount of cover will go up each year in line with inflation. The amount you pay (your 'premium') will increase each year in line with inflation multiplied by 1.5. We measure inflation using the Retail Prices Index (RPI).

How do I change my Family Income Benefit policy using guaranteed increase options?

If you have a specific life changing event (your rent or mortgage goes up, your salary goes up, you get married, divorced, or have a child) you might be able to use a guaranteed increase option (GIO) to change your amount of cover (within certain limits) without having to answer any additional health questions.

You can find out more about the GIOs available with this cover in section B10 of your policy conditions.

When will my policy end?

Your policy will end on your chosen end date – this is shown on your policy schedule.

If we are paying your claim, your policy will come to an end after we have paid the final monthly instalment of your cover (or if you chose to receive it as a one-off lump sum).

Remember, when we pay a claim you no longer pay for your cover. Find out more about when your policy ends in section B8 of your policy conditions.

Who gets the money when a claim is paid?

We will always pay a claim to the person that owns the policy when the person being insured dies or is diagnosed with a terminal illness, once the claim is approved.

- If the policy owner has died we will pay the executor of their will, or the court appointed administrator of their estate if they didn't leave a will.
- If there are two policy owners and one dies, we will pay the remaining owner. If they die together and it's unclear who died first we will pay the claim to the estate of the younger owner.
- If the policy has been put into a trust we will pay the trustees.
- If the policy owner has legally given the policy to someone else (this is called 'assigning' it) we will pay the claim to whoever the policy has been assigned to.

The policy owner and the person insured are usually the same person, but sometimes they aren't, or the policy has been placed in a trust or assigned to someone else – we explain this in more detail in section A6 of the policy conditions.

What happens if I am also claiming state benefits?

We provide a facility called 'Pay my mortgage' to help people who are claiming state benefits in addition to claiming on this policy. It enables the person claiming on this policy to use the payments to pay their mortgage. By choosing to do this the money they receive from us won't usually get deducted from the state benefit payment. Please speak to your benefits adviser for more information about this if you apply for or receive state benefits. This is based on our understanding of state benefits as of April 2020 and may change in the future.

If you or your beneficiary (we'll just say 'you' for the purpose of this explanation) choose for us to pay your claim directly to your mortgage lender we'll pay any remaining amount to the policy owner.

This option is only available if your mortgage is for residential mortgages on the main property you live in. It is not available for mortgages on second homes, holiday homes, or commercial premises.

We explain more about this in section A9 of the policy conditions.

What about tax?

- Based on current tax laws you won't have to pay Income Tax or Capital Gains Tax on any money you're paid by us if you claim on your insurance.
- If you die the money will usually go to your estate. Depending on the value of your estate, the people who are appointed to deal with your estate may have to pay Inheritance Tax.

This is based on our understanding of current legislation and HM Revenue & Customs practice, which can change. If you'd like to know more about how tax could affect this policy please speak to your financial adviser.

Life and Critical Illness – Questions and Answers

Only read this section if your personal quote includes Life and Critical Illness.

What is Life and Critical Illness and when does it pay out?

- Life and Critical Illness is designed to pay out a cash lump sum if you die, or if earlier you are diagnosed with one of the illnesses covered by this insurance and live for at least 14 days after your diagnosis or operation. Your death, diagnosis or operation must happen before your insurance ends.
- We've listed the illnesses we cover on pages 9 to 11 and details about the definitions used for each condition are in appendix A and B of the policy conditions.
- You are covered for all of the critical illnesses shown on page 9. If you want to be covered for total permanent disability (condition no.39) you must buy this insurance from a financial adviser.
- You also have the option to add Children's cover to your policy at an additional cost. We've listed the illnesses we cover for children on pages 10 and 11. Children's cover will cover your children from birth up to their 23rd birthday – children don't need to survive for 14 days after their diagnosis or operation for claims on this cover.
- You can use the money to help pay off a mortgage, or provide a cash lump sum for your family.
- You can choose the amount of insurance you want and how long you want it to last.
- You can insure just yourself, or yourself and other people. You can choose to be insured for a minimum of five years and a maximum of 50 years, but if you've chosen level cover or decreasing cover we can only insure you until you are age 80, or if you've chosen inflation linked cover we can only insure you until you're aged 70.

Is there anything I'm not covered for?

- You're only covered for the critical illnesses listed in section A1 of the policy conditions as long as they're not shown as an exclusion in the special provisions part of your policy schedule (and depending on whether you choose to add Children's cover or not). If you're diagnosed with any other illness or medical condition then we won't pay a claim.
- If the illness or operation you have doesn't meet our definition, then we won't pay a claim. For example some types of cancer aren't covered, and for some illnesses you need permanent symptoms.
- We won't pay a critical illness claim if you die within 14 days of being diagnosed or having the operation.
- However if you die before your insurance ends we'll still pay the death claim. For claims relating to Children's cover, your child doesn't need to have survived for 14 days after their diagnosis or having their operation.
- We won't pay a claim if you die as a result of intentionally taking your own life within the first 12 months of your insurance starting.
- If you're diagnosed with one of the listed critical illnesses we'll need the diagnosis confirmed by a doctor who works in one of a certain number of countries.
- If Children's cover has been added to the policy, we will not pay a claim for any of the specified pregnancy complications if the person insured by the policy had suffered from, or were aware of an increased risk of suffering from that specific pregnancy complication before their policy started. See appendix D in the policy conditions.

Can I apply?

- You can apply if you're:
 - permanently living in the UK.
 - aged between 17 and 64 if you choose level cover or decreasing cover.
 - aged between 17 and 59 if you choose inflationlinked cover.

Additional criteria applies if you are also applying for Income Protection, Budget Income Protection, or Personal Sick Pay. Please see the individual sections in this document for more details.

What types of cover can I choose?

- Level cover means the amount you're insured for is fixed for as long as your insurance lasts and doesn't change.
- Inflation linked cover means the amount you're insured for will increase each year in line with inflation (which we measure using the Retail Prices Index, known as RPI).
- Decreasing cover means the amount you're insured for reduces over time in a similar way to the amount owed on a capital and interest repayment mortgage.

We explain these types of cover in more detail in section A3 of the policy conditions.

When does my insurance start and end?

- Your insurance starts when we've accepted your application and we ask you to start paying for it.
- If we pay a claim your insurance will end (unless the claim is for Children's cover, or we've paid a claim for an additional payment condition). We explain what happens when we pay a claim for an additional payment condition in more detail in section A6 of the policy conditions.
- Your insurance will also end:
 - If we pay a claim because you've died
 - On the end date that you choose
 - If you stop paying for it
 - If we cancel your insurance

We explain when your policy ends in section B8 of the policy conditions. We explain when we can cancel your insurance in section B7.

Can you change how much I pay for my insurance?

- The amount you pay each month for your insurance is fixed when your insurance starts and doesn't change.
- If you change the amount you're insured for, or how long you want your insurance to last, the amount you pay will be changed to reflect this.
- If you've chosen inflation linked cover this means that your amount of cover will go up each year in line with inflation. The amount you pay will increase in line with inflation multiplied by 1.5.
- The only other time it might change is if the government changes the law, and this affects your insurance.

We explain this in more detail in section B4 of the policy conditions.

Can I change my cover?

- Yes, you can change the amount you're insured for, or the date your insurance ends. However, we can't guarantee we'll be able to make these changes as it depends on whether we're still offering this type of cover, the terms and conditions that apply at that time, as well as your age and current circumstances, so we'll need you to provide some up to date health and lifestyle information first. But in some circumstances you can increase the amount you're insured for, or change when your insurance ends without having to provide health and lifestyle information. If you do wish to make any changes you need to let us know at least six months before the end date of your policy.

We've explained this in more detail in sections B10, B11, and B12 of the policy conditions.

- You have the option to add Children's cover to your policy at an additional cost. You may decide to do this when you first apply for your policy, or at a later date after your policy started. You can only add it to your policy where you have at least five years remaining.
- You can also ask us to remove this at any time – however, if you want to add it back on at a later date you'll need to apply for a new policy. We've explained this in more detail in section B11 of the policy conditions.
- It's important that you let us (or your financial adviser) know when your youngest child reaches their 23rd birthday, otherwise you could be paying for something that you are unable to claim on.

Who gets the money when a claim is paid?

- For a critical illness claim we'll normally pay the claim to you.
- For a death claim we'll normally pay the claim to your estate.
- However if someone else is insuring you – then we'll pay the claim to them.
- If you've put your insurance in trust then the money will be paid to the trustees. If you'd like more information about whether a trust is suitable for you, please speak to your financial adviser.

We explain this in more detail in section A7 of the policy conditions.

What about tax?

- Based on current tax laws you won't have to pay Income Tax or Capital Gains Tax on any money you're paid by us if you claim on your insurance.
- If we pay a claim because you have died the money will usually go to your estate. Depending on the value of your estate, the people who are appointed to deal with your estate may have to pay Inheritance Tax.

This is based on our understanding of current legislation and HM Revenue and Customs practice, which can change. If you'd like to know more about how tax could affect this policy please speak to your financial adviser.

Critical Illnesses covered for Life and Critical Illness

This is only a brief guide to what is covered. The full details of the illnesses, operations and the circumstances covered are in appendix A and B of the policy conditions.

We typically use medical terms to describe the illness, and 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

We've split the list of conditions into full payment and additional payments for adults. For the full payment conditions we'll normally pay out the full amount of your insurance. For the two **additional payment conditions** we will pay the lower of 25% of your amount of cover or £30,000.

For nine of our full payment conditions, if the cause of your claim was as a direct result of an accident. We'll pay an enhanced payment of an additional 50% on top of your amount of cover (the amount that is shown on your policy schedule) or £200,000 maximum.

This applies to conditions no's: 6, 7, 11, 14, 21, 22, 27, 35 and 38. More details on the full payment conditions and how we define what an accident is are in the appendix at the back of the policy conditions

If you've chosen to add Children's cover and pregnancy complication payments this will be shown on your personal quote and your policy schedule. The conditions covered by Children's cover are listed on pages 10 and 11.

