

POLICY BOOKLET.

INTRODUCTION

Words that appear in bold are explained in the section headed 'Definitions'.

This Policy Booklet shows **you** the features, benefits and exclusions (things that are not covered) that apply to this product.

WHO IS COVERED?

The **life insured** is covered.

PREMIUMS

Premiums can be paid either monthly or annually and start on the **policy start date**.

Reviewable premiums

Premiums are reviewable and **we** will not change the premiums for the first five years of the policy. Reviews will be carried out to determine whether the premiums will be changed at the fifth anniversary and every five years thereafter. This is to establish the amount of premium needed to continue to provide the amount of cover selected.

At a review **we** will assess the underlying assumptions relating to the expected future number and timing of claims made for this type of policy.

We will assess any change to premiums fairly. When **we** review the premiums, the factors **we** look at are:

- Number, timing and cost of claims **we** have paid;
- Number, timing and cost of claims **we** expect to pay in the future;
- Insurance industry claims experience;
- Expected impact of future medical advances; and
- Changes to applicable laws, regulations or tax treatment.

Your state of health or individual circumstances won't be a factor at the review.

We will contact **you** about the outcome of the premium review and tell **you** at least three months in advance about the options **you** have and what action **you** may have to take. If, after the premium review **we** recalculate **your** premium to within 5% of what **you** have already been paying, **your** premium will not change. Any change in the premium not taken into account at the premium review will be taken into account at future premium reviews.

If **you** choose to add Fracture Cover it will not be included as part of the review.

If **you** choose to add Private Diagnosis it will not be included as part of the review.

Options at your premium review:

a) **Your** premium reduces or stays the same. If the premium has reduced, **you** don't need to take any action and **your** direct debit will automatically be updated. If **your** premium stays the same **your** direct debit will remain unchanged.

b) The premium increases.

If **your** premium increases **you** can choose to:

- Accept the increased premium. If **you** choose this option, **you** don't need to take any action and **your** direct debit will automatically be updated; or
- Keep **your** premiums the same but reduce the level of cover. If this is the option **you** want to take **you** will need to contact **us** within 30 days of being notified of a review by **us**. This will ensure there is sufficient time for **us** to process **your** request prior to **your** review date.

It is important to ensure the level of cover still meets **your** needs, as the option **you** select at each premium review cannot be changed. Regardless of the decision **you** make, **your** premiums will continue to be reviewed throughout the period of cover and **you** will be able to select a different option at any future premium review if **your** premium increases.

Increasing cover

You may have the option to choose an increasing policy, the premiums will increase in line with the changes in the Retail Prices Index (RPI) multiplied by 1.5 subject to a maximum increase of 15% per annum.

The RPI provides an indication of inflation on a monthly basis. The RPI measures and tracks the average change in the purchase price of goods and services such as housing expenses and mortgage interest payments.

If **you** choose to add Private Diagnostics it will not be included as part of the annual review of **your** policy.

If **you** choose Fracture Cover it will not be included as part of the annual review of **your** policy.

WHAT HAPPENS IF THE PREMIUMS ARE NOT PAID?

We are entitled to cancel the policy if any premiums are not paid within 60 days of their due date. If **we** cancel the policy, **your** cover will end and no further premiums will be payable. **We** will not refund any premiums already paid.

WHAT HAPPENS TO AN ANNUAL PREMIUM IF A CLAIM IS PAID?

If the premium is paid annually and a claim is paid under full cover, **we** will pay a pro-rata refund of the premium for the remaining months of that year. The policy will end when a claim is paid under full cover, see the section headed 'What you are covered for' for further details.

AMOUNT OF COVER

Level cover

If **you** choose level cover the amount of cover will stay the same unless **you** change it using the options available in the section headed 'Changing your policy' during the period of cover.

Increasing cover

You may have the option to choose increasing cover, the amount of cover will increase in line with changes in inflation on each policy anniversary with no need to answer further questions about **your** health.

The amount of cover, including any increases **you** have already accepted, will increase in line with the changes in the Retail Prices Index (RPI) over a 12 month period. If **we** cannot use the RPI, **we** will use an index comparable to the RPI instead.

We will contact **you** at least three months before the policy anniversary to tell **you** what the increase in the amount of cover and premium will be.

If the change in the RPI is less than 1% **we** will not increase the amount of cover.

If the change in the RPI is more than 10% **we** will only increase the amount of cover by 10% per annum.

Your options

Accept the increase

If **you** choose to accept the increase **you** do not need to take any action. **We** will increase the amount of cover and the premium and update **your** direct debit.

In the event of a claim, the amount of cover will continue as described above. This will not apply if **you** declined the increase to the amount of cover in the future.

Decline the increase

When **we** notify **you** of an increase, **we** will also give **you** the option to decline the increase. To decline an increase, **you** must complete and return the form in the letter **we** send to **you** by the date shown.

If **you** choose to decline the increase to the amount of cover and premium, then **we** will withdraw the option and **you** will not be given the option to increase the amount of cover in the future.

If **you** choose to add Private Diagnostics it will not be included as part of the annual review of **your** policy.

If **you** choose Fracture Cover it will not be included as part of the annual review of **your** policy.

If **you** choose Children's Critical Illness Extra it will not be included as part of the annual review of **your** policy.

HOW LONG IS COVER FOR?

You are covered from the **policy start date** until the **policy expiry date** unless one of the following occurs first:

- The amount of cover is paid out, or
- If the policy is cancelled by **you** or **us**.

Cover will stop when the policy ends and no further premiums will be payable.

WHAT IS COVERED?

Full Cover

The amount of cover, subject to the exclusions defined in the section headed 'What you are not covered for' is paid if, before the **policy expiry date**, the **life insured**:

- dies
- is diagnosed with an illness or undergoes a medical procedure as defined in the section headed:
 - 'Critical Illness Cover Definitions' (if Critical Illness Cover or Critical Illness Extra is chosen),
 - 'Critical Illness Extra Definitions' (if Critical Illness Extra is chosen),
- is diagnosed with a terminal illness

whichever occurs first.

If **you** choose a joint life policy, the amount of cover is paid when either **life insured** dies or is diagnosed with a terminal or critical illness.

If the **life insured** has a critical illness it must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism **we** reasonably consider is appropriate to the critical illness.

Terminal Illness Cover

This is an advance payment of the amount of cover where the **life insured** has a terminal illness.

Terminal illness is defined as a definite diagnosis by **your** hospital consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of **your** hospital consultant and **our** Medical Officer (a qualified doctor employed by Legal & General), the illness is expected to lead to death within 12 months.

No terminal illness claim can be made after the death of the **life insured**.

CRITICAL ILLNESS COVER OR CRITICAL ILLNESS EXTRA

You have the option to choose either Critical Illness Cover or Critical Illness Extra.

If **you** choose Critical Illness Cover **you** will be covered for:

- The critical illnesses listed under the section headed 'Critical Illness Cover Definitions'.
- The additional cover listed under the section headed 'Additional Cover Included For Critical Illness Cover'.

If **you** choose Critical Illness Extra **you** will be covered for:

- The critical illnesses listed under the sections headed 'Critical Illness Cover Definitions' and 'Critical Illness Extra Definitions'.
- The additional cover listed under the section headed 'Additional Cover For Critical Illness Extra'.

CRITICAL ILLNESS COVER DEFINITIONS

If **you** choose Critical Illness Extra **you** will be covered for the following critical illnesses in addition to those listed under the section headed 'Critical Illness Extra Definitions'.

<p>Aorta graft surgery – requiring surgical replacement</p>	<p>The undergoing of surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> any other surgical procedure, for example the insertion of stents or endovascular repair.
<p>Aplastic anaemia – categorised as very severe</p>	<p>A definite diagnosis of very severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology. There must be permanent bone marrow failure with: anaemia, thrombocytopenia and an absolute neutrophil count of less than $0.2 \times 10^9/L$.</p>
<p>Bacterial meningitis – resulting in permanent symptoms</p>	<p>A definite diagnosis of bacterial meningitis by a hospital consultant resulting in permanent neurological deficit with persisting clinical symptoms.</p>
<p>Benign brain tumour – resulting in either specified treatment or permanent symptoms</p>	<p>A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either:</p> <ul style="list-style-type: none"> surgical removal; radiotherapy; chemotherapy; or permanent neurological deficit with persisting clinical symptoms. <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> tumours in the pituitary gland; tumours originating from bone tissue; or angioma and cholesteatoma.
<p>Blindness – permanent and irreversible</p>	<p>Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart or visual field is reduced to 20 degrees or less of an arc, as measured by an ophthalmologist.</p>
<p>Brain injury due to trauma, anoxia or hypoxia – resulting in permanent symptoms</p>	<p>Death of brain tissue due to trauma or inadequate oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.</p>
<p>Cancer – excluding less advanced cases</p>	<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.</p> <p>The term malignant tumour includes leukaemia, sarcoma, pseudomyxoma peritonei, essential thrombocythaemia, polycythaemia vera, primary myelofibrosis, Merkel cell cancer and lymphoma except those that arise from and are confined to the skin (including cutaneous lymphomas and sarcomas).</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> pre-malignant; cancer in situ; having either borderline malignancy; or having low malignant potential. All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).