Full payment conditions – adult

- Alzheimer's disease or other forms of dementia** – resulting in permanent symptoms
- Aorta graft surgery** – for disease or traumatic injury
- Bacterial meningitis** – resulting in permanent symptoms
- Benign brain tumour** – resulting in permanent symptoms or specified treatment
- Benign spinal cord tumour** – resulting in permanent symptoms
- Blindness** – permanent and irreversible
- Brain injury due to trauma, anoxia or hypoxia** – resulting in permanent symptoms
- Cancer** – excluding less advanced cases and including aplastic anaemia
- Cardiac arrest**
- Cardiomyopathy** – of specified severity
- Coma** – with associated permanent symptoms
- Coronary artery bypass grafts**
- Creutzfeldt-Jakob disease**
- Deafness** – permanent and irreversible
- Encephalitis** – resulting in permanent symptoms
- Heart attack** – of specified severity
- Heart valve replacement or repair**
- Idiopathic pulmonary arterial hypertension** – of specified severity
- Kidney failure** – requiring permanent dialysis
- Liver failure**
- Loss of hand or foot** – permanent physical severance
- Loss of speech** – permanent and irreversible
- Major organ transplant** – from another donor

- Motor neurone disease and specified diseases of the motor neurones** – resulting in permanent symptoms
- Multiple sclerosis** – with persisting symptoms
- Open heart surgery** – with surgery to divide the breastbone
- Paralysis of limb** – total and irreversible
- Parkinson's disease** – resulting in permanent symptoms
- Parkinson plus syndromes** – resulting in permanent symptoms
- Pneumonectomy** – Removal of an entire lung
- Pulmonary Artery Surgery** – for disease only
- Severe lung disease**
- Spinal Stroke** – resulting in permanent symptoms
- Stroke** – of specified severity
- Surgical removal of an eyeball**
- Systemic lupus erythematosus**
- Terminal illness** – where death is expected within 12 months
- Third degree burns** – covering 20% of the body's surface area or affecting 20% of the area of the face or head
- Total permanent disability**

Additional payment conditions - adult

For the two **additional payment conditions** we will pay the lower of 25% of your amount of cover or £30,000

- Ductal or lobular carcinoma in-situ of the breast – with specified treatment**
- Prostate cancer**

After we've made a payment for an additional payment condition your policy doesn't end. We don't reduce your cover by the amount we've paid out, and your policy remains in place for your full amount of cover. See appendix B in the policy conditions for more information.

If you make a claim that meets the definition for both full and additional payment conditions at the same time, then we'll only pay a claim for the full payment condition and not the additional payment.

Children's critical illness conditions

If you have chosen to add Children's cover, we cover the critical illness listed. It covers your children from birth up to their 23rd birthday – children don't need to survive for 14 days after their diagnosis or operation for claims on this cover.

It's important to let us know when your youngest child reaches their 23rd birthday as otherwise you could be paying for something that you will be unable to claim on.

Full payment conditions: we'll pay the lower of 50% of your amount of cover or £35,000. If your child is covered under more than one of our policies the maximum total amount we'll pay is £70,000. We will only pay a claim for one full payment condition for each child on this policy, then that child will no longer be covered.

Additional payment conditions: we'll pay the lower of 25% of your amount of cover or £15,000. We will only pay one claim for each additional payment condition for each child on this policy. However for less advanced cancers, this also means we'll only pay one claim for each of the cancers listed under that condition.

Enhanced claim payment for children's claims: we'll pay this for ten specified conditions (condition numbers 6, 8, 15, 20, 32, 33, 34, 41, 54, 57) where the claim is made as a result of an accident, or if they have a major organ transplant (condition no. 35), liver failure (condition no. 31) or severe lung disease (condition no. 47). For these conditions, we will pay the lower of 100% of your amount of cover or £70,000. If your child is covered under more than one of our policies the maximum total amount we'll pay is £140,000.

Full payment conditions - child

- 1 **Alzheimer's disease or other forms of dementia** –resulting in permanent symptoms
- 2 **Aorta graft surgery** –for disease or traumatic injury
- 3 **Bacterial meningitis** – resulting in permanent symptoms
- 4 **Benign brain tumour** – resulting in permanent symptoms or specified treatment
- 5 **Benign spinal cord tumour** – resulting in permanent symptoms
- 6 **Blindness** – permanent and irreversible
- 7 **Brain abscess** – undergoing specified treatments
- 8 **Brain injury due to trauma, anoxia or hypoxia** – resulting in permanent symptoms
- 9 **Cancer** – excluding less advanced cases and including aplastic anaemia
- 10 **Cardiac arrest**
- 11 **Cardiomyopathy** – of specified severity
- 12 **Cerebral palsy**
- 13 **Child diabetes type 1** – requiring permanent insulin injections
- 14 **Child intensive care** – requiring mechanical ventilation for 7 consecutive days
- 15 **Coma** – with associated permanent symptoms
- 16 **Coronary artery bypass grafts**
- 17 **Creutzfeldt-Jakob disease**
- 18 **Crohn's disease** – treated with two intestinal resections
- 19 **Cystic fibrosis**
- 20 **Deafness** – permanent and irreversible
- 21 **Down's syndrome**
- 22 **Edward's syndrome**
- 23 **Encephalitis** – resulting in permanent symptoms
- 24 **Heart attack** – of specified severity
- 25 **Heart failure** – of specified severity
- 26 **Heart valve replacement or repair**
- 27 **HIV infection** – caught in a specified list of countries from a blood transfusion, a physical assault or at work
- 28 **Hydrocephalus** – treated with the insertion of a shunt
- 29 **Idiopathic pulmonary arterial hypertension** – of specified severity
- 30 **Kidney failure** – requiring permanent dialysis
- 31 **Liver failure**
- 32 **Loss of hand or foot** – permanent physical severance
- 33 **Loss of independent existence** – resulting in permanent symptoms
- 34 **Loss of speech** – permanent and irreversible
- 35 **Major organ transplant** – from another donor
- 36 **Motor neurone disease and specified diseases of the motor neurones** – resulting in permanent symptoms
- 37 **Multiple sclerosis** – with persisting symptoms
- 38 **Muscular dystrophy**
- 39 **Neuromyelitis optica (Devic's disease)** – with persisting symptoms
- 40 **Open heart surgery** – with surgery to divide the breastbone
- 41 **Paralysis of limb – total and irreversible**
- 42 **Parkinson's disease** – resulting in permanent symptoms
- 43 **Parkinson plus syndromes** – resulting in permanent symptoms
- 44 **Patau's syndrome**
- 45 **Pneumonectomy** – Removal of an entire lung
- 46 **Pulmonary artery surgery** – for disease only
- 47 **Severe lung disease**
- 48 **Severe mental illness** – of specified severity
- 49 **Severe sepsis** – resulting in admission to a critical care unit for 3 days or more
- 50 **Spina bifida**
- 51 **Spinal stroke** – resulting in permanent symptoms
- 52 **Stroke** – of specified severity
- 53 **Syringomyelia or syringobulbia** – treated by surgery
- 54 **Surgical removal of an eyeball**
- 55 **Systemic lupus erythematosus**
- 56 **Terminal illness** – where death is expected within 12 months
- 57 **Third degree burns** – covering 20% of the body's surface area or affecting 20% of the area of the face or head
- 58 **Ulcerative colitis** – with operation to remove the entire large bowel

Additional payment conditions – child

For the following additional payment conditions we will pay the lower of 25% of your amount of cover (the amount that is shown on your policy schedule) or £15,000

- 50 **Accident hospitalisation cover**
- 51 **Aortic aneurysm** – with endovascular repair
- 52 **Carotid artery stenosis** – treated by endarterectomy or angioplasty
- 53 **Cauda equina syndrome** – with permanent symptoms
- 54 **Central retinal artery or vein occlusion** – resulting in permanent visual loss
- 55 **Cerebral or spinal aneurysm** – with surgery or radiotherapy
- 56 **Cerebral or spinal arteriovenous malformation** – with surgery or radiotherapy
- 57 **Coronary artery angioplasty**
- 58 **Gastrointestinal stromal tumour (GIST) or Neuroendocrine tumour (NET) of low malignant potential** – with surgery
- 59 **Guillain-Barré syndrome** – with persisting clinical symptoms
- 60 **Less advanced cancer** – of named sites and specified severity
 - **Carcinoma in-situ of the anus** – with surgery
 - **Carcinoma in-situ of the bile ducts** – with surgery
 - **Carcinoma in-situ of the cervix uteri** – requiring treatment with hysterectomy
 - **Carcinoma in-situ of the colon or rectum** – resulting in intestinal resection
 - **Carcinoma in-situ of the gallbladder** – with surgery
 - **Carcinoma in-situ of the larynx** – with specified treatment

- **Carcinoma in-situ of the lung or bronchus** – with specified treatment
- **Carcinoma in-situ of the oesophagus** – with surgery
- **Carcinoma in-situ of the oral cavity or oropharynx** – with surgery
- **Carcinoma in-situ of the pancreas** – with surgery
- **Carcinoma in-situ of the renal pelvis or ureter**
- **Carcinoma in-situ of the stomach** – with surgery
- **Carcinoma in-situ of the urinary bladder**
- **Carcinoma in-situ of the uterus** – with hysterectomy
- **Carcinoma in-situ of the vagina** – with surgery
- **Carcinoma in-situ of the vulva** – with surgery
- **Ductal or lobular carcinoma in-situ of the breast** – with specified treatment
- **Ovarian tumour of borderline malignancy/low malignant potential** – with surgical removal of an ovary
- **Prostate cancer**
- **Testicular carcinoma in-situ** – requiring surgery to remove at least one testicle

61 Non-severe cardiomyopathy – definite diagnosis

62 Other carcinomas in-situ – with surgery

63 Partial loss of hearing – of specified severity

64 Partial loss of sight – permanent and irreversible

65 Partial third degree burns – covering 10% of the body's surface area or affecting 10% of the area of the face or head

66 Pituitary tumour – resulting in permanent symptoms or surgery

67 Removal of one or more lobe(s) of the lung – for disease or trauma

Enhanced children's critical illness conditions

For the following enhanced children's critical illness conditions we will pay the lower of 100% of your amount of cover or up to £70,000. If your child is covered under more than one of our policies the maximum total amount we'll pay is £140,000.

42 Non-severe cardiomyopathy – definite diagnosis

43 Other carcinomas in-situ – with surgery

44 Partial loss of hearing – of specified severity

45 Partial loss of sight – permanent and irreversible

46 Partial third degree burns – covering 10% of the body's surface area or affecting 10% of the area of the face or head

47 Pituitary tumour – resulting in permanent symptoms or surgery

48 Removal of one or more lobe(s) of the lung – for disease or trauma

The full details of the illnesses, operations and the circumstances covered are in appendix C of the policy conditions.

Child funeral payment

If your child dies between week 24 of your pregnancy and their 23rd birthday (excluding elective pregnancy termination) we'll pay £5,000 towards the cost of their funeral. The child funeral payment is only made once per child, it is not based on how many LV= policies the child is covered by. This feature is part of the policy and cannot be separately assigned or placed in trust. See section A10(b) of your policy conditions for more information.

Junior option

Any child covered under the policy can choose to start a new life and critical illness policy with us without having to go through medical underwriting by activating the junior option within six months of their 23rd birthday. The terms and conditions for the new policy will be explained in the life and critical illness policy conditions at the time of using the option (these may differ from the terms and conditions in this policy). The amount your child pays for their policy will be based on their age and smoker status at the time of using this option.

Your children can always apply for their own policy without using the junior option – which may mean they pay a different amount for the same level of cover they would have got using the junior option. This is because if they apply for their own policy we will look at your child's medical history to work out how much they need to pay for their cover. Please speak to us or a financial adviser for more information. The junior option isn't available if we've already paid a claim for your child under any policy held with us.

Each child can choose an amount of cover of the lower of 50% or £35,000 of their parent's cover at the time of exercising this option. Where this option is used under more than one policy, the total combined cover for all new policies using this option is limited to £70,000 for that child. The junior option isn't available if we've already paid a claim for your child under any policy held with us. More information on this option and the limits that apply are in section A10(d) of the policy conditions.

Cost of diagnosis of cancer

This is only applicable for children's claims under the Life and Critical Illness policy. If your condition and treatment meet the criteria for any of the cancers covered by the policy (and has not been listed as an exclusion in your policy schedule) we'll pay you £1,000 when we receive a copy of the diagnosis letter from your consultant showing the histological classification of the cancer and details of the proposed treatment. Receiving this payment doesn't guarantee we'll pay your claim under a full payment condition or an additional payment condition as your final diagnosis and actual treatment may not meet the definition of the condition you're claiming for. This payment doesn't reduce your amount of cover (see section A10c in the policy conditions).

Pregnancy complication payments

If Children's cover is added to a policy, we will pay £5,000 per pregnancy if the person insured by the policy is diagnosed with one of the specified pregnancy complications listed in appendix D of your policy conditions. Payments for pregnancy complications won't affect the total cover amount and the policy will continue.

Important

We don't make payments for Children's cover or pregnancy related complications when the person covered by this policy was aware of the condition before applying for this policy.

We've included a list of all the illnesses, medical conditions and operations covered in section A1 of the policy conditions. More detailed information including an explanation of when we will and will not pay out for each one is in appendix A at the back of the policy conditions.

Life and Enhanced Critical Illness – Questions and Answers

Only read this section if your personal quote includes Life and Enhanced Critical Illness.

What is Life and Enhanced Critical Illness and when does it pay out?

- Life and Enhanced Critical Illness is designed to pay out a cash lump sum if you die, or you're diagnosed with one of the illnesses covered by this insurance and live for at least 14 days after your diagnosis or operation. Your death, diagnosis or operation must happen before your insurance ends.
- We've listed the illnesses we cover on pages 15 and 16 and more details are in the appendix of the policy conditions.
- You can choose to be insured for all of the illnesses listed, or you can choose to leave out total permanent disability cover (condition no. 49). You also have the option to provide additional cover for your children under the Children's cover option.
- You can use the money to help pay off a mortgage, or provide a cash lump sum for your family.
- You can choose the amount of insurance you want and how long you want it to last.
- You can insure just yourself, or yourself and other people. You can choose to be insured for a minimum of five years and a maximum of 50 years, but if you've chosen level cover or decreasing cover we can only insure you until you're age 80, or if you've chosen inflation linked cover we can only insure you until you're aged 70.

Standard children's cover – We automatically cover your children (from birth up to their 23rd birthday) for all the critical illnesses listed on pages 15 and 16 except total permanent disability cover (condition no. 49), diabetes mellitus type 1 (condition no. 58 and the enhanced children's critical illnesses (condition no. 69-78).

Cover is for up to half the amount of your own insurance (up to a maximum of £25,000). We will only pay a claim for one full payment condition for each child on this policy.

If we have paid a claim for a full payment condition for that child they are no longer covered under this policy. If your child is covered by more than one policy with us the most we would pay out across all of the policies is £50,000 in total. For children's claims, your child doesn't need to have survived for 14 days after their diagnosis or having their operation.

Enhanced children's cover and pregnancy complication payments

– If you have chosen enhanced children's cover your children will be covered for all of the critical illnesses except for total permanent disability (condition no.49) and diabetes mellitus type 1 (condition no.58). However, they are covered for child's diabetes type 1 (condition no.70).

Our enhanced children's cover comes at an additional cost compared to our standard children's cover and it covers your children from birth up to their 23rd birthday – children don't need to survive for 14 days after their diagnosis or operation for claims on this cover.

When we pay a claim on enhanced children's cover we will pay the lower of 50% of your amount of cover or £35,000. We will only pay a claim for one full payment condition for each child on this policy.

If we have paid a claim for a full payment condition, or one of the enhanced children's cover conditions (which are condition numbers 69 to 78) for that child they are no longer covered under this policy. If your child is covered by more than one policy with us the most we would pay out across all of the policies is £70,000 in total. For children's claims, your child doesn't need to have survived for 14 days after their diagnosis or having their operation.

We will pay £5,000 per pregnancy if the person insured by the policy is diagnosed with one of the specified pregnancy complications as listed in the appendix of your policy conditions.

Enhanced claim payments

We also include an enhanced claim payment for children's claims for ten specified conditions where the claim is made as a result of an accident, or if they have a major organ transplant (condition no. 28), liver failure (condition no.24) or severe lung disease (condition no.38).

Payments for standard children's cover: We'll pay the lower of 100% of your amount of cover or £50,000. If your child is covered under more than one of our policies the maximum total amount we'll pay is £100,000.

Payments under enhanced children's cover: We'll pay the lower of 100% of your amount of cover or £70,000. If your child is covered under more than one of our policies the maximum total amount we'll pay is £140,000.

Unlike the main policy, children are not covered for an enhanced payment for neurological conditions.

Child funeral payments

This feature is part of the policy and cannot be separately assigned or placed in trust. The child funeral payment is only available before the end date of the policy and will only be made once per child, it is not based on how many LV= policies the child is covered by.

Standard children's cover: If your child dies after they are born and before their 23rd birthday we will pay £5,000 towards the cost of their funeral.

Enhanced children's cover: If your child dies between week 24 of your pregnancy and their 23rd birthday (excluding elective pregnancy termination) we'll pay £5,000 towards the cost of their funeral.

- Junior option** – Any child covered under the policy can choose to start a new life and enhanced critical illness policy with us without having to go through medical underwriting by activating the junior option within six months of their 23rd birthday. The terms and conditions for the new policy will be explained in the life and enhanced critical illness policy conditions at the time of using the option (these may differ from the terms and conditions in this policy).

The amount your child pays for their policy will be based on their age and smoker status at the time of using this option. Your children can always apply for their own policy without using the junior option – which may mean they pay a different amount for the same level of cover they would have got using the junior option. This is because if they apply for their own policy we will look at your child's medical history to work out how much they need to pay for their cover.

- Please speak to us or a financial adviser for more information. The junior option isn't available if we've already paid a claim for your child under any policy held with us.

Standard children's cover: Each child can choose an amount of cover of the lower of 50% or £25,000 of their parent's cover at the time of exercising this option. Where this option is used under more than one policy, the total combined cover for all new policies using this option is limited to £50,000 for that child.

Enhanced children's cover: Each child can choose an amount of cover of the lower of 50% or £35,000 of their parent's cover at the time of exercising this option. Where this option is used under more than one policy, the total combined cover for all new policies using this option is limited to £70,000 for that child.

Full details of the illnesses and operations covered are listed in the appendix at the back of the policy conditions. More details about children's cover are in section A3 of the policy conditions.

What is total permanent disability cover?

- There is an additional charge to include the total permanent disability option. This cover will pay out if you have a physical or mental illness, or as a result of an accident or an injury you have a disability, which is expected to last for the rest of your life, not just until your insurance ends.
- There are two types of cover, and the one we can offer you depends on the job you do and your medical history. The one you're covered for is shown on your personal quote. We'll confirm this before your insurance starts, and this will be shown on your policy schedule.
- You'll either be covered if you're unable to do your normal job ever again (we call this 'own occupation') or you'll be covered if you're unable to carry out a certain number of work related activities ever again (we call these 'work tasks').
- If you change your job after your insurance has started you don't need to tell us. But if you claim we'll base your claim on the job you were doing immediately before you became unable to work, and the type of cover you had when your insurance started. If you aren't working at the time we'll always use the work tasks to assess your claim.

We explain what's covered in section A1 of the policy conditions, and more details about the critical illnesses we cover are in the appendix at the back of the policy conditions.

Is there anything I'm not covered for?

- You're only covered for the critical illnesses listed on pages 15 and 16, (and depending on whether you choose enhanced children's cover or not). If you're diagnosed with any other illness or medical condition then we won't pay a claim.
- If the illness or operation you have doesn't meet our definition, then we won't pay a claim. For example some types of cancer aren't covered, and for some you need permanent symptoms.
- We won't pay a critical illness claim if you die within 14 days of being diagnosed or having the operation. However if you die before your insurance ends we'll still pay the death claim. For claims relating to children's cover, your child doesn't need to have survived for 14 days after their diagnosis or having their operation.
- We won't pay a claim if you die as a result of intentionally taking your own life within the first 12 months of your insurance starting.
- If you're diagnosed with one of the critical illnesses we'll need the diagnosis confirmed by a doctor who works in one of the places listed in section A1 of your policy conditions.
- We will not pay a claim for any of the specified pregnancy complications if the person insured by the policy had suffered from, or were aware of an increased risk of suffering from that specific pregnancy complication before their policy started.

More details of what you're not covered for are explained in section A1 policy conditions.

Can I apply?

You can apply if you're:

- permanently living in the UK.
- aged between 17 and 64 if you choose level or decreasing cover.
- aged between 17 and 59 if you choose inflation linked cover.

Additional criteria applies if you are also applying for Income Protection, Budget Income Protection or Personal Sick Pay. Please see the individual sections in this document for more details.

What types of cover can I choose?

- Level cover means the amount you're insured for is fixed for as long as your insurance lasts and doesn't change.
- Decreasing cover means the amount you're insured for reduces over time in a similar way to the amount owed on a capital and interest repayment mortgage.
- Inflation linked cover means the amount you're insured for will increase each year in line with inflation (which we measure using the Retail Prices Index, known as RPI).

We explain these types of cover in more detail in section A2 of the policy conditions.

When does my insurance start and end?

- Your insurance starts when we've accepted your application and we ask you to start paying for it.
- If we pay a claim your insurance will end (unless the claim is for children's cover, or we've paid a claim for an additional payment condition). We explain what happens when we pay a claim for an additional payment condition in more detail in section A8 of the policy conditions.
- Your insurance will also end:
 - If we pay a claim because you've died
 - On the end date that you choose
 - If you stop paying for it
 - If we cancel your insurance

We explain when your policy ends in section C9 of the policy conditions and we explain when we can cancel your insurance in section C7.