<p>Cancer(continued from previous page) – excluding less advanced cases</p>	<ul style="list-style-type: none"> • All urothelial tumours unless histologically classified as having progressed to at leastTNM classificationT1N0M0. • Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin). • All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas). • All thyroid tumours unless histologically classified as having progressed to at leastTNM classificationT2N0M0. • Neuroendocrine tumours without lymph node involvement or distant metastases unless classified asWHO Grade 2 or above. • Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.
<p>Cardiac arrest – with insertion of a defibrillator</p>	<p>Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness, requiring resuscitation and resulting in either of the following devices being surgically implanted:</p> <ul style="list-style-type: none"> • implantable cardioverter-defibrillator (ICD); or • cardiac resynchronisation therapy with defibrillator (CRT-D). <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • insertion of a pacemaker; • insertion of a defibrillator without cardiac arrest.
<p>Cardiomyopathy – of specified severity or resulting in specified treatment</p>	<p>A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in at least one of the following:</p> <ul style="list-style-type: none"> • permanent and irreversible ejection fraction of 39% or less; • permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*; • implantable cardioverter-defibrillator (ICD). <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • cardiomyopathy secondary to alcohol or drug intake; • all other forms of heart disease, heart enlargement and myocarditis. <p>* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.</p>
<p>Coma – of specified severity</p>	<p>A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems for a period of 96 hours.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • medically induced coma; • coma secondary to alcohol or drug intake.
<p>Creutzfeldt-Jakob disease (CJD)</p>	<p>A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist.</p>
<p>Deafness – permanent and irreversible</p>	<p>Permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.</p>

<p>Dementia including Alzheimer's disease – of specified severity</p>	<p>A definite diagnosis of Dementia, including Alzheimer's disease by a consultant geriatrician, neurologist, neuropsychologist or psychiatrist supported by evidence including neuropsychometric testing. There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:</p> <ul style="list-style-type: none"> • remember; • reason; and • to perceive, understand, express and give effect to ideas. <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> – mild cognitive impairment (MCI).
<p>Encephalitis – resulting in permanent symptoms</p>	<p>A definite diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.</p>
<p>Heart attack – of specified severity</p>	<p>A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:</p> <ul style="list-style-type: none"> • new characteristic electrocardiographic changes or new diagnostic imaging changes; and • the characteristic rise of biochemical cardiac specific markers such as troponins or enzymes. <p>The evidence must show a definite acute myocardial infarction. For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • myocardial injury without infarction; • angina without myocardial infarction.
<p>Heart valve replacement or repair – with surgery</p>	<p>The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.</p>
<p>Kidney failure – requiring permanent dialysis</p>	<p>Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.</p>
<p>Liver failure – of advanced stage</p>	<p>Liver failure due to cirrhosis and resulting in all of the following:</p> <ul style="list-style-type: none"> • permanent jaundice; • ascites; and • encephalopathy.
<p>Loss of use of hand or foot</p>	<p>Permanent loss of the use of a hand or foot due to physical severance above the wrist or ankle joint or total and irreversible loss of muscle function.</p>
<p>Loss of speech – total permanent and irreversible</p>	<p>Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.</p>
<p>Major organ transplant</p>	<p>The undergoing as a recipient of a transplant from either a human donor, animal, insertion of an artificial device, or inclusion on an official UK, Channel Islands or Isle of Man waiting list for any of the following:</p> <ul style="list-style-type: none"> • transplant of a bone marrow; • transplant of a complete heart, kidney, lung, pancreas, liver; or • transplant of a lobe of liver or lung; or • haematopoietic stem cells preceded by total bone marrow ablation. <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • transplant of any other organs, parts of organs, tissues or cells.

<p>Motor neurone disease – resulting in permanent symptoms</p>	<p>A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:</p> <ul style="list-style-type: none"> • amyotrophic lateral sclerosis (ALS); • primary lateral sclerosis (PLS); • progressive bulbar palsy (PBP); • progressive muscular atrophy (PMA); or • Kennedy’s disease, also known as spinal and bulbar muscular atrophy (SBMA); or • spinal muscular atrophy (SMA). <p>There must also be permanent clinical impairment of motor function.</p>
<p>Multiple sclerosis – where there have been symptoms</p>	<p>A definite diagnosis of multiple sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.</p>
<p>Parkinson’s disease – resulting in permanent symptoms</p>	<p>A definite diagnosis of Parkinson’s disease by a consultant neurologist or consultant geriatrician.</p> <p>There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • other Parkinsonian syndromes; • Parkinsonism.
<p>Pulmonary hypertension – of specified severity</p>	<p>A definite diagnosis of pulmonary hypertension. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*.</p> <p>* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.</p>
<p>Respiratory failure – of advanced stage</p>	<p>Advanced stage emphysema or other chronic lung disease, resulting in all of the following:</p> <ul style="list-style-type: none"> • The need for regular oxygen treatment on a permanent basis, and • The permanent impairment of lung function tests as follows: <ul style="list-style-type: none"> – Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 50% of normal.
<p>Specified heart surgery</p>	<p>Heart surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to either:</p> <ul style="list-style-type: none"> • correct narrowing or blockage of one or more coronary arteries with bypass grafts; • correct any structural abnormality of the heart.
<p>Spinal stroke – resulting in symptoms lasting at least 24 hours</p>	<p>Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.</p>
<p>Stroke – resulting in symptoms lasting at least 24 hours</p>	<p>Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • transient ischaemic attack. • death of tissue of the optic nerve or retina/eye stroke.

<p>Systemic Lupus Erythematosus – with severe complications</p>	<p>A definite diagnosis of Systemic Lupus Erythematosus by a consultant rheumatologist resulting in either of the following:</p> <ul style="list-style-type: none"> • permanent neurological deficit with persisting clinical symptoms; or • the permanent impairment of kidney function tests as follows: <ul style="list-style-type: none"> – Glomerular Filtration Rate (GFR) below 30 ml/min.
<p>Third degree burns – covering 20% of the surface area of the body or 20% of the face or head</p>	<p>Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 20% of the area of the face or head.</p>
<p>Total and Permanent Disability* – of specified severity (Own occupation)</p>	<p>Total and Permanent Disability – unable to do your own occupation ever again before your 70th birthday.</p> <p>Loss of the physical or mental ability through an illness or injury to the extent that the life insured is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the life insured's own occupation that cannot reasonably be omitted or modified.</p> <p>'Own occupation' means your trade, profession or type of work you do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.</p> <p>The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the life insured expects to retire.</p> <p>For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.</p> <p>The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcome of the illness, condition or disease.</p> <p>If the life insured is not in paid employment at the time of a claim, your claim will be assessed under the Specified Work Tasks definition described in the definition headed 'Total and Permanent Disability (Specified Work Tasks)'. Total and Permanent Disability will end when the oldest person covered reaches the policy end date, or 70th birthday, whichever is earlier.</p> <p>This benefit will be removed when you reach your 70th birthday and your premium will be reduced. We will contact you to let you know about the change in your premium and cover.</p>

<p>Total and Permanent Disability* – of specified severity (Specified Work Tasks)</p>	<p>Total and Permanent Disability – unable to do three Specified Work Tasks ever again before your 70th birthday.</p> <p>Loss of the physical ability through an illness or injury to do at least three of the six work tasks listed below ever again.</p> <p>The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the life insured expects to retire.</p> <p>The life insured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.</p> <p>The Specified Work Tasks are:</p> <p>Walking: The ability to walk more than 200 metres on a level surface.</p> <p>Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.</p> <p>Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.</p> <p>Bending: The ability to bend or kneel to touch the floor and straighten up again.</p> <p>Getting in and out of a car: The ability to get into a standard saloon car, and out again.</p> <p>Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.</p> <p>For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.</p> <p>The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcome of the illness, condition or disease.</p> <p>Total and Permanent Disability will end when the oldest person covered reaches the policy end date, or 70th birthday, whichever is earlier.</p> <p>This benefit will be removed when you reach your 70th birthday and your premium will be reduced. We will contact you to let you know about the change in your premium and cover.</p>
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*If **you** have Total and Permanent Disability it will be shown in **your** Policy Booklet. The definition applied will depend on **your** personal circumstances and will be confirmed in **your** Policy Booklet.

SURGICAL TREATMENT

We will make an advance payment of the amount of cover if the **life insured** is placed on an NHS waiting list for one of the following surgical treatments and meets the full definition:

- **aorta graft surgery** – *requiring surgical replacement*
- **heart valve replacement or repair** – *with surgery*
- **specified heart surgery**

Full definitions for these surgical treatments are detailed in the table above.

CRITICAL ILLNESS EXTRA DEFINITIONS

If **you** choose Critical Illness Extra, **you** will be covered for the following critical illnesses in addition to those listed under the section headed 'Critical Illness Cover Definitions'.

<p>Benign spinal cord tumour – <i>resulting in either specified treatment or permanent symptoms</i></p>	<p>A non-malignant tumour or cyst originating from the spinal cord, spinal nerves or meninges within the spinal canal, resulting in either:</p> <ul style="list-style-type: none"> • surgical removal; • radiotherapy; • chemotherapy; or • permanent neurological deficit with persisting clinical symptoms. <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • angiomas; • granulomas; • haematomas; or • osteophytes.
<p>Cancer - <i>excluding less advanced cases</i></p>	<p>Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma, pseudomyxoma peritonei, essential thrombocythaemia, polycythaemia vera, primary myelofibrosis, Merkel cell cancer and lymphoma except those that arise from and are confined to the skin (including cutaneous lymphomas and sarcomas).</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> – pre-malignant; – cancer in situ; – having either borderline malignancy; or – having low malignant potential. • All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate). • All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0. • Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin). • All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin. • Cutaneous lymphomas unless progressed to at least TNM classification T3N0M0 or Stage IIB. • Cutaneous sarcomas unless dermatofibrosarcoma protuberans with fibrosarcomatous changes (DFSP-FS). • Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above. • Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.