Can you change how much I pay for my insurance?

- The amount you pay each month for your insurance is fixed when your insurance starts and doesn't change unless you've chosen inflation-linked cover.
- If you've chosen inflation linked cover this means that your amount of cover will go up each year in line with inflation. The premium will increase in line with inflation multiplied by 1.5.
- If you change the amount you're insured for, or how long you want your insurance to last then of course the amount you pay will be changed to reflect this.
- The only other time it might change is if the government changes the law, and this affects your insurance.

We explain this in more detail in section C4 of the policy conditions.

Can I change my cover?

- Yes, you can change the amount you're insured for, or the date your insurance ends. However, we can't guarantee we'll be able to make these changes as it depends on whether we're still offering this type of cover, the terms and conditions that apply at that time, as well as your age and current circumstances, so we'll need you to provide some up to date health and lifestyle information first. But in some circumstances you can increase the amount you're insured for, or change when your insurance ends without having to provide health and lifestyle information.

If you do wish to make any changes you need to let us know at least six months before the end date of your policy.

- If you have chosen enhanced children's cover you can ask us to remove this at any time – however, if you want it back you'll need to apply for a new policy.
- Please remember, you cannot add enhanced children's cover to an existing policy, if you want this cover you must add it when you take your policy out.

We've explained this in more detail in section B of the policy conditions.

Who gets the money when a claim is paid?

- For a critical illness claim we'll normally pay the claim to you.
- For a death claim we'll normally pay the claim to your estate.
- However if someone else is insuring you - then we'll pay the claim to them.
- If you've put your insurance in trust then the money will be paid to the trustees. If you'd like more information about whether a trust is suitable for you, please speak to your financial adviser.

We explain this in more detail in sections A7 and A9 of the policy conditions.

What about tax?

- Based on current tax laws you won't have to pay Income Tax or Capital Gains Tax on any money you're paid by us if you claim on your insurance.
- If we pay a claim because you have died the money will usually go to your estate. Depending on the value of your estate, the people who are appointed to deal with your estate may have to pay Inheritance Tax.

This is based on our understanding of current legislation and HM Revenue and Customs practice, which can change. If you'd like to know more about how tax could affect this policy please speak to your financial adviser.

Critical Illnesses covered for Life and Enhanced Critical Illness

These are only a guide to what is covered. The full details of the illnesses, operations and the circumstances covered are in the policy conditions.

We typically use medical terms to describe the illness, and 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

We've split the list of conditions into full payment and additional payments, and conditions included in enhanced children's cover. If you've chosen to add enhanced children's cover and pregnancy complication payments this will be shown on your personal quote and your policy schedule. More information about children's cover is available in section A3 of the policy conditions.

For full payments we'll normally pay out the full amount of your insurance. For an additional payment condition we will only pay out the lower of 50% of your amount of cover or £30,000. After we've made a payment for an additional payment condition your policy doesn't end. We don't reduce your cover by the amount we've paid out, and your policy remains in place for your full amount of cover.

If you make a claim that meets the definition for both full and additional payment conditions at the same time, then we'll only pay a claim for the full payment condition and not the additional payment. For example if we paid a claim for the full payment condition for blindness (condition no. 6) we won't also pay an additional payment for partial loss of sight (condition no. 65). Similarly if you had one of the lobes of your lung removed as a result of being diagnosed with lung cancer, and we agreed to pay the full payment condition for cancer (condition no 9), then we won't also pay a claim for the additional payment condition for removal of a lobe or lobes of the lung (condition no. 68).

Full payment conditions

- Alzheimer's disease or other forms of dementia** – resulting in permanent symptoms
- Aorta graft surgery** – for disease or traumatic injury
- Bacterial meningitis** – resulting in permanent symptoms
- Benign brain tumour** – resulting in permanent symptoms or specified treatment
- Benign spinal cord tumour** – resulting in permanent symptoms
- Blindness** – permanent and irreversible
- Brain abscess** – undergoing specified treatments
- Brain injury due to trauma, anoxia or hypoxia** – resulting in permanent symptoms
- Cancer** – excluding less advanced cases and including aplastic anaemia
- Cardiac arrest**
- Cardiomyopathy** – of specified severity
- Coma** – with associated permanent symptoms
- Coronary artery bypass grafts**
- Creutzfeldt-Jakob disease**
- Crohn's disease** – treated with two intestinal resections
- Deafness** – permanent and irreversible
- Encephalitis** – resulting in permanent symptoms
- Heart attack** – of specified severity
- Heart failure** – of specified severity
- Heart valve replacement or repair**

- HIV infection** – caught in a specified list of countries from a blood transfusion, a physical assault or at work
- Idiopathic pulmonary arterial hypertension** – of specified severity
- Kidney failure** – requiring permanent dialysis
- Liver failure**
- Loss of hand or foot** – permanent physical severance
- Loss of independent existence** – unable to look after yourself ever again
- Loss of speech** – permanent and irreversible
- Major organ transplant** – from another donor
- Motor neurone disease and specified diseases of the motor neurones** – resulting in permanent symptoms
- Multiple sclerosis** – with persisting symptoms
- Neuromyelitis optica (Devic's disease)** – with persisting symptoms
- Open heart surgery** – with surgery to divide the breastbone
- Paralysis of limb** – total and irreversible
- Parkinson's disease** – resulting in permanent symptoms
- Parkinson plus syndromes** – resulting in permanent symptoms
- Pneumonectomy** – removal of an entire lung
- Pulmonary artery surgery** – for disease only
- Severe lung disease**
- Severe mental illness** – of specified severity
- Severe sepsis** – resulting in admission to a critical care unit for 3 days or more
- Spinal stroke** – resulting in permanent symptoms
- Stroke** – of specified severity
- Syringomyelia or syringobulbia** – treated by surgery
- Surgical removal of an eyeball**
- Systemic lupus erythematosus**
- Terminal illness** – where death is expected within 12 months
- Third degree burns** – covering 20% of the body's surface area or affecting 20% of the area of the face or head
- Ulcerative colitis** – with operation to remove the entire large bowel
- Total permanent disability** – of specified severity

Additional payment conditions

For the following additional payment conditions we will pay the lower of 50% of your amount of cover or £30,000.

- Accident hospitalisation cover**
- Aortic aneurysm** – with endovascular repair
- Carotid artery stenosis** – treated by endarterectomy or angioplasty
- Cauda equina syndrome** – with permanent symptoms
- Cerebral or spinal arteriovenous malformation** – with surgery or radiotherapy
- Cerebral or spinal aneurysm** – with surgery or radiotherapy
- Central retinal artery or vein occlusion** – resulting in permanent visual loss

- 57 **Coronary artery angioplasty**
- 58 **Diabetes mellitus type 1** – requiring permanent insulin injections
- 59 **Gastrointestinal stromal tumour (GIST) or Neuroendocrine tumour (NET) of low malignant potential** – with surgery
- 60 **Guillain-Barré syndrome** – with persisting clinical symptoms
- 61 **Less advanced cancer** – of named sites and specified severity
 - **Carcinoma in-situ of the anus** – with surgery
 - **Carcinoma in-situ of the bile ducts** – with surgery
 - **Carcinoma in-situ of the cervix uteri** – requiring treatment with hysterectomy
 - **Carcinoma in-situ of the colon or rectum** – resulting in intestinal resection
 - **Carcinoma in-situ of the gallbladder** – with surgery
 - **Carcinoma in-situ of the larynx** – with specified treatment
 - **Carcinoma in-situ of the lung or bronchus** – with specified treatment
 - **Carcinoma in-situ of the oesophagus** – with surgery
 - **Carcinoma in-situ of the oral cavity or oropharynx** – with surgery
 - **Carcinoma in-situ of the pancreas** – with surgery
 - **Carcinoma in-situ of the renal pelvis or ureter**
 - **Carcinoma in-situ of the stomach** – with surgery
 - **Carcinoma in-situ of the urinary bladder**
 - **Carcinoma in-situ of the uterus** – with hysterectomy
 - **Carcinoma in-situ of the vagina** – with surgery
 - **Carcinoma in-situ of the vulva** – with surgery
 - **Ductal or lobular carcinoma in-situ of the breast** – with specified treatment
 - **Ovarian tumour of borderline malignancy/low malignant potential** – with surgical removal of an ovary
 - **Prostate cancer**
 - **Testicular carcinoma in-situ** – requiring surgery to remove at least one testicle
- 62 **Non-severe cardiomyopathy** – definite diagnosis
- 63 **Other carcinomas in-situ** – with surgery
- 64 **Partial loss of hearing** – of specified severity
- 65 **Partial loss of sight** – permanent and irreversible
- 66 **Partial third degree burns** – covering 10% of the body's surface area or affecting 10% of the area of the face or head
- 67 **Pituitary tumour** – resulting in permanent symptoms or surgery
- 68 **Removal of one or more lobe(s) of the lung** – for disease or trauma

Enhanced children's critical illness conditions

For the following enhanced children's critical illness conditions we will pay the lower of 50% of your amount of cover or £35,000. This is only available if you have chosen enhanced children's cover – you can find out if you have this from your policy schedule.

- 69 **Cerebral palsy**
- 70 **Child diabetes type 1** – requiring permanent insulin injections
- 71 **Child intensive care** – requiring mechanical ventilation for 7 consecutive days
- 72 **Cystic fibrosis**
- 73 **Down's syndrome**

- 74 **Edward's syndrome**
- 75 **Hydrocephalus** – treated with the insertion of a shunt
- 76 **Muscular dystrophy**
- 77 **Patau syndrome**
- 78 **Spina bifida**

Pregnancy complication payments

We will pay £5,000 per pregnancy if the person insured by the policy is diagnosed with one of the specified pregnancy complications listed in the appendix of your policy conditions. Payments for pregnancy complications won't affect the total cover amount and the policy will continue.

Important

We don't make payments for enhanced children's cover or pregnancy related complications when the person covered by this policy was aware of the condition before applying for this policy.

We've included a list of all the illnesses, medical conditions and operations covered in section A1 of the policy conditions. More detailed information including an explanation of when we will and will not pay out for each one is in the appendix at the back of the policy conditions.

Enhanced claim payments

These are conditions where we will pay twice the amount of cover. The maximum payment you can receive on top of your amount of cover is limited to £200,000.

- For ten of our full payment conditions, if the cause of your (or your child's) claim was as a direct result of an accident.
- For four of our full payment conditions if you're under 55 years of age at the time you are diagnosed with one of the neurological illnesses or conditions we specify.
- If you (or your child) have a major organ transplant, liver failure or severe lung disease that meets our definition for one of these conditions.

More details on which full payment conditions are included, and how we define an accident is given in the appendix at the back of the policy conditions.

Cost of diagnosis of cancer

If your condition and treatment meet the criteria for any of the cancers covered by the policy (and has not been listed as an exclusion in your policy schedule) we'll pay you £1,000 when we receive a copy of the diagnosis letter from your consultant showing the histological classification of the cancer and details of the proposed treatment.

Receiving this payment doesn't guarantee we'll pay your claim under a full payment condition or an additional payment condition as your final diagnosis and actual treatment may not meet the definition of the condition you're claiming for. This payment doesn't reduce your amount of cover. This payment is also available for children's cover (see section A3 of the policy conditions).

Income Protection and Budget Income Protection – Questions and Answers

Only read this section if your personal quote includes Income Protection or Budget Income Protection.

Can I apply?

You can apply if you're:

- Permanently living in the UK
- A UK resident for at least the last 2 years
- Aged between 17 and 59
- Registered with a UK doctor for at least 2 years.

Also you need to be working, or a homemaker. You can't apply if you're unemployed or on a career break.

If you're insuring someone else, they must meet these requirements.

What types of cover can I choose?

- Level cover means the amount you're insured for is fixed for as long as your insurance lasts and doesn't change.
- Inflation-linked cover means the amount you're insured for will increase each year in line with inflation (which we measure using the Retail Prices Index, known as RPI).

We explain in more detail how Inflation-Linked cover works in Section C1 of the Income Protection Policy Conditions and in Section D1 of the Budget Income Protection Policy Conditions.

- You can choose between Income Protection or Budget Income Protection. If you choose Budget Income Protection with a fixed monthly cost you can also choose whether you want the maximum period of time we would pay any single claim for to be either 12 months or 24 months. This is called your claim limit. If you choose Budget Income Protection with a reviewable monthly cost you don't have a choice; the claim limit is a maximum of 24 months for any single claim. More details on the claim limit can be found in Section C of the Budget Income Protection Policy Conditions.

What is Income Protection and Budget Income Protection and when do they pay out?

- Income Protection and Budget Income Protection pay you a monthly income if you're unable to work because of an illness or injury. However with Budget Income Protection we'll only pay you for a maximum of 12 or 24 months (depending on the option you choose) each time you claim. Your claim limit will be shown on your Policy Schedule.
- There are two different ways used to assess whether you're unable to work. These are:
 - 1 **Own occupation cover** – this pays out if you can't do your normal job. You'll also get own occupation cover if you claim within the first 30 days from becoming unemployed, a homemaker or take a career break, however if you've been out of work for longer than 30 days then we'll base your claim on homemaker cover, which could affect the amount you're able to claim, because the most we'll pay you if you claim is £1,500 a month.
 - 2 **Homemaker cover** – this will pay out if you have an accident or sickness and you're unable to prepare a meal or do basic housework.

The one you're covered for is shown on your personal quote. We'll confirm this before your insurance starts, and this will then be shown on your Policy Schedule.

- You can insure yourself or someone else. You can't insure more than one person though.
- The maximum amount of cover you can apply for is £20,833 a month for level cover and £14,583 for inflation-linked cover. Or you can choose 'maximum' which looks at the most we can give you based on your current earned income. In either case the most we can insure you for is 60% of your earned income. If you own your own business then this income can include dividend income as long as it's clearly related to your work activities. If you're a homemaker the maximum amount of cover you can have is £1,500 a month.
- You can also choose what age you want your insurance to end at. We can't insure anyone for less than 5 years, and your insurance must end before the person insured reaches age 70.
- If you choose Budget Income Protection and you're a homemaker if we have paid any single claim for 12 or 24 months (depending on the option you choose), then your cover ends, and you're no longer covered.
- **Travelling abroad** – We'll pay a claim after your waiting period, if you are in one of a number of countries listed in section A of the Policy Conditions. If you are anywhere else in the world, we would only pay a claim for a maximum of 26 weeks. This is explained in more detail in section A of the Policy Conditions.
- **Fracture cover** – We'll pay you a lump sum if you're diagnosed with a specified bone fracture. This is in addition to any payments we're paying you if you're unable to work. The amount we'll pay depends on the type of fracture you suffer and not all types of fracture are covered. We'll only pay for one fracture diagnosed within a 12 month period, if you suffer more than one fracture at the same time we'll only pay for the fracture with the highest amount of fracture cover. If you're not the policy owner we'll pay this money to the policy owner instead. The amounts we'll pay for fracture cover are fixed when your policy starts and won't increase as the cost of things go up in the future. This means you'll be able to buy less with this money in the future. More details can be found in section B13 of the Policy Conditions.
- **Death** – If you die before the end date of your policy we'll pay a fixed lump sum of money up to a maximum of £10,000. The amount we'll pay depends on when your policy started. If you are also the policy owner we'll pay the money to your estate, and it will form part of your estate for tax purposes. This means the money may be subject to inheritance tax under current legislation, depending on your personal circumstances. If you are not the policy owner we'll pay this money to the policy owner instead. Please remember the amount we'll pay for death benefit is fixed when your policy starts and won't increase as the cost of things go up in the future. This means you'll be able to buy less with this money in the future. More details can be found in section B14 of the Policy Conditions.
- **Payment of premiums during unemployment** – If you become unemployed through no fault of your own (we call this involuntary unemployment), you can claim for up to six months premiums to be paid by us. This means we'll take care of those premiums for you, you don't need to pay them and your insurance will stay in place.

You can only claim for a maximum of six months premiums to be paid by us during the whole period that your policy lasts for. You must inform us immediately if you return to work, so we don't continue to pay your premiums and use up your 6 month allowance.

If you go back to work mid-month, we will continue to pay the full month's premium. There is an initial exclusion period for this benefit of 90 days, which means if you become unemployed within the first 90 days of your policy starting you cannot claim for any of your premiums that relate to that whole period of unemployment to be paid by us. More details can be found in section B15 of the Policy Conditions.

- **Sick Pay Guarantee** – As part of our sick pay guarantees we're able to offer special conditions to people who, at the time they become unable to work, are:
 - A dentist, doctor or surgeon and whose sick pay entitlements match the NHS sick pay arrangements and registered with the General Medical Council or General Dental Council, with a licence to practice in the UK.
 - Teachers whose sick pay entitlements match those set out in:
 - The Conditions of Service for School Teachers in England and Wales (sometimes referred to as the 'Burgundy Book')
 - The Department of Education, Teachers Terms and Conditions for Northern Ireland
 - The Scottish Negotiating Committee for Teachers (SNCT) handbook of Conditions of Service for School Teachers in Scotland

More information can be found in the in the appendix for special conditions for your particular occupation, which is at the back of the Policy Conditions.

- **Parent and child cover** – We'll pay a lump sum equal to 6 times your amount of cover to you if your child is diagnosed with a specified illness. This is in addition to any payments we're paying you if you're unable to work. A full list of illnesses covered can be found in appendix D in the policy conditions. We'll only make one payment per child, per policy up to a maximum £25,000. If you have more than one income protection policy with us we'll still only pay up to £25,000 in total. More details about parent and child cover can be found in section B16 of the Policy Conditions. More information of what you're covered for can be found in Section A of both the Income Protection and the Budget Income Protection Policy Conditions.

How long do I have to wait after becoming ill before you pay my claim?

- You can choose how long you have to wait before we start paying you. We call this the waiting period.
- You can pick a 3, 6, or 12 month waiting period, and you may also be able to pick 1 or 2 months, depending on your job. For example, if you're self-employed, you may want payments to start after just 1 month as you won't have an employer paying you sick pay. If you're employed, and your employer pays you sick pay you might choose a longer waiting period like 3 or 6 months. If you're one of the following at the time you become unable to work:
 - A dentist, doctor or surgeon and whose sick pay entitlements match the NHS sick pay arrangements and registered with the General Medical Council or General Dental Council, with a licence to practice in the UK.
 - Teachers whose sick pay entitlements match those set out in:
 - The Conditions of Service for School Teachers in England and Wales (sometimes referred to as the 'Burgundy Book')
 - The Department of Education, Teachers Terms and Conditions for Northern Ireland
 - The Scottish Negotiating Committee for Teachers (SNCT) handbook of Conditions of Service for School Teachers in Scotland

and

You've chosen a waiting period of 12 months

We may be able to pay your claim early as part of our sick pay guarantees. More information can be found in the appendix for special conditions for your particular occupation, which is at the back of your Policy Conditions. For claims relating to fracture cover, death benefit, payment of premiums during unemployment and parent and child cover the waiting period will not apply.

Is there anything I'm not covered for?

- **In all cases** – we do not cover being unable to work for any reason other than illness or injury, for example:
 - unemployment, bereavement, a normal pregnancy, or because of restricted access to work as a result of a lockdown, quarantine or periods of mandatory or precautionary isolation.
 - If you're unable to work because of restricted access to work. We won't pay a claim if you're not working because you have been restricted access to work due to government advice or your own conduct or behaviour for example periods of suspension, police custody or imprisonment.
- **Unemployment** – we won't pay out if you choose not to work or are made redundant. Your insurance only covers you if you're unable to work because of sickness or an accident. It's important for you to tell us if you stop working though, even if you're not ill, because the most we'll pay you if you claim is £1,500 a month. If you've been made involuntarily unemployed you may be able to claim for up to six months premiums to be paid by us. More information about this can be found in section B15 of the Policy Conditions.
- **Still working** – we won't pay a claim if you're still working even if you're sick or have had an accident. You're only covered if the illness or accident means you're unable to work. Normally if we were paying a claim and you recover enough to be able to work we'll stop paying. But if you're not fully recovered, and are only able to go back for a reduced number of hours, or in a different job, then we might be able to still pay some of your insurance. If you're still able to work when making a claim for fracture cover this won't affect your claim.
- **You don't follow your doctor's advice or refuse treatment**
If we have started to pay a claim, or have agreed to make payments to you to help you return to work, and you choose not to follow the advice of your doctor, or refuse to follow any reasonable treatment request, we will stop making those payments to you.

We will only do this if the reason you aren't following medical advice or refusing treatment is unreasonable. We explain when we can stop paying a claim in section B3 of the policy conditions, and in sections B8, B9 & B10 of the policy conditions if we are making payments to you under those sections.
- **Claim limit** – Budget Income Protection only - we'll only pay you for a maximum of 12 or 24 months (depending on the option you chose for your policy) for any single claim. At the end of this period we'll stop paying you, even if you're still unable to work. You can claim more than once, but if it's for the same condition you'll need to be back at work for at least six months between claims. If not we'll treat it as part of the same original claim, when working out if you've reached your claim limit of either 12 or 24 months. If you're a homemaker and we've paid any single claim up to your claim limit of either 12 or 24 months, then your insurance will end and you'll no longer be covered. For claims relating to fracture cover, death benefit, payment of premiums during unemployment and parent and child cover the waiting period will not apply.