<p>Cauda equina syndrome – resulting in permanent symptoms</p>	<p>A definite diagnosis of cauda equina syndrome (compression of the lumbosacral nerve roots) by a consultant neurologist resulting in all of the following:</p> <ul style="list-style-type: none"> • permanent bladder dysfunction; and • permanent weakness and loss of sensation in the legs.
<p>Heart failure – of specified severity</p>	<p>A definite diagnosis of failure of the heart to function as a pump by a consultant cardiologist which is evidenced by all of the following:</p> <ul style="list-style-type: none"> • permanent and irreversible ejection fraction of 39% or less; and • permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*. <p>* NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.</p>
<p>Intensive care – requiring mechanical ventilation for 7 days</p>	<p>Sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • sickness or injury resulting in mechanical ventilation secondary to alcohol or drug intake.
<p>Interstitial lung disease – of specified severity</p>	<p>A definite diagnosis of interstitial lung disease resulting in all of the following:</p> <ul style="list-style-type: none"> • radiological evidence of pulmonary fibrosis; and • permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.
<p>Myasthenia gravis – with specified symptoms</p>	<p>A definite diagnosis of myasthenia gravis by a consultant neurologist. There must have been clinical impairment of motor function in parts of the body other than the eye muscles caused by myasthenia gravis.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • myasthenia gravis limited to eye muscles only.
<p>Necrotising fasciitis</p>	<p>The undergoing of surgery to treat life threatening necrotising fasciitis or gas gangrene to remove necrotic tissue and intravenous antibiotic treatment to prevent immediate death.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • all other forms of gangrene or cellulitis.
<p>Neuromyelitis optica (formerly Devic's disease) – where there have been symptoms</p>	<p>A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.</p>
<p>Parkinson plus syndromes – resulting in permanent symptoms</p>	<p>A definite diagnosis of one of the following Parkinsons plus syndromes by a consultant neurologist:</p> <ul style="list-style-type: none"> • multiple system atrophy; • progressive supranuclear palsy; • parkinsonism-dementia-amyotrophic lateral sclerosis complex; • diffuse lewy body disease; or • corticobasal ganglionic degeneration. <p>There must also be permanent clinical impairment of at least one of the following:</p> <ul style="list-style-type: none"> • motor function; • eye movement disorder; • postural instability; or • dementia.

Peripheral vascular disease – <i>requiring bypass surgery</i>	A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries requiring bypass graft surgery to an artery of the legs.
Primary sclerosing cholangitis	A definite diagnosis of primary sclerosing cholangitis as evidenced by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extrahepatic bile ducts. The following are not covered: <ul style="list-style-type: none"> • all other causes of bile duct stricture formation and dilation.
Pulmonary artery surgery – <i>requiring surgical replacement</i>	The undergoing of surgery to the pulmonary artery, on the advice of a consultant cardiologist, with excision and surgical replacement of a portion of the pulmonary artery with a graft.
Removal of an entire lung – <i>due to injury or disease</i>	The undergoing of surgery to remove an entire lung as a result of injury or disease. For the above definition, the following are not covered: <ul style="list-style-type: none"> • other forms of surgery to the lungs including removal of a lobe.
Removal of an eyeball – <i>due to injury or disease</i>	Surgical removal of an eyeball as a result of injury or disease. For the above definition, the following are not covered: <ul style="list-style-type: none"> • self inflicted injuries.
Severe bowel disease – <i>treated with two surgical intestinal resections or removal of entire large bowel</i>	A definite diagnosis of bowel disease by a consultant gastroenterologist resulting in either: <ul style="list-style-type: none"> • surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or • removal of entire large bowel (total colectomy). The following are not covered: <ul style="list-style-type: none"> • local excision and polypectomy
Severe mental illness - <i>of specified type and severity</i>	A definite diagnosis by a consultant psychiatrist of any of the following: <ul style="list-style-type: none"> • bipolar affective disorder; • schizophrenia; • schizo-affective disorder; • delusional disorder; • post-partum psychosis; which has resulted in all of the following: <ul style="list-style-type: none"> • being under the care of a psychiatrist, psychiatric nurse, community mental health team or approved social worker; • chronic symptoms lasting at least a year or requiring continuous therapy or medication to control; and • being admitted to a psychiatric ward for at least 14 consecutive nights, or requiring continuous home care by the Crisis Resolution and Home Treatment Team for 14 consecutive days, requiring at least 2 visits per day. For the above definition, the following are not covered: <ul style="list-style-type: none"> • any conditions caused by, or exacerbated by, the misuse of alcohol or drugs
Syringomyelia or syringobulbia – <i>with surgery</i>	The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

SURGICAL TREATMENT

We will make an advance payment of the amount of cover if the **life insured** is placed on an NHS waiting list for one of the following surgical treatments and meets the full definition:

- **aorta graft surgery** – *requiring surgical replacement*
- **heart valve replacement or repair** – *with surgery*
- **peripheral vascular disease** – *requiring bypass surgery*
- **pulmonary artery surgery** – *requiring surgical replacement*
- **severe bowel disease** – *treated with two surgical intestinal resections or removal of entire large bowel*
- **specified heart surgery**
- **syringomyelia or syringobulbia** – *with surgery*

Full definitions for these surgical treatments are detailed in the table above.

ADDITIONAL COVER INCLUDED FOR CRITICAL ILLNESS COVER

If Critical Illness Cover is chosen, **you** will be covered for the illnesses listed within this section.

Claims paid under additional cover will not reduce **your** amount of cover or change **your** premiums.

However, **we** will not pay a claim under additional cover where more than one diagnosis is made within the same period of investigation or treatment and **you** are eligible for payment of full cover for a critical illness.

If the **life insured** has an illness covered by additional cover, it must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism **we** reasonably consider is appropriate to the illness.

If the **life insured** meets one of the definitions listed below **we** will pay the lower of:

- £25,000, or
- 25% of your chosen monthly benefit times the remaining length of the policy.

Only one claim can be made for each definition. Once we’ve accepted a claim, the **life insured** will no longer be covered for that condition.

If a joint life policy is chosen both lives insured will be able to claim for each definition.

Carcinoma in situ of the breast - <i>treated by surgery</i>	The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the breast. For the above definition the following is not covered: - Any other type of treatment.
Low grade prostate cancer - <i>requiring treatment</i>	The undergoing of treatment on the advice of a hospital consultant following diagnosis of a malignant tumour of the prostate positively diagnosed and having a Gleason score of between 2 and 6 inclusive and has progressed to at least clinical TNM classification T1N0M0. For the above definition, the following are not covered: - prostatic intraepithelial neoplasia (PIN); - observation or surveillance; or - surgical biopsy.

ADDITIONAL COVER INCLUDED FOR CRITICAL ILLNESS EXTRA

If Critical Illness Extra is chosen, **you** will be covered for the illnesses listed within this section.

Claims paid under additional cover will not reduce **your** amount of cover or change **your** premiums.

However, **we** will not pay a claim under additional cover where more than one diagnosis is made within the same period of investigation or treatment and **you** are eligible for payment of full cover for a critical illness.

If the **life insured** has a critical illness covered by additional cover, it must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism **we** reasonably consider is appropriate to the illness.

If the **life insured** meets one of the definitions listed below **we** will pay the lower of:

- £35,000,
- 50% of your chosen monthly benefit times the remaining length of the policy.

Only one claim can be made for each definition, unless otherwise specified. Once we've accepted a claim, the **life insured** will no longer be covered for that condition.

If a joint life policy is chosen both lives insured will be able to claim for each definition.

Aortic aneurysm – with endovascular repair	The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft. For the above definition, the following are not covered: • procedures to any branches of the thoracic or abdominal aorta.
Aplastic anaemia – categorised as severe	A definite diagnosis of severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology. There must be an absolute neutrophil count of less than $0.5 \times 10^9/L$ and at least one of the following: • a platelet count of less than $20 \times 10^9/L$ • a reticulocyte count of less than $20 \times 10^9/L$
Bowel disease – treated with intestinal resection	A definite diagnosis of bowel disease by a consultant gastroenterologist, treated with one surgical intestinal resection to remove part of the small intestine or bowel. The following are not covered: • local excision and polypectomy
Brain abscess drained via craniotomy	The undergoing of craniotomy to drain an intracerebral abscess within the brain tissue by a consultant neurosurgeon.
Carotid artery stenosis – of specified severity resulting in surgery	The undergoing of endarterectomy or angioplasty on the advice of a hospital consultant to treat narrowing of at least 50% of the carotid artery.
Central retinal artery or vein occlusion – resulting in permanent symptoms	Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye. For the above definition, the following are not covered: • occlusion or haemorrhage of the branches of the retinal artery or vein only; or • traumatic injury to tissue of the optic nerve or retina.
Cerebral or spinal aneurysm – with specified treatment	The undergoing of craniotomy, direct spinal surgery, endovascular repair or radiotherapy to treat a cerebral or spinal aneurysm.
Cerebral or spinal arteriovenous malformation – with specified treatment	The undergoing of craniotomy, direct spinal surgery, endovascular repair or radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

<p>Coronary angioplasty</p>	<p>The undergoing of percutaneous coronary intervention (PCI) to correct narrowing or blockages of either:</p> <ul style="list-style-type: none"> • two or more main coronary arteries, or • the left main stem artery. <p>The main coronary arteries for this purpose are defined as right coronary artery, left main stem, left anterior descending artery, and circumflex artery, or their branches.</p> <p>Multiple arteries must be treated at the same time or as part of a planned staged procedure within 60 days of the first PCI.</p> <p>PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • angiography; and • two procedures to a single main artery or branches of the same.
<p>Desmoid type fibromatosis – with specified treatment</p>	<p>A positive diagnosis with histological confirmation of non-malignant aggressive fibromatosis by a hospital consultant resulting in either:</p> <ul style="list-style-type: none"> • surgical removal; • radiotherapy; or • chemotherapy.
<p>Diabetes mellitus type 1 – requiring specified treatment</p>	<p>A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • gestational diabetes • type 2 diabetes (including type 2 diabetes treated with insulin)
<p>Drug resistant epilepsy – requiring specified surgery</p>	<p>The undergoing of any of the following in order to control epilepsy that cannot be controlled by oral medication:</p> <ul style="list-style-type: none"> • invasive surgery to the brain tissue; or • implantation under the skin of a stimulator, which is connected to the vagus nerve.
<p>Guillain-Barre syndrome – with persisting clinical symptoms</p>	<p>A definite diagnosis of Guillain-Barre syndrome by a consultant neurologist. There must be ongoing clinical impairment of motor or sensory function caused by Guillain-Barre Syndrome which must have persisted for a continuous period of at least six months.</p>
<p>Infective endocarditis</p>	<p>A definite diagnosis by a consultant cardiologist of infective endocarditis.</p>
<p>Less advanced cancer – of named sites and specified severity</p>	<p>There must be a positive diagnosis with histological confirmation for any of the following:</p> <p>Carcinoma in situ of the breast - treated by surgery</p> <p>The undergoing of surgery on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the breast.</p> <p>For the above definition, the following is not covered:</p> <ul style="list-style-type: none"> • any other type of treatment. <p><i>Continues on following page</i></p>

Less advanced cancer

– of named sites and specified severity

(continued)

Cervix - treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove the cervix (trachelectomy) or hysterectomy on the advice of a hospital consultant following the diagnosis of carcinoma in situ of the cervix.

For the above definition, the following are not covered:

- loop excision;
- laser surgery;
- conisation and cryosurgery; or
- cervical intraepithelial neoplasia (CIN) grade 1 or 2

Larynx - with specified treatment

The undergoing of surgery, laser treatment or radiotherapy on the advice of a hospital consultant to remove a tumour following the diagnosis of carcinoma in situ of the larynx.

Low grade prostate cancer - requiring treatment

The undergoing of treatment on the advice of a hospital consultant following diagnosis of a malignant tumour of the prostate positively diagnosed and having a Gleason score of between 2 and 6 inclusive and has progressed to at least clinical TNM classification T1N0M0.

For the above definition, the following are not covered:

- prostatic intraepithelial neoplasia (PIN);
- observation or surveillance; or
- surgical biopsy.

Ovary - treated by surgery

The undergoing of surgery on the advice of a hospital consultant to remove an ovary following the diagnosis of ovarian tumour of borderline malignancy/ low malignant potential.

For the above definition, the following is not covered:

- removal of an ovary due to a cyst.

Renal pelvis (of the kidney) or ureter - of specified severity

A positive diagnosis on the advice of a hospital consultant of carcinoma in situ of the renal pelvis or ureter.

Urinary bladder - of specified severity

A positive diagnosis of carcinoma in situ of the urinary bladder. For the above definition, the following are not covered:

- non-invasive papillary carcinoma
- TNM classification stage Ta bladder cancer.

Uterus - treated by surgery

The undergoing of hysterectomy on the advice of your hospital consultant following the diagnosis of carcinoma in situ of the lining of the uterus (endometrium).

You can make more than one claim for less advanced cancer. However, once we've accepted a claim, the **life insured** will no longer be covered for that less advanced cancer of the same site and severity against this or any other definitions under this policy.

If a joint life policy is chosen both lives insured can claim.

<p>Less advanced cancer of the skin – of specified type and severity</p>	<p>Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres across and has at least one of the following features:</p> <ul style="list-style-type: none"> - tumour thickness of at least 4 millimetres (or any tumour thickness for squamous cell carcinoma) - invasion into subcutaneous tissue - invasion into nerves in the skin (perineural invasion) - poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or - has recurred despite previous treatments <p>For the above definition the following is not covered:</p> <ul style="list-style-type: none"> - Melanoma skin cancer
<p>Non-invasive gastro intestinal stromal tumour</p>	<p>A positive diagnosis with histological confirmation of non-invasive gastro intestinal stromal tumour by a hospital consultant.</p>
<p>Other cancer in situ or neuroendocrine tumour (NET) of low malignant potential – with surgery</p>	<p>The undergoing of surgery on the advice of a hospital consultant to remove the tumour following the diagnosis of cancer in situ, or neuroendocrine with histological confirmation and characterised by the uncontrolled growth of malignant cells that are confined to the epithelial lining of the organs.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • any skin cancer (including melanoma); • tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment. <p>You can make more than one claim for this definition. However, once we've accepted a claim, the life insured will no longer be covered for the same cancer in situ or NET of low malignant potential against this or any of the other definitions under this policy.</p> <p>If a joint life policy is chosen both lives insured can claim.</p>
<p>Permanent pacemaker or ICD insertion – for heartbeat abnormalities</p>	<p>A definite diagnosis of an abnormal rhythm of heartbeat by a consultant cardiologist resulting in the insertion of an artificial pacemaker or implantable cardioverter defibrillator (ICD) on a permanent basis.</p>
<p>Pituitary gland tumour – with specified treatment or resulting in permanent symptoms</p>	<p>A non-malignant tumour originating from the pituitary gland resulting in either:</p> <ul style="list-style-type: none"> • surgical removal; • radiotherapy; • chemotherapy; or • permanent neurological deficit with persisting clinical symptoms <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> • tumours originating from bone tissue; or • angiomas and cholesteatoma.
<p>Removal of one or more lobe(s) of a lung – due to injury or disease</p>	<p>The undergoing of surgery to remove one or more lobe(s) of the lung as a result of injury or disease.</p>
<p>Removal of urinary bladder – due to injury or disease</p>	<p>The undergoing of surgery to remove the urinary bladder (total cystectomy) due to injury or disease.</p>
<p>Significant visual loss – permanent and irreversible</p>	<p>Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids vision is measured at 6/24 or worse in the better eye using Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as measured by an ophthalmologist.</p>

Third degree burns – covering 10% of the surface area of the body or 10% of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the:

- body's surface area; or
- face or head.

ADDITIONAL BENEFITS

Accident Hospitalisation Benefit

We will pay £5,000 if the **life insured** is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause.

We will only pay one claim in respect of each **life insured**. This benefit is not payable if a valid claim has been made for:

- A terminal illness.
- A critical illness.

CHILDREN'S CRITICAL ILLNESS COVER

Automatically included if Critical Illness Cover or Critical Illness Extra is chosen.

If Critical Illness Extra is chosen, any **relevant child** is not covered if they are diagnosed with an illness or undergo a medical procedure, as defined in the sections headed 'Critical Illness Extra Definitions' and 'Additional Cover Included for Critical Illness Extra' with the exception of the following:

Carcinoma in situ of the breast - treated by surgery

The undergoing of surgery on the advice of your hospital consultant following the diagnosis of carcinoma in situ of the breast.

For the above definition, the following is not covered:

- Any other type of treatment.

Low grade prostate cancer - requiring treatment

The undergoing of treatment on the advice of a hospital consultant following diagnosis of a malignant tumour of the prostate positively diagnosed and having a Gleason score of between 2 and 6 inclusive and has progressed to at least clinical TNM classification T1N0M0.

For the above definition, the following are not covered:

- prostatic intraepithelial neoplasia (PIN);
- observation or surveillance; or
- surgical biopsy.

If the **relevant child** meets one of the definitions listed above it must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism we reasonably consider is appropriate to the illness.

We will pay this cover if a **relevant child** is diagnosed with any of the following during the period of cover:

- Any critical illness as defined in the section headed 'Critical Illness Cover Definitions', apart from Total and Permanent Disability;
- Carcinoma in situ of the breast – *treated by surgery*, or
- Low grade prostate cancer – *requiring treatment*.

The amount payable per **relevant child** under the policy will be the lower of:

- 60 times **your** chosen **monthly benefit**, or
- £25,000.

Claims paid under Children's Critical Illness Cover will not reduce **your** amount of cover or change **your** premiums.

The **relevant child** must be diagnosed on or before the **policy expiry date** and must be at least 30 days old and survive for 10 days from the date of diagnosis. **We** will pay a claim if the **relevant child** survives these 10 days, even if this is:

- after the **policy expiry date**, or
- after the **relevant child's** 22nd birthday.

Only one claim per **relevant child**, to a maximum of two **relevant children** will be paid under the policy. After the second claim has been paid, the Children's Critical Illness Cover will end.

If the same **relevant child** is covered by more than one policy issued by **us**, **we** will pay a maximum of £50,000 for that **relevant child**.

When we will not pay a Children's Critical Illness claim

We will not pay a claim if:

- The **relevant child's** condition was present at birth;
- The symptoms first arose before the **relevant child** was covered;
- Critical Illness Extra is chosen and a **relevant child** is diagnosed with an illness or undergoes a medical procedure as defined in the sections headed 'Critical Illness Extra Definitions' and 'Additional Cover Included For Critical Illness Extra' with the exception of 'carcinoma in situ of the breast - *treated by surgery*' and 'low grade prostate cancer - *requiring treatment*' as shown above.
- The **relevant child** dies within 10 days of meeting **our** definition of the critical illness;
- It is for Total and Permanent Disability; or
- It is for Terminal Illness Cover.