More details of what you're not covered for can be found in Section A of both the Income Protection and the Budget Income Protection Policy Conditions. More details on the claim limit for Budget Income Protection can be found in Section C of the Budget Income Protection Policy Conditions.

What is the maximum amount you'll pay out if I claim?

- The most we'd pay out if you make a claim is 60% of your earned income at the time you claim, because this is the most we can insure you for. This means if your income is lower when you claim compared to when you took out your insurance, we may pay out less than the amount you're insured for. We'll never pay more than the amount you're insured for.
- If your income has fallen and the amount you were covered for was more than £1,500 a month, we'll use a figure of £1,500 as the maximum we'll pay you. We'll do this as long as you were working at least 16 hours a week if you were self-employed, or 25 hours a week if you were employed. We call this our benefit guarantee.
- In either case we then take off any payments you're getting at the same time such as those from any similar types of insurance that you've used to protect your income. This means the amount we pay out when you claim may be less than you're insured for.
- If you're unemployed, a homemaker, or on a career break at the time you make a claim the maximum we'll pay out could be limited to £1,500 a month. This will depend on how long you've been unemployed, a homemaker or on a career break.

We explain in more detail how we work out the maximum amount we can pay in Sections B4 and B5 of both the Income Protection and the Budget Income Protection Policy Conditions.

For doctors and surgeons the benefit guarantee is £3,000. We explain how the benefit guarantee for doctors and surgeons works in section 1 of appendix A at the back of these Policy Conditions.

Can I have an example of how this works?

Example

Paul is employed for 30 hours a week and earns £35,000 a year. He can take out Income Protection, and he chooses to insure 60% of his income (the maximum percentage we'll insure); and this works out at £1,750 a month. (Remember this payment is currently tax free).

This is how we calculate it

Paul's annual salary = £35,000

We times this 60% = £21,000

Then divide it by 12 months = £1,750 a month Paul chooses cover of £1,750 a month.

As Paul chose a waiting period of 3 months, (and his income at the time he claims is still £35,000) once he's been unable to work for 3 months we start paying him his claim of £1,750 a month.

We'll continue to pay this as long as Paul remains unable to work, right up until his insurance ends.

However if he'd chosen Budget Income Protection we'd only pay his claim for a maximum of 12 or 24 months depending on the option chosen at outset by Paul.

If Paul's annual salary was lower at the time he claimed then we would work out how much we could pay using 60% of his salary at the time. If Paul has any other payments from any other insurance that's paying out if he is unable to work, then we take these amount off the maximum amount we can pay. In both cases this would mean we would pay out less than his cover of £1,750 a month.

We explain in more detail how we work out the maximum amount we can pay in Sections B4 and B5 of both the Income Protection and the Budget Income Protection Policy Conditions.

What happens if I am also claiming state benefits?

We provide a facility called 'Pay my mortgage' to help people who are claiming state benefits in addition to claiming on this policy. It enables the person claiming on this policy to use the payments to pay their mortgage. By choosing to do this the money they receive from us won't usually get deducted from the state benefit payment. Please speak to your benefits adviser for more information about this if you apply for or receive state benefits.

This is based on our understanding of state benefits as of April 2023 and may change in the future. If you or your beneficiary (we'll just say 'you' for the purpose of this explanation), choose for us to pay your claim directly to your mortgage lender we'll pay any remaining amount to the policy owner.

This option is only available if your mortgage is for residential mortgages on the main property you live in. It is not available for mortgages on second homes, holiday homes, or commercial premises. We explain more about this in section B6 of the policy conditions.

When does my insurance start and end?

- Your insurance starts when we've accepted your application and we ask you to start paying for it.
- Your insurance will end:
 - If you die
 - On the end date that you choose
 - If you stop paying for it
 - If we cancel your insurance
- If you're a homemaker, and you've chosen Budget Income Protection and we've paid any single claim up to your claim limit of either 12 or 24 months, then your insurance will end and you'll no longer be covered.

We explain when your policy ends in Section C13 of the Income Protection Policy Conditions and D13 of the Budget Income Protection Policy Conditions. We explain when we can cancel your policy in Section C11 of the Income Protection Policy Conditions and Section D11 of the Budget Income Protection Policy Conditions.

If you die before the end date of your policy you will still be eligible for a death benefit, please see section B14 of the Policy Conditions for more details.

Who gets the money when a claim is paid?

- We'll normally pay the claim to you, or to your estate for a death claim if you've died. However if you're the person insured, and someone else is insuring you – then we'll pay all claims to the person who is insuring you.

Can you change how much I pay for my insurance?

- This depends on whether you chosen for the monthly cost to be fixed or reviewable.
- If you've chose fixed then the amount you pay each month for your insurance is fixed when your insurance starts and doesn't change.
- If you've chosen reviewable then we can change the amount you pay for your insurance after it starts. We can only change the price for certain reasons; for example we can't change it to make more profit. Your price won't change for at least 5 years after your insurance starts and we'll always tell you at least 60 days before we change the price you need to pay.
- If you change the amount you're insured for, or how long you want your insurance to last then of course the amount you pay will be changed to reflect this.
- If you've chosen inflation linked cover this means that your amount of cover will go up each year in line with inflation. The premium will increase in line with inflation multiplied by 1.5.
- The only other time it might change is if the Government changes the law, and this affects your insurance.

We explain this in more detail in Section C8 of the Income Protection Policy Conditions and in Section D8 of the Budget Income Protection Policy Conditions. If you've chosen 'reviewable' please read the reviewable premiums version of the Policy Conditions.

What happens to my cover if I stop working, but I'm not ill?

- If you stop working for 31 days or more, (for example you take a career break, are a homemaker, or become unemployed), the most we'll pay you if you make a claim is £1,500 a month, or if lower the amount you're covered for.
- If you've been out of work for less than 30 days or less then we'll still pay a claim if you're unable to do the occupation you had before. We'll base the claim on how much you earned in the previous 12 months when you were actually working.
- If you tell us you've stopped working we can reduce your cover to £1,500 a month and we can therefore reduce to amount you pay us each month for your cover to reflect this.
- If you don't tell us you could be paying for more cover than we'd be able to pay out if you claim.

We explain this in more detail in section C4 if the Income Protection Policy Conditions and section D4 of the Budget Income Protection Policy Conditions.

What happens if I recover after a claim and go back to work, and then I'm sick again?

- If this happens within 6 months of you returning to work, we may be able to start paying you straight away, without you having to wait for your waiting period again.
- We'll only do this though if the cause of your second claim was the same as the original one, and you're still working in the same job as you were previously.

We explain this in more detail in Section B11 of both the Income and the Budget Income Protection Policy Conditions.

What happens if I recover after a claim and go back to work, but work reduced hours, or go back to a different job?

- Normally if you recover and go back to work we'll stop paying your claim.
- But if you've got own occupation cover we may still be able to pay you a proportion of your insurance to reflect the fact that your income has reduced because you're working reduced hours.
- Also if you've got own occupation cover and you weren't well enough to return to your previous job, or if you have a different job for a lower salary we may still be able to pay you a proportion of your insurance to reflect this.
- You must inform us if you change job so your cover can be adjusted if needed, this might affect the monthly price you currently pay.

We explain this in more detail in Sections B9 and B10 of the Income and the Budget Income Protection Policy Conditions.

Can I change my cover?

- Yes, you can apply to change the amount you are covered for, your waiting period or the end date of your policy. Also for Budget Income Protection, if you've chosen a fixed monthly cost you can also change your claim limit from 12 months to 24 months, and from 24 months to 12 months. The choices available to you will depend on your health and the occupation that you do at the time you want to change your cover and the terms and conditions that apply at that time. It will also depend on whether we are still offering this type of policy at the time.

If you do wish to make any changes you need to let us know at least six months before the end date of your policy.

We explain this in section C3 of the Income Protection Policy Conditions and section D3 of the Budget Income Protection Policy Conditions.

In some circumstances you may be able to increase your amount of cover without having to complete a full application form or provide us with details of your health.

We've explained when you can do this in section C2 of the Income Protection Policy Conditions and section D2 of the Budget Income Protection Policy Conditions.

What about tax?

- Based on current tax laws you won't have to pay Income Tax or Capital Gains Tax on any money you're paid by us if you claim on your insurance.

This is based on our understanding of current legislation and HM Revenue & Customs practice, which can change.

Personal Sick Pay and Budget Personal Sick Pay – Questions and Answers

Only read this section if your personal quote includes Personal Sick Pay or Budget Personal Sick Pay.

Can I apply?

We can only insure people who have been registered with a UK GP for at least the last two years, live permanently in the UK at time of application and are 17 years old or over. The maximum age at the start of the policy is 59 (for inflation linked and level cover).

You can insure another person or yourself – you'll be the policy owner and they'll be the person insured, but you can only do this if you'll suffer financially if they become unable to work (for example, if you're married to or in a civil partnership with them).

You can only take this type of cover out if you are working, if you change jobs or become a homemaker after the policy starts you'll still be covered.

What do I get from Personal Sick Pay?

Your Personal Sick Pay will pay out a regular income if an illness or injury means you can't carry out the main tasks of your occupation, and you aren't doing any other paid or unpaid work (by unpaid work we mean work you don't get paid for like voluntary work). The only exception to this is if, before you set up your Personal Sick Pay, we told you in writing there was something we couldn't insure you for, based on your answers to the health and lifestyle questions we asked at the time. For more information, see section A1 of your policy conditions.

What does my policy cover?

- You're covered if you have been registered with a GP and lived in the UK for the last two continuous years immediately before you took the policy out.
- We'll pay you if you're too unwell to work due to illness or injury, and you're not doing any other work.
- Any illness or injury that lasts longer than three continuous days (or your chosen waiting period if it's longer) – unless we've told you we won't cover you for it on your policy schedule.
- You're covered if you go on holiday or move abroad and become too unwell to work. If you're somewhere that's not listed here, we'll pay for the first 26 weeks then you'll have to go to one of the places we list here if you want to continue claiming. We'll stop paying your claim if you travel to an unlisted place for more than two weeks after the first 26 weeks of your claim.
Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK or USA.
- If you get well enough to return to work, but can't manage as many hours as you did before you were off, or you return to a different job for less money we might be able to carry on paying part of your claim.
- If you change your job or become a homemaker after the policy starts.

What doesn't my policy cover?

- Any type of illness or injury we've already said we can't insure you for before your policy started, this would be listed in the special provisions section of your policy schedule.

- We won't pay out if you're not working for any reason other than an illness or accident, for example, due to unemployment, lockdown, quarantine, periods of mandatory or precautionary isolation, or suspension from work.
- You won't be able to make a claim if you're still working, for example you're doing voluntary work or any other form of unpaid work.
- This policy would not pay for time off you have during the course of a normal pregnancy. But you are covered if you have an illness or injury that prevents you from working while pregnant.
- Money you'd make from savings or investments isn't included in your earnings, we also don't cover income you'd receive from pensions or state benefits. This policy only insures the income you earn from your occupation.
- We'll stop paying a claim if you stop following your doctor's advice, or refuse any reasonable medical treatment.
- If you provide the wrong details by mistake when completing your application this may result in non-payment of a claim, or a reduction in the amount we will pay. Please read section C7 of your policy conditions to find out more.
- If we find that during any stage (between applying for this cover and the policy end date) that anyone connected with the policy has deliberately given us incorrect information we may cancel the policy or refuse to pay a claim. We explain about when we can cancel your policy in section C7 of your policy conditions.

How long do I have to wait before you start paying me if I become too unwell to work?

The waiting period is the length of time you have to wait between when you become unable to work and when we start to pay your claim.

Day one

This means we'll backdate your claim payment so it begins on the first day you become unable to work. This doesn't mean you get paid on the first day itself. You must be unable to work for at least three consecutive days before we'll pay a claim on a policy with a day one waiting period.

1, 4, 8, 13, 26, or 52 weeks

You'll need to be too unwell to work for three consecutive days and the duration of your waiting period before we will pay your claim. But please let us know you are unable to work as soon as you can to help speed things up when it is time for us to pay you.

How much Personal Sick Pay can I have?

To take out this policy you must have an amount of cover between £500 and £8,333 a month – the maximum amount of cover you can have is up to 60% of your taxable earned income, you can always have less than this but never more.

The price you pay for your cover (your premium) will depend on how old you are and how much you want to be covered for.

When you apply for this policy you'll receive a personal quote telling you how much it will cost you. Depending on how long it takes you to choose your start date (and if there have been any changes in your circumstances between the time we gave the quote and the time you agree to buy the policy) the amount you pay might be different from the amount shown in your quote. But don't worry – we'll let you know if the cost has changed before your policy starts.

What are Personal Sick Pay and Budget Personal Sick Pay and when do they pay out?

Full Personal Sick Pay

If you choose to have Full Personal Sick Pay there's no time limit on how long we'll pay your claim, as long as you're too unwell to work.

If you return to work and then become unable to work again we can either restart your previous claim (if it's been less than six months) or begin a new claim (if it's over six months). This depends on how long it's been since your last claim ended and whether it's for the same reason or a new illness or injury. See section B4 of your policy conditions for more information about this.

Budget Personal Sick Pay

If you choose to have Budget Personal Sick Pay we'll stop paying your claim after two years, you can claim for the same condition as many times as necessary for the duration of the policy, but each claim can only last a maximum of two years.

If you return to work and then become unable to work again within six months, we can either restart your previous claim which will contribute to the two year maximum claim time already built up during the initial claim period, or if you've been back at work for longer than six months we will begin a new claim which will have a full two year claim limit from the start. This depends on how long it's been since your last claim ended and whether you're unable to work for the same reason or because of a new illness or injury. Please see section B4 of your policy conditions for more details.

What types of cover can I choose?

You can choose between level or inflation linked cover. Here is a brief explanation of each, see section A3 of your policy conditions for more information.

Level cover

This means the amount of cover you have will stay the same and the amount you pay (your premium) will go up each year on the policy anniversary. The amount of cover you choose won't keep up with the rising cost of things over time due to inflation.

Inflation linked cover

This means that the amount you pay (your premium) will go up each year on the policy anniversary and your amount of cover will go up each year too, in line with inflation. We measure inflation using the Retail Prices Index (RPI).

Once you've chosen whether you want level or inflation linked cover you then have to choose your waiting period.

Will the price of my Personal Sick Pay go up?

The amount you pay for your Personal Sick Pay is based on your age, so it will change over the lifetime of your policy because there's a higher risk of becoming ill as we get older.

Any increases will happen on the policy anniversary, and before they happen we'll let you know how much the amount you pay (your premiums) will be going up by. You can work out how much you'll be paying each year up to the age of 70 by checking the Future Prices Table that was included with your policy paperwork.

Could the amounts shown in the future prices tables be changed in the future?

There are different Future Prices Tables depending on whether you have Full or Budget Personal Sick Pay, and whether your policy has guaranteed or reviewable future prices. You can see what kind you have in the premium section of your policy schedule.

Guaranteed future prices

The amount you pay is guaranteed to only go up by the rate shown in your Future Prices Table. This option is initially more expensive than reviewable future prices, but you will know exactly how much it's going to cost you right up until the policy end date.

If you've got inflation linked cover your amount of cover and the price you pay will go up each year in line with inflation. We're unable to show this in the Future Prices Tables because we can't predict how much inflation will go up by.

Reviewable future prices

The amount you pay is only guaranteed to follow the increases set out in the Future Prices Tables for the first five years after your policy start date. After this we can review our prices and the amounts could go up or down, or stay the same every five years.

If we do need to change the amounts in your Future Prices Table, we'll let you know and give you at least 60 days to decide if you're happy to accept the changes before we make them.

How long will you pay me for while I'm too unwell to work?

For Full and Budget Personal Sick Pay the payment of your claim will end if:

- You recover and are well enough to fully return to work.
- You die.
- Your policy ends, because either you or we have cancelled it, or it reaches your chosen end date.
- You have Budget Personal Sick Pay and we've paid a single claim for two years.
- You remain in a place where we will only pay a claim for up to 26 weeks.
- You've returned to work on part time hours or reduced duties, we'll stop paying you when your reduced income is equal to or more than it was before your claim.

When does my Personal Sick Pay start and end?

Your policy will end on your chosen end date – this is shown on your policy schedule. Find out more about when your policy ends in section C10 of your policy conditions.

How long do I keep paying for?

You'll need to begin paying for your policy on your policy start date, and you'll need to keep paying right up until the month before the end date shown in your policy schedule – we only accept payment by monthly Direct Debit.

If you stop making your payments (your premiums) before the end date we'll cancel your policy. This means your cover will end and you won't receive a refund of any of the payments you've already made.

Do I need to check my Personal Sick Pay regularly?

Yes. Your life and needs can change over time – like how much Personal Sick Pay you need, how many hours a week you're working or what you're earning. So please check at least once a year, how much Personal Sick Pay you need and make sure the insurance you have is still right for you. Your financial adviser can help you with this.

How much will you pay me if I claim?

The maximum amount of cover you can have is up to 60% of your income. When you make a claim we'll work out the maximum amount we can pay you each month, we do this by taking how much you earn a year before tax, multiplying it by 60%, then divide that amount by 12. We'll then take off any other income you are receiving, including any payments from other accident or sickness policies.

If you don't tell us that your income is less when you make a claim than it was when you applied for your policy, you may find you get paid less than your amount of cover. We won't refund any of the money you've paid for your policy if this happens. See section A6 of the policy conditions for further information.

As long as you can demonstrate that you earned an income and worked at least 30 hours a week before you became unable to work due to illness or injury, we guarantee we will pay your full cover amount up to £1,000 per month for the first two years of your claim. After this the guarantee no longer applies to your claim and we may deduct other income and payments you may still be receiving.

If your amount of cover is more than £1,000 a month, or you can't demonstrate you were working at least 30 hours a week at the time you became unable to work, the Personal Sick Pay guarantee will not apply, and we'll work out how much we can pay you using the method we explained at the beginning of this section.

See section A6(a) of the policy conditions for further information about the Personal Sick Pay guarantee.

When and how do I get paid?

When you make a successful claim you can choose for us to pay you weekly or monthly. We have a 'payday' once a week and once a month, and when you qualify for your Personal Sick Pay payments, we'll make our first payment to you on the next available payday. See section A8 of your policy conditions for more information.

What is the benefit guarantee?

As long as you can demonstrate that you earned an income and worked at least 30 hours a week before you became unable to work due to illness or injury, we guarantee we will pay your full cover amount up to £1,000 per month for the first two years of your claim.

After this the guarantee no longer applies to your claim and we may deduct other income and payments you may still be receiving. See section A6 of your policy conditions for more details.

How do I prove my income if I claim?

If you don't qualify under the Personal Sick Pay guarantee and you're employed, we'll ask for proof of your earnings in the 12 months before the date you became too unwell to work, this could be payslips, your last P60, or a letter from your employer. If you're self-employed we'd usually ask for proof of your earnings in the 12 months before you became too unwell to work. This would be, tax returns or certified company accounts.

If you haven't been working for the amount of time we mention above, we will of course be flexible and look at your income over a shorter period of time. For more information, see section A7(a) in your policy conditions for more information.

How do I prove the hours I have worked if I claim?

If we are going to pay you under the Personal Sick Pay guarantee, we'll need evidence of how many hours you were working in the three months before you claimed and that you received an income in that time.

For evidence of hours worked – this could be confirmation from your employer, or if you're self-employed you could send us your company accounts, invoices or receipts.

To try and be as fair as possible, if your hours are a bit unpredictable we can average out the hours you worked over the three months before you claim.

See section A7(a) of your policy conditions for more information about this.

What happens if I become unemployed or take some time off work?

If you're not working because you've become unemployed, taken a career break if you're employed, or chosen to stop work if you're self-employed, and you then become unable to work we'll assess your claim as if you are a homemaker instead of basing your payment on your income. If you become unable to work within 30 days of stopping work we'll base your whole claim on how much you were earning and your occupation before you stopped working. See section C8 of your policy conditions for more information.

What happens if I stop working to take maternity or paternity leave in the future?

If you stop work to take maternity or paternity leave, your cover will continue as if you were still working. If you become unwell or injured and would have been unable to work in your occupation during this time you can still claim. We won't pay a claim because of unemployment or a normal pregnancy. See section C8 of your policy conditions for more information.

Can I change how my Personal Sick Pay is set up in the future?

Once your policy has started you can change the amount of cover you have, and how much you pay but you can't change the type of cover you have, who it insures, or who owns it (we explain this more in section A10 of your policy conditions).

If you want to change the type of cover you have you would need to cancel your policy and take out a new one. See section C9 of your policy conditions for more information.

What happens if I receive state benefits and Personal Sick Pay insurance payments?