ADDITIONAL BENEFITS FOR CHILDREN'S CRITICAL ILLNESS COVER

Child Accident Hospitalisation Benefit

We will pay £5,000 if the **relevant child** is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause.

We will only pay this benefit if the accident doesn't result in **us** paying out under Children's Critical Illness Cover as described in the section headed 'Children's Critical Illness Cover'.

We will only pay one claim per **relevant child**, to a maximum of two **relevant children**. If the same **relevant child** is covered by more than one policy issued by **us**, **we** will pay a maximum of £10,000 for that **relevant child** under this benefit.

Child Funeral Benefit

On the death of a **relevant child**, **we** will contribute £5,000 towards their funeral.

Up to a maximum of two claims per policy. **We** will not pay the claim if:

- The **relevant child's** condition was present at birth.
- The cause of death first arose before the **relevant child** was covered.
- **We** have paid a children's critical illness claim for the **relevant child**.

Childcare Benefit

If **you** choose Critical Illness Cover and **we** pay a claim under the policy due to the diagnosis of the **life insured** with any critical illness as defined in the sections headed 'Critical Illness Cover Definitions' and 'Additional Cover Included for Critical Illness Cover':

- **We** will pay up to £1,000 towards childcare with a registered childminder if **you** have a natural child, legally adopted child, child under legal guardianship or stepchild under 5 years old at the time of **your** diagnosis.
- **We** will only pay the childcare benefit when **we** have received receipts or proof of payment from the registered childminder. This benefit covers childcare that takes place in the 18 months following the **life insured's** diagnosis.

If **you** choose Critical Illness Extra and **we** pay a claim under the policy due to the diagnosis of the **life insured** with any critical illness listed under sections headed 'Critical Illness Cover Definitions', 'Critical Illness Extra Definitions' and 'Additional Cover Included For Critical Illness Extra':

- **We** will pay up to £1,000 towards childcare with a registered childminder if **you** have a natural child, legally adopted child, child under legal guardianship or stepchild under 5 years old at the time of **your** diagnosis.
- **We** will only pay the childcare benefit when **we** have received receipts or proof of payment from the registered childminder. This benefit covers childcare that takes place in the 18 months following the **life insured's** diagnosis.

Family Accommodation Benefit

For every night a **relevant child** spends in hospital, in the three months immediately following diagnosis of one of the critical illnesses covered in the section headed 'Children's Critical Illness Cover', **we** will pay **you** £100 per night up to a maximum of £1,000.

CHILDREN'S CRITICAL ILLNESS EXTRA

Optional benefit available if Critical Illness Cover or Critical Illness Extra is chosen at the start of the policy, it will be an additional cost. If **you** choose this benefit it will replace the cover in section headed 'Children's Critical Illness Cover'.

We will pay this cover if a **relevant child** is diagnosed with any of the following during the period of cover:

- Any critical illness as defined in the section headed 'Critical Illness Cover Definitions' apart from Total and Permanent Disability,
- Any critical illness as defined in the section headed 'Critical Illness Extra Definitions',
- Any critical illness as defined in the section headed 'Additional Cover for Critical Illness Extra'

If the **relevant child** meets one of the definitions listed in the sections above it must be verified by a medical specialist who holds an appointment as a consultant at a hospital in the UK and whose specialism **we** reasonably consider is appropriate to the illness.

The amount payable per **relevant child** under this policy will be the lower of:

- 60 times **your** chosen **monthly benefit**, or
- £40,000.

Claims paid under Children's Critical Illness Extra will not reduce **your** amount of cover or change **your** premiums.

The **relevant child** is covered from birth and must be diagnosed on or before the **policy expiry date** and survive for 10 days from the date of diagnosis. **We** will pay a claim if the **relevant child** survives these 10 days, even if this is:

- after the **policy expiry date**, or
- after the **relevant child's** 23rd birthday.

Only one claim per **relevant child** will be paid under this policy. There is no limit to the number of **relevant children** that can be covered by **your** policy. If the same **relevant child** is covered by more than one policy issued by **us**, **we** will pay a maximum of £80,000 for that **relevant child**.

This benefit can be removed by **you** at any time during the period of cover. **We** will contact **you** to let **you** know about the change in **your** premium and cover. Once removed, this benefit cannot be added back to the policy.

When we will not pay a Children's Critical Illness Extra claim

We will not pay a claim if:

- The symptoms first arose before the **relevant child** was covered;
- The **relevant child** dies within 10 days of meeting **our** definition of the critical **illness**;
- It is for Total and Permanent Disability;
- It is for Terminal Illness Cover;
- Either parent was advised by a medical professional before the policy start date that the **relevant child** already had, or had an increased risk of developing the critical illness being claimed for. This includes advice or any pre-natal test or screenings which were received before the **relevant child** was born.

ADDITIONAL BENEFITS FOR CHILDREN'S CRITICAL ILLNESS EXTRA

Child accident hospitalisation benefit

We will pay £5,000 if the **relevant child** is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause.

We will only pay this benefit if the accident doesn't result in **us** paying out under Children's Critical Illness Extra as described in the section headed 'Children's Critical Illness Extra'.

We will only pay one claim per **relevant child** under the policy. If the same **relevant child** is covered by more than one policy issued by **us**, **we** will pay a maximum of £10,000 for that **relevant child** under this benefit.

Child funeral benefit

On the death of a **relevant child**, **we** will contribute £10,000 towards their funeral. **We** will not pay the claim if:

- The cause of the death first arose before the **relevant child** was covered.
- **We** have paid a children's critical illness claim for the **relevant child**.

Childcare benefit

If **you** choose Critical Illness Cover and **we** pay a claim under the policy due to the diagnosis of the **life insured** with any critical illness as defined in the sections headed 'Critical Illness Cover Definitions' and 'Additional Cover Included for Critical Illness Cover'.

If **you** choose Critical Illness Extra and **we** pay a claim under the policy due to the diagnosis of the **life insured** with any critical illness as defined in the sections headed 'Critical Illness Cover Definitions', 'Critical Illness Extra Definitions' and 'Additional Cover Included for Critical Illness Cover'.

We will pay up to £1,000 towards childcare with a registered childminder if **you** have a natural child, legally adopted child, child under legal guardianship or stepchild under 5 years old at the time of **your** diagnosis.

We will only pay the childcare benefit when **we** have received receipts or proof of payment from the registered childminder. This benefit covers childcare that takes place in the 18 months following the **life insured's** diagnosis.

Family accommodation benefit

For every night a **relevant child** spends in hospital in the three months immediately following diagnosis of one of the critical illnesses covered in the sections headed 'Critical Illness Cover Definitions' and 'Children's Critical Illness Extra' **we** will pay **you** £100 per night up to a maximum of £3,000.

Children's Terminal Illness

We will pay this cover if the **relevant child** is diagnosed by a hospital consultant with an advanced or rapidly progressing incurable condition with a life expectancy of less than 12 months during the period of cover and survives for more than 10 days following the date of diagnosis.

The amount payable per relevant child under your policy will be the lower of:

- £40,000, or
- 60 times **your** chosen **monthly benefit**.

We will accept one claim per **relevant child**. Once **we** have accepted a claim, that **relevant child** will no longer be covered for any other benefits in the policy, except for the benefits in the section headed 'Additional Benefits for Children's Critical Illness Extra'.

We won't pay a claim for Children's Terminal Illness if a claim has been paid on behalf of a **relevant child** for any critical illness listed under the sections headed 'Critical Illness Cover Definitions', 'Critical Illness Extra Definitions', 'Additional Cover Included for Critical Illness Cover', 'Additional Cover Included for Critical Illness Extra' and 'Additional Illnesses for Children's Critical Illness Extra'.

ADDITIONAL ILLNESSES FOR CHILDREN’S CRITICAL ILLNESS EXTRA

If the **relevant child** is diagnosed with any of the following conditions by a hospital consultant during the period of cover, **we** will pay the lower of:

- £40,000, or
- 60 times **your** chosen **monthly benefit**.

Only one claim can be made for each definition, unless otherwise specified. Once we’ve accepted a claim, the **relevant child** will no longer be covered for that condition.

Cerebral palsy	A definite diagnosis of cerebral palsy by a hospital consultant resulting in permanent neurological deficit with persisting clinical symptoms .
Child’s intensive care benefit – requiring mechanical ventilation for 7 days	Sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital. For the above definition the following is not covered: <ul style="list-style-type: none"> • Sickness or injury resulting in mechanical ventilation secondary to alcohol or drug intake. • Premature birth (before 37 weeks).
Craniosynostosis – treated by surgery	The undergoing of surgery on the advice of a hospital consultant to treat craniosynostosis.
Cystic fibrosis	A definite diagnosis of cystic fibrosis by a hospital consultant.
Down’s syndrome	A definite diagnosis of Down’s syndrome by a hospital consultant.
Hydrocephalus – treated with invasive surgery to the brain tissue	The undergoing of invasive surgery to brain tissue to treat hydrocephalus.
Muscular dystrophy	A definite diagnosis of muscular dystrophy by a hospital consultant.
Spina bifida meningocele and myelomeningocele	A definite diagnosis of spina bifida meningocele or myelomeningocele by a hospital consultant. For the above definition the following are not covered: <ul style="list-style-type: none"> • Spina bifida occulta.

COUNTRIES WHERE CRITICAL ILLNESS COVER AND CRITICAL ILLNESS EXTRA ARE PROVIDED

The **life insured** or **relevant child** is covered if they are resident in the United Kingdom, any part of the countries that form the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands. **We** will also accept a claim from other countries if **we** can confirm the claim is valid. **We** will act reasonably when reviewing evidence to support the validity of a claim.

WHAT YOU ARE NOT COVERED FOR

• Death in the first year

The policy will be cancelled if within the first year of the policy, the **life insured** dies as a result of:

- Suicide, or
- Intentional and serious self-injury, or
- An event where, in **our** reasonable opinion, the **life insured** took their own life.

Assessing a claim for death in the first year

If a suicide verdict is not given **we** may decide in **our** reasonable opinion that the **life insured** has taken their own life. **We** will take into account:

- The method and timing of death.
- The evidence available from the time and place of death.
- Any documentation left by the deceased or available from others.
- Previous medical history that **we** are reasonably entitled to obtain.

• **You** will not be eligible to make a claim under the policy chosen if:

- the **life insured** doesn't meet the definitions for cover as described in the section(s) headed:
 - 'What is Covered'
 - 'Critical Illness Definitions' or 'Critical Illness Extra Definitions'
 - Waiver of Premium
 - or 'When we will not pay a Children's Critical Illness claim' or 'When we will not pay a Children's Critical Illness Extra claim' applies.
- the premiums under the policy are not up to date.
- The policy is offered or issued subject to the cancellation of a specified policy(ies), and **you** did not cancel it (them).
- During the application process **we** will ask **you** questions about **your** personal circumstances and **we** may request additional information from **you** in order to make an assessment and offer **you** a policy. The **life insured** is required to answer all of **our** questions honestly and accurately.
 - a) If **you** (or an agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** are entitled to cancel the policy and refuse to pay the amount of cover. In these circumstances **we** may not refund any premiums **you** have already paid.
 - b) If **you** (or an agent acting on **your** behalf) provide inaccurate information through carelessness, **we** are entitled to amend the policy to reflect the terms that would have been offered had the accurate information been known. In these circumstances:
 - i. if **we** would not have issued the policy had the accurate information been provided, **we** are entitled to cancel the policy, however **we** will refund any premiums **you** have already paid;
 - ii. if **we** would have issued the policy on different terms and conditions (other than those relating to premiums) had the accurate information been provided, **we** may make changes to the policy terms and conditions and treat the policy as if it had been issued on the different terms and conditions;
 - iii. in addition, if **we** would have issued the policy with higher premiums had the accurate information been provided, **we** may reduce the amount of cover to reflect the higher premiums that would have applied had the accurate information been provided. The following formula will be used in these circumstances:

$$\text{New amount of cover} = \frac{\text{Premium actually charged} \times \text{original amount of cover}}{\text{Higher Premium}}$$

FRACTURE COVER

You can choose to add Fracture Cover for an additional cost at the start of the policy as long as this is before the **life insured's** 64th birthday. If **you** choose a joint life policy **you** can add Fracture Cover for one or both lives insured.

Fracture Cover is insured by **AXIS Specialty London (the insurer)** with all claims processed by **Trustedoctor**. Fracture Cover is arranged through Legal & General Partnership Services Limited as agent of **the insurer**.

When does cover apply?

Fracture Cover is an annually renewable benefit. It begins at the inception date of your policy but will not be renewed if:

- the policy ends, in which case it will end on the **policy end date**; or
- the **life insured** is turning 70 years old, or
- **you** can't renew the benefit because:
 - the **life insured** are resident outside of the **UK**; or
 - our relationship with **Trustedoctor** or **AXIS Specialty London** comes to an end; or
 - there has been any change of law, regulatory requirement or taxation which means **we** can no longer offer Fracture Cover.

There may be circumstances where **we** are no longer able to offer this benefit. If this applies, then **we** will contact **you** with reasonable notice, remove the benefit from **your** policy and recalculate **your** premiums accordingly.

We will contact **you** 30 days before the **renewal date** to let **you** know if **your** premium or the terms and conditions of the benefit have changed. **We** will let you know what you need to do and if:

- **you** chose to opt out from automatically renewing. If so, **your** cover will stop the day before the **renewal date**. **You** can still renew **your** cover by contacting us at least five days before the **renewal date** using one of the methods shown in the section headed 'Useful Contacts'
- **you** chose to automatically renew. If so, **your** cover will automatically continue on the **renewal date**, even if the premiums have changed. **You** must tell **us** at least five days before the **renewal date** if you don't want to renew. **You** can cancel the automatic renewal feature at any time, using one of the methods shown in the section headed "Useful Contacts"
- **we** won't renew the option. If this happens, the policy will continue without Fracture Cover and **we** will recalculate **your** premium
- The scenario arises where **your** policy is due to end in less than 12 months at the **renewal date**. If this happens the benefit will end at the same time as **your** policy.

You can cancel the benefit at any time. If **you** do the premium for **your** policy will be recalculated. The benefit cannot be reinstated later.

What is covered?

The insurer will cover the **life insured** if they **fracture** a bone, dislocate a joint, rupture a tendon or tear a ligament as listed in the table below. A payment will only be made if the injury happens more than seven days after the policy start date.

Where **you** make a claim for multiple injuries as a result of the same event the policy will pay only the injury with the highest payment amount. There is no limit to the number of claims for separate events you can make during the term of the policy however the maximum amount **the insurer** will pay out for each person that is covered in any policy year is £4,000. A policy year runs from the start date of the policy to the day before the policy anniversary date, and each subsequent anniversary date.

You will need to make sure the premiums for your policy continue to be paid until the insurer agrees to pay the claim. As this type of claim doesn't end the policy, your cover will continue with no change to your amount of cover. You will need to ensure your premiums are paid after the insurer has paid the claim if you want to continue with Fracture Cover as an additional benefit.

The insurer will pay the amount specified for each **fracture, dislocation, tendon rupture or ligament tear** shown in the table below, or in the event of multiple injuries the highest of the amounts shown, subject to the annual limit of £4,000 per policy year.

	Type of injury
Payment per injury	Fracture The specified fractures are covered unless the fracture is classified as avulsion, fatigue, stress, hairline, chip or microfracture .
£750	Breast bone: Sternum Foot: Metatarsals, Cuneiform, Cuboid, Navicular, Calcaneus excluding all digits (phalanges) Hand: Metacarpal excluding digits (phalanges) Shoulder blade: Scapula
£1,000	Collar bone: Clavicle Facial and jaw bones: Zygomatic, Mandible, Maxila, Nasal, Lacrimal, Palatine, Vomer, Inferior nasal concha Ribs
£1,500	Lower arm: Radius, Ulna Wrist: Distal radius, Distal ulna, Carpal bones
£2,000	Lower leg/ankle: Tibia, Fibula, Talus Spine: Vertebra, Cervical, Thoracic, Lumbar, Sacrum, Coccyx excluding injury to the spinal discs Upper arm: Humerus
£2,500	Knee: Patella Pelvis: Ilium excluding ramus
£3,000	Upper leg/hip: Femur
£4,000	Skull: Cranium only excluding facial bones and jaw bone
Payment per injury	Dislocation All joints are covered for dislocation except fingers, thumbs and toes (phalanges). This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anesthesia (not including sedation).
£1,500	Shoulder
£2,000	Elbow Jaw Middle ear bones: Ossicular chain disruption Wrist
£2,500	Ankle: Talus Knee: Joint, Patella Spine: Vertebra, Cervical, Thoracic, Lumbar, Sacrum, Coccyx excluding injury to the spinal discs
£3,000	Hip
Payment per injury	Achilles tendon rupture This covers the complete transection of the Achilles tendon.
£2,000	Achilles tendon
Payment per injury	Knee ligament tear This covers the complete tear of a cruciate knee ligament . Tears to collateral knee ligaments are not covered.
£2,000	Knee: Anterior cruciate ligament (ACL), Posterior cruciate ligament (PCL)

Trustedoctor portal

To make a claim the **life insured** will need to register for the **Trustedoctor** portal. The **life insured** will receive an email from **Trustedoctor**, or they can use the following link www.trustedoctor.com/landg-fracture-cover, which will provide the **life insured** with instructions on how to activate their account to get access to their personal dashboard. Once the **life insured** has activated their account they can access their personal dashboard at any time.

The **life insured** can claim at any time within the Fracture Cover policy term. All claims are managed by **Trustedoctor**.

When will a fracture claim not be paid?

AXIS Specialty London will not pay a claim for Fracture Cover:

- if the **fracture** is classified as **fatigue, hairline, stress, avulsion**, chip, or **microfracture**.
- if injury occurs as a result of a surgical procedure (for example: **microfractures** performed in the context of a surgical operation with the purpose of helping to repair areas of damaged cartilage).
- if the injury occurs in the presence of **osteoporosis** or **pseudoarthrosis**.
- if the injury is self-inflicted.
- if the injury occurs as a result of a cosmetic surgical procedure.
- if the injury occurs while taking part in any of the following:
 - extreme sports including, but not limited to, mountain boarding, parkour, cliff jumping, coasteering or base jumping
 - football
 - Gaelic football, hurling or shinty
 - horse riding
 - martial arts, boxing or cage fighting
 - motor car or motorcycle sport
 - mountaineering, rock climbing, abseiling, caving or potholing
 - off road mountain biking or BMX
 - private flying, gliding, paragliding or parachuting
 - rugby
 - skiing or snowboarding
- if the **life insured** is living abroad and does not get a diagnosis in one of the countries **we** accept (**UK**, countries that form part of the European Union, Channel Islands, Isle of Man, Australia, Canada, New Zealand, or the USA). If a report from one of the countries on the list is submitted in a language other than English, a translation must also be provided
- if the injury occurred before **you** took out the benefit (pre-existing condition)
- for any injury that has occurred within the first seven days of taking out a policy
- for a **bodily injury** arising directly or indirectly from a **cyber act**, under any circumstances. However, cover will be provided for **bodily injury** which is accidentally caused by or arises out of a **cyber incident**.