We offer an option called 'Pay my mortgage' to help people who are claiming state benefits in addition to claiming on this policy. It enables the person claiming on this policy to use the payments to pay their mortgage. By choosing to do this the money they receive from us won't usually get deducted from the state benefit payment. Please speak to your benefits adviser for more information about this if you apply for or receive state benefits. This is based on our understanding of state benefits as of April 2023 and may change in the future.

If you choose for us to pay your claim directly to your mortgage lender we'll pay any remaining amount to the policy owner.

This option is only available if your mortgage is for residential mortgages on the main property you live in. It is not available for mortgages on second homes, holiday homes, or commercial premises. We explain more about this in section A11 of the policy conditions.

Will state benefits affect what I get paid by LV=?

Receiving state benefits from the government won't affect the claim amount you receive from this policy, but claim payments from this policy may affect the amount of state benefits you receive from the government. You must mention the payments you receive from this policy if we're paying your claim and you receive state benefits.

How are payments from this policy taxed?

Claims paid from this policy will not be subject to Income Tax or Capital Gains Tax. This is based on our understanding of current legislation and HM Revenue & Customs practice, which can change.

Waiver of Premium – Questions and Answers

Only read this section if your personal quote includes Waiver of Premium.

What is Waiver of Premium and when does it pay out?

- Waiver of Premium is a special type of insurance that allows you to insure yourself if because you're unable to work because of sickness or an accident you're unable to pay us each month for your insurance.
- If you're then unable to work and we agree to pay your claim, this insurance will then pay for all of your insurance in your Flexible Protection Plan on your behalf.
- There are two different ways we use to assess whether you're unable to work. The types we offer are:
 - 1 **Own occupation cover** – this pays out if you can't do your normal job. You'll also get own occupation cover if you claim within the first 12 months from becoming unemployed, a homemaker or take a career break, however if you've been out of work for longer than 12 months then we'll base your claim on homemaker cover.
 - 2 **Homemaker cover** – this will pay out if you have an accident or sickness and you're unable to prepare a meal or do basic housework.
- The one you're covered for is shown on your personal quote. We'll confirm this before your insurance starts, and this will then be shown on your Policy Schedule.

More information of what you're covered for can be found in section A of the Waiver of Premium Policy Conditions.

How long do I have to wait after becoming ill before you pay my claim?

We call the period you have to wait before your Waiver of Premium Insurance starts to pay for the Insurance in your Flexible Protection plan, the waiting period.

If you select Life Insurance, or Life and Critical Illness, or Life and Enhanced Critical Illness or Family Income Benefit and include Waiver of Premium, the waiting period for your Waiver of Premium Insurance will automatically be set to 6 months (26 weeks).

If you include Income Protection or Personal Sick Pay in your Flexible Protection Plan, either on its own or with another type of insurance, the waiting period for Waiver of Premium will automatically match the shortest Income Protection waiting period in the your Flexible Protection Plan, subject to a maximum waiting period of 6 months and a minimum of 1 month.

When does my insurance start and end?

- Your insurance starts when we've accepted your application and we ask you to start paying for it.
- Your insurance will end:
 - If you die
 - If you stop paying for it
 - If we cancel your insurance
 - once all the types of insurance in your Flexible Protection Plan have ended.

We explain when your policy ends in section C9 of the Waiver of premium Policy Conditions. We explain when we can cancel your policy in section C8 of the Waiver of Premium Policy Conditions.

Further Information – Questions and Answers

You should read this section in all cases.

How do I make a claim on my insurance?

- The easiest way to claim is to call us on the number below, and have your policy number ready.

0800 756 5869, or for textphone dial 18001 first. Alternatively you can contact us by email at healthclaims@LV.com. Or you can write to us at: Claims Department, LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

We may record and/or monitor your calls for training and audit purposes.

How will I know if I have enough cover in the future?

- It's a good idea to make sure that you check how much insurance cover you have each year. This is because your personal or financial situation may have changed since your insurance started. For example if the amount you earn has changed, you might need to change the amount you're insured for. If you have any concerns about this we recommend you speak to your financial adviser.

How much will my insurance cost?

- The minimum amount you can pay for your insurance is £5 a month, but there's no maximum.
- The amount you will pay depends on the amount and type of insurance you choose, and how long you want it to last. It will also be based on your personal circumstances, for example what job you have, how old you are, and whether or not you smoke.
- We'll confirm the amount you'll need to pay before your insurance starts. This may be different to the amount shown on your personal quote.

How do I pay for my insurance?

- You'll need to pay for your insurance each month on the date shown on your Plan and Policy Schedules and payments will need to be made by Direct Debit. You can choose to stop paying at any time, but if you do then your policies will end, you won't be covered and you won't get any money back. All the insurance policies in our Flexible Protection Plan have no cash-in value at any time.

Are there any other charges?

- The amount you pay for your insurance includes a monthly administration fee (apart from Personal Sick Pay and Waiver of Premium, which do not have an administration fee).
- For Life Insurance, Life and Critical Illness, Life and Enhanced Critical Illness, and Family Income Benefit this fee is £2.00 a month.
- For Income Protection and Budget Income Protection this fee is £3 a month.

If you take out more than one type of insurance at the same time, or later choose to add another type of insurance in your Flexible Protection Plan, then we may reduce this fee for each extra insurance you take out.

My financial adviser has given me advice, how much does this cost?

It's up to you to agree with your adviser how much you pay them for the advice you receive, and they can give you details about the cost.

- If your adviser asks us to, we'll pay commission to them for setting up your insurance.
- The amount we pay is based on how much your insurance costs each month, and how long it lasts.
- This cost is included in the amount we ask you to pay us for your insurance as it's paid for out of the charges.

If you want to know how much they have been paid you should speak to your financial adviser.

What happens if I can't pay for my insurance, or miss a payment?

- We give you 60 days from the date you needed to pay for your insurance to pay it to us.
- If you don't pay it within this time then your insurance cover will end.
- If you're concerned about being able to pay for your insurance if you're unable to work because of sickness or an accident, you can take out insurance to cover this. We call this Waiver of Premium. Please read the section on Waiver of Premium in this document if you'd like more information.

What if I decide I don't want my insurance any more?

- You can cancel your insurance whenever you want.
- If you cancel within 30 days of it starting we'll refund any money you've already paid.
- If you cancel at any other time you won't get anything back.
- Your insurance has no cash-in value at any time.

To cancel your insurance you can call us on **0800 678 1906** (for textphone dial 18001 first). Or you can write to us at LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

We may record and/or monitor your calls for training and audit purposes.

Can LV= cancel my insurance?

To protect ourselves and our customers against the effects of financial crime, we may cancel your policy, or not pay the full amount of cover if either you or anyone you are insuring acts fraudulently, or deliberately provides untrue, inaccurate or misleading information when applying for the policy, or when making a claim. For example, we might reduce the amount we pay out, make changes to your policy, decline to pay any claim or cancel your policy if we determine that you would have known, or ought to have reasonably known, the true answer to a question we asked you, but have provided a false answer. Please take care to answer all of the questions as accurately as you can.

If you apply for your policy online, or we call you to ask some further questions about your application we'll send you a summary of the questions we ask and the answers given.

Please ensure when you get this you check that everything is correct. If we've missed something it's really important to let us know, as we rely on this information to set up your policy.

More information on when we can cancel your insurance can be found in the Policy Conditions.

If I'm unhappy with your service, how do I complain?

- We always do our best to give you a great service, but if anything goes wrong, it's important to let us know so we can help put things right.

If you wish to make a complaint please call us on **0800 678 1906** (for textphone dial 18001 first). You can also write to us at Box 2, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth BH1 2NF. Email lifecomplaints@LV.com Or visit LV.com/complaints.

We may record and/or monitor your calls for training and audit purposes.

- We hope that we will be able to resolve any complaint that you have. If you're unhappy with the resolution of your complaint, the Financial Ombudsman Service may be able to help you free of charge but you'll need to contact them within six months of receiving our final response letter. Their website is financialombudsman.org.uk which includes more information about the service, including details of the various ways they can be contacted. If you make a complaint it won't affect your right to take legal action.
- If you'd like more information on how we handle complaints, please contact us, or visit LV.com/complaints.

How will you use my information?

We'll always protect your personal data, visit LV.com/data-protection to find out exactly how we use, share, store and dispose of the information we have about you.

If you have any other questions or would like our data protection details in print or an accessible format please email our data protection officer DPO@LV.com or write to: Data protection officer, Liverpool Victoria Financial Services Limited, Frizzell House, County Gates, Bournemouth, BH1 2NF.

What happens if LV= get into financial trouble and can't pay my claim?

Despite our youthful looks, we're probably older than you think and have been helping people provide for their loved ones since 1843. We take great care to look after our customers and our finances for the long term.

We're required to publish a report each year about our solvency called a Solvency and Financial Condition Report. Solvency is a company's ability to meet its long term financial commitments and this report will help you understand more about our solvency and how we manage our capital and risks.

If you'd like a copy you can visit LV.com/sfcr, or you can write to: Company Secretary, Liverpool Victoria Financial Services, County Gates, Bournemouth BH1 2NF.

In the unlikely event that we ever did get into financial trouble and couldn't honour our commitments, you may be entitled to compensation from the Financial Services Compensation Scheme. For this type of insurance, the scheme covers 100% of the claim. The scheme's first responsibility is to seek continuity of your policy and cover rather than to pay compensation.

If you want more information go to www.fscs.org.uk, or call **0800 678 1100**.

Who regulates you?

- We're regulated by both the Financial Conduct Authority and the Prudential Regulation Authority.
- The Financial Conduct Authority requires us to categorise our customers to determine the level of regulatory protection they'll receive.
- If you take out any type of cover in our Flexible Protection Plan as described in this Key Features Document, we'll treat you as a retail client.
- This means you'll get the highest level of protection available under the Financial Conduct Authority rules.

What law applies to my insurance?

- All the types of insurance available in the Flexible Protection Plan are governed by the law of England and Wales. In the unlikely event of any legal disagreement, it would be settled exclusively by the courts of England and Wales.
- All communications we make will be in English.

How do you use my information to prevent financial crime and terrorist financing?

The personal information we have collected from you will be shared with crime prevention agencies who will use it to prevent financial crime and money-laundering and to verify your identity. If financial crime is detected, you could be refused certain services, finance or employment.

For details of how your information will be used by us and these fraud prevention agencies, and your data protection rights just write to us at: Financial Crime, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF.

We use your information to make sure we comply with any financial sanctions that apply in the UK and overseas.

This includes:

- checking your information against sanctions lists
- sharing your information with HM Treasury and international regulators if required.

We will contact you if we need more information to comply with financial sanctions.

If this document is not accessible for you, you can contact us and ask for an alternative format. It will help us if you tell us what assistive technology you use.

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