Conditions of Fracture Cover

- Option must be chosen at outset.
- Fracture Cover can only be added if the **life insured** does not already have it on another Legal & General policy.
- **You** can cancel this benefit at any time. If **you** do the premium for **your** policy will be recalculated. This benefit cannot be reapplied to **your** policy.
- Fracture Cover cannot be transferred to another product.
- Making a claim under Fracture Cover will not affect the core product or any other benefits.
- This benefit will end on the earlier of:
 - the day before the policy anniversary date unless renewed, or
 - if the policy ends, or
 - if there is a valid claim under full cover, or
 - if **you** cancel **your** policy or the benefit at any stage.

PRIVATE DIAGNOSTICS

You can choose to add Private Diagnostics for an additional cost at the start of the policy. If **you** choose a joint life policy **you** can add Private Diagnostics for one or both lives insured.

Private Diagnostics is insured by **AXIS Specialty London (the insurer)** with all services provided by **Trustedoctor**. Private Diagnostics is arranged through Legal & General Partnership Services Limited as agent of **the insurer**.

When does cover apply?

Private Diagnostics is an annually renewable benefit. It begins at the inception date of your policy but will not be renewed if:

- the policy ends, in which case it will end on the **policy expiry date**; or
- **you** can't renew the benefit because:
 - **you** are resident outside of the **UK**; or
 - **our** relationship with **Trustedoctor** or **AXIS Specialty London** comes to an end; or
 - there has been any change of law, regulatory requirement or taxation which means **we** can no longer offer Private Diagnostics.

There may be circumstances where **we** are no longer able to offer this benefit. If this applies, then **we** will contact **you** with reasonable notice, remove the benefit from **your** policy and recalculate **your** premiums accordingly.

We will contact **you** 30 days before the **renewal date** to let **you** know if **your** premium or the terms and conditions of the benefit have changed. **We** will let **you** know what **you** need to do and if:

- **you** chose to opt out from automatically renewing. If so, **your** cover will stop the day before the **renewal date**. **You** can still renew **your** cover by contacting us at least five days before the **renewal date** using one of the methods shown in the section headed 'Useful Contacts'.
- **you** chose to automatically renew. If so, **your** cover will automatically continue on the **renewal date**, even if the premiums have changed. **You** must tell us at least five days before the **renewal date** if **you** don't want to renew. **You** can cancel the automatic renewal feature at any time, using one of the methods shown in the section headed "Useful Contacts".
- **we** won't renew the option. If this happens, the policy will continue without Private Diagnostics and **we** will recalculate your premium.
- the scenario arises where **your** policy is due to end in less than 12 months at the **renewal date**. If this happens the benefit will end at the same time as **your** policy.

You can cancel the benefit at any time. If **you** do the premium for **your** policy will be recalculated. The benefit cannot be reinstated later.

What is covered?

Private Diagnostics allows the **life insured** and/or their **child** access to a **specialist** in order to speed up **specialist** consultations and diagnostic testing for **Oncology, Cardiology, Neurosurgery**.

Virtual consultation

A **virtual consultation** appointment with a **specialist** of **your** choice can be made if **you** or **your child** is referred by a General Practitioner (GP) or Physician to one of the following specialties:

- **Oncology**
- **Cardiology**
- **Neurosurgery.**

To access this benefit, you must provide:

- a letter or an email from a UK GP or specialist/physician detailing the reason for the referral
- a referral following a preventive cancer screening
- a medical report from a specialist/physician requesting or documenting the investigation of the suspected conditions.

This benefit includes a support service which will assist the **life insured** in choosing and arranging the **virtual consultation** with a **specialist** through the **Trustedoctor** customer portal.

This benefit covers any of the **life insured's children** that are aged from birth up to their 22nd birthday at the date of starting the **virtual consultation** process.

How many virtual consultations can be booked?

This benefit offers a maximum of:

- a) 3 **virtual consultations**; or
- b) 4 **virtual consultations** when a biopsy is recommended as a result of a prior **virtual consultation**; per policy year for each unique investigation that is the subject of the benefit request.

The purpose of a **virtual consultation** is for the **specialist** to interpret the results of any diagnostic tests available and recommend further diagnostic tests, if required, to progress in the investigation.

In addition to the **virtual consultations** described above, this benefit offers one last virtual consultation to discuss the results of all diagnostic tests previously requested and finalise the response to the request.

For the avoidance of doubt, all lines of investigation that refer to the suspicion of one underlying medical condition will be considered as a single unique investigation.

What diagnostic tests are covered?

- The **specialist** will decide the diagnostic test(s) that are optimal in determining a clinical diagnosis.
- The cost of all **non-invasive diagnostic tests** that the **specialist** recommends will be covered.
- The cost of the following invasive diagnostic tests that the **specialist** recommends will be covered:
 - biopsy
 - endoscopy
 - blood tests

These tests will be carried out in a UK private hospital or facility and will be sourced and arranged via the **Trustedoctor** customer portal.

How many diagnostic tests can be booked?

There is no maximum to the number of diagnostic tests for each unique investigation subject of a valid medical referral. The **specialist** will determine the diagnostic tests required in determining a clinical diagnosis.

If a biopsy is required there is a maximum of one biopsy per unique investigation. However, an additional biopsy may be performed in the event the results of the first biopsy are inconclusive.

Trustedoctor portal

To make a claim the **life insured** will need to register for the **Trustedoctor** portal. The **life insured** will receive an email from **Trustedoctor**, or they can use the following link www.trustedoctor.com/landg-private-diagnostics, which will provide the **life insured** with instructions on how to activate their account to get access to their personal dashboard. Once the **life insured** has activated their account they can access their personal dashboard at any time.

The **life insured** can claim at any time within the Private Diagnostics policy term. All claims are managed by **Trustedoctor**.

What's not covered?

- The cost of any **virtual consultation** or diagnostic test that has not been arranged and authorised through the **Trustedoctor** portal.
- The cost of any expenses for accommodation, travel or taking time off work to attend the **virtual consultation** or the completion of the approved diagnostic tests.
- Any request related to an investigation where symptoms or findings (signs) began before the **policy start date**.
- The cost of any diagnostic test that has not been recommended by a **specialist** as a result of a **virtual consultation**.
- Diagnostic tests for the **life insured's child** if before the **policy start date**:
 - Their symptoms existed; or
 - The **illness** or condition had occurred; or
 - Either parent received counselling or medical advice in relation of the condition or have been aware of the increased risk of the condition before the **policy start date** or before the legal adoption of the **child**.
- **The insurer** will provide cover for **illness** which is accidentally caused by or arises out of a **cyber incident**. However, they will not provide any cover under any circumstances for **illness** arising directly or indirectly from a **cyber act**.

Conditions of Private Diagnostics

- Premiums must be maintained.
- The benefit cannot be transferred to another product.
- Making a claim under Private Diagnostics will not affect the core product or any other benefits.
- The **life insured** is only eligible for the Private Diagnostics benefit if they don't already have the option on any other Legal & General policy.
- This benefit will end on the earlier of:
 - the day before the policy anniversary date unless renewed, or
 - if the policy ends, or
 - if there is a valid claim under full cover, or
 - if **you** cancel **your** policy or the benefit at any stage.

WAIVER OF PREMIUM

You may have the option to choose Waiver of Premium at the start of the policy, it will be an additional cost.

If the **life insured** meets **our** definition of incapacity for 26 consecutive weeks, **you** won't have to pay premiums. This benefit will start after the 26th consecutive week of incapacity and continue until the earlier of:

- The end of the period of incapacity, or
- Payment of the amount of cover, or
- On the **policy expiry date**.

Incapacity

Depending on the **life insured's** employment status when a claim is made, incapacity is defined as:

The **life insured** is totally incapable of carrying out their normal occupation by reason of an illness or injury which occurred after the **policy start date**, necessitating medical or surgical treatment and is not carrying out any other occupation or paid employment.

Or

If the **life insured** is not in paid employment and they are unable to do three or more of the following Specified WorkTasks as a direct result of an illness or injury which occurred after the **policy start date**:

The Specified WorkTasks are:

Walking	The ability to walk more than 200 metres on a level surface.
Climbing	The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
Lifting	The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
Bending	The ability to bend or kneel to touch the floor and straighten up again.
Getting in and out of a car	The ability to get into a standard saloon car, and out again.
Writing	The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

The **life insured** may be required to have a medical examination by an appropriate medical specialist appointed by **us** regardless of the incapacity definition applied at claim.

Countries where this benefit is provided

The **life insured** is covered for Waiver of Premium if they:

- a) a) reside or travel within the UK,
- b) b) reside or travel within the European Union, or
- c) c) travel outside of the UK or European Union for no more than three consecutive months in any 12 months.

If the **life insured** travels outside of the UK or the European Union for more than three consecutive months in any 12 months **we** will act reasonably when assessing whether the **life insured** meets the definition of incapacity.

For details about how to make a Waiver of Premium claim, please see the section headed 'Making a claim'.

CHANGING YOUR POLICY

On the occurrence of specified events **you** have the option to increase the amount of cover without the need for further medical information. To do this the policy must be taken out before the **life insured's** 55th birthday. This option may not be available if **we** apply a premium increase to **your** cover as a result of the information **you** give **us** in **your** application. **Your** policy documents will explain if this option is available to **you**.

If the following do not apply when **you** want to change **your** cover then there are alternative ways outlined in the section headed 'Other Changes'.

You can increase the amount of cover without answering any more medical information in the event of:

- a) the **life insured** entering into marriage or a registered civil partnership, or
- b) the **life insured** gets divorced or dissolves a registered civil partnership, or
- c) the birth of the **life insured's** child, or
- d) the **life insured** legally adopting or becoming the legal guardians of a child, or
- e) an increase in the **life insured's** earnings due to a change of employment or promotion, or
- f) an increase to the **life insured's** mortgage by reason of a house move or undertaking major home improvements.

This option must be used within six months of the event and if **we** request relevant documents in relation to the events, **you** must provide them to **us**.

The amount cover can increase by

For all increases, the amount of cover may only be increased on each occasion by the lower of:

- 100% of the original amount of cover, or
- £1,400 per month, or
- If e) above applies, the percentage increase in **your** monthly earnings, or
- If f) above applies, the amount of the increase in the monthly mortgage payment.

The option can be used multiple times, but the total of all increases must not exceed the maximum total permitted of £1,400 per month.

How we provide cover for an increase

If **you** use this option an additional policy will be issued in respect of the increase, which will:

- not allow **you** to increase **your** cover without additional medical evidence,
- not extend beyond the **life insured's** 65th birthday or one year after the **policy expiry date** of this original policy, whichever is earlier,
- only include Critical Illness Extra if this is chosen when the policy is taken out,
- only have increasing cover if this option is selected when the policy is taken out and the option to increase has been accepted by **you** at all policy anniversary dates, and
- be subject to the premiums, terms and conditions for such policies at the time the additional policy is issued.

In circumstances where **we** no longer offer the chosen policy at the time **you** wish to use this option, **we** will offer **you** a reasonable available alternative.

When this option is not available

This option will not be available to **you**:

- After the **life insured's** 55th birthday. If two people are covered this applies to the older **life insured**.
- If a claim under Waiver of Premium has been made until the end of the period of incapacity,
- If the **life insured** has been diagnosed with or is receiving or has received medical treatment for **our** definition of:
 - A terminal illness
 - A critical illness listed under the sections headed:
 - 'Critical Illness Cover Definitions',
 - 'Critical Illness Extra Definitions',
 - 'Additional Cover Included For Critical Illness Cover ', and
 - 'Additional Cover Included For Critical Illness Extra'
- If the **life insured** has symptoms of or is having tests for a condition covered by the policy.

In these circumstances, this option will only be available to the **life insured** where the test results confirm that the **life insured** does not have a condition covered by the policy.

JOINT LIFE POLICY SEPARATION

If **you** take out a joint life policy **you** can separate it if:

- a) **you** divorce, or
- b) **you** dissolve **your** registered civil partnership, or
- c) either of **you**:
 - i. take over an existing mortgage in one name, or
 - ii. take out a new mortgage in one name.

We will cancel this policy and start a new single life policy for each **life insured**.

You must make the request within six months of the event being finalised.

Joint life policy separation is not available if either of the lives insured has had a valid claim for a critical illness listed under the sections headed 'Additional Cover Included For Critical Illness Cover ' and 'Additional Cover Included For Critical Illness Extra'.

What we need to process your request

- a) Evidence to support **your** request in the form of:
 - i. A decree absolute if **you** get divorced, or
 - ii. A final order for the dissolution of **your** registered civil partnership, or
 - iii. Proof of ownership of the relevant mortgage.
- b) The consent of both lives insured by completing and returning an amendment form issued by **us**, which includes a short questionnaire about the **life insured's** health, medical history, residency and leisure activities.
- c) If either **life insured** answers 'yes' to any of the questions in the amendment form, **we** will require **you** to complete a full application form in order to set up a single life policy. Where **we** undertake a full medical and lifestyle assessment, depending on the answers there may be circumstances where **we** may not be able to offer cover to both of the lives insured.

How we will provide cover

- a) The new single life policies will include the same cover as the original policy. **We** will not change the cover in any other way, other than making it a single life policy.
- b) The new single life policies will be subject to premiums, terms and conditions available at the time **you** make the change.
- c) **Your** policy will only include Critical Illness Extra if this is chosen when the policy is taken out.
- d) The maximum amount of cover for each new policy will be the lower of:
 - The amount of cover on the original joint life policy, or
 - £3,000 per month.
- e) The term of each new policy will not extend beyond the **life insured's** 75th birthday or one year after the **policy expiry date**, whichever is earlier.

OTHER CHANGES

You can request any of the following changes to the policy:

- Increase or decrease the amount of cover.
- Extend or reduce the period of cover.
- Remove Children's Critical Illness Extra, if this is chosen.
- Remove a **life insured**, if joint life cover is chosen.
- Change the frequency of **your** premiums between annually and monthly.

What we may need to process your request

- a) **Your** consent to the changes by completing and returning an amendment form issued by **us**, which includes a short questionnaire about the **life insured's** health, medical history, residency and leisure activities.
- b) If the **life insured** answers 'yes' to any of the questions in the amendment form, **we** may require **you** to complete a full application in order to make the changes to the policy. Where **we** undertake a full medical and lifestyle assessment, depending on the answers there may be circumstances where **we** may not be able to offer cover to both of the lives insured.
- c) Any documents reasonably required by **us** to support **your** request.

How we will provide cover

We will confirm if the change **you** have requested means the original policy has to be cancelled and a new policy issued, which may have different terms and conditions.

Any changes **you** make may affect the premiums that are payable.

We will confirm the change **you** have made.

GENERAL CONDITIONS

- **We** may make changes to the policy terms and conditions that **we** reasonably consider are appropriate due to a change in any applicable legislation, regulation or taxation. In such circumstances, **we** will notify **you** in advance of any changes being made.
- **We** have the right by notifying **you** to:
 - i. cancel this policy; and
 - ii. not pay a claim on this policy; and
 - iii. take other reasonable action

in order to comply with laws, regulations, sanctions regimes, international guidance and/or demands from any authorities, relating to Financial Crime Risk Management Activity.

- The policy is governed by English Law.
- All communication in relation to the policy will be in English.
- The right to exercise any option under the policy or to exercise any right conferred by the policy is limited to such as are allowed in the terms of the policy and as are compatible with the requirements of Paragraph 19(3) of Schedule 15 of the Income and Corporation Taxes Act 1988 for a qualifying policy.

MAKING A CLAIM

Notifying us of a claim

To make a claim under the policy, please notify **us** using our claims contact details in the section headed 'How to Contact us'. When claiming **we** will need the policy number, the **life insured's** GP/Doctors contact details and **your** contact details.

Type of Claim	What we need
Life cover	The date of death
Critical Illness Cover /Critical Illness Extra	Details of the illness and diagnosis
Terminal Illness Cover	Details of the illness and diagnosis
Accident Hospitalisation Benefit	Details of the physical injury and hospital admission
Fracture Cover	<p>To make a claim the life insured will need to register for the Trustedoctor portal. The life insured will receive an email from Trustedoctor, or they can use the following link www.trustedoctor.com/landg-fracture-cover, which will provide the life insured with instructions on how to activate their account to get access to their personal dashboard. Once the life insured has activated their account they can access their personal dashboard at any time.</p> <p>The life insured can claim at any time within the Fracture Cover policy term. All claims are managed by Trustedoctor.</p>
Private Diagnostics	<p>To make a claim the life insured will need to register for the Trustedoctor portal. The life insured will receive an email from Trustedoctor, or they can use the following link www.trustedoctor.com/landg-private-diagnostics, which will provide the life insured with instructions on how to activate their account to get access to their personal dashboard. Once the life insured has activated their account they can access their personal dashboard at any time.</p> <p>The life insured can claim at any time within the Private Diagnostics policy term. All claims are managed by Trustedoctor.</p> <p>Trustedoctor will help them navigate the customer portal and assist the life insured in selecting an appropriate specialist for their presenting symptoms.</p>
Waiver of Premium	<p>You must notify us of a claim within 16 weeks of the start of the life insured's incapacity, otherwise we will consider the start of their incapacity to be 16 weeks before the date we are told. We may not insist on this if there are exceptional medical or other reasons why you cannot tell us within 16 weeks of the start of incapacity.</p>

ASSESSING YOUR CLAIM

We may send **you** a claim form to complete and return to **us**. In order to assess **your** claim **we** will require different evidence depending on the type of claim **you** are making.

We may also ask for the Policy Booklet and any other documents **we** may reasonably require for the claim **you** are making.

Type of Claim	Evidence required
Life Cover	The death certificate of the life insured
Critical Illness Cover /Critical Illness Extra	Proof that the definition has been met
Terminal Illness Cover	Proof that the definition has been met
Accident Hospitalisation Benefit	Proof that the definition has been met
Additional Cover For Critical Illness Cover and Critical Illness Extra	Proof that the definition has been met
Children’s Critical Illness Cover / Children’s Critical Illness Extra	Evidence of the relevant child in the form of: the birth certificate, for a natural child, or the legal adoption certificate, for a legally adopted child, or the marriage certificate or certificate of a registered civil partnership, for a stepchild, and proof that the relevant definition has been met. Evidence of legal guardianship.
Fracture Cover	If the life insured makes a claim for Fracture Cover they will be asked for copies of medical evidence from a doctor or surgeon confirming full details of the fracture or injury. Trusted doctor reserve the right to obtain radiological images or other objective evidence to confirm the claim.
Private Diagnostics	The life insured must provide written evidence from their GP or Physician of the referral, either in the form of a letter or email detailing the reason for the referral.
Waiver of Premium	Proof that the relevant incapacity definition has been met

If **you** do not provide any information or documentation that would reasonably be required to assess the claim, the claim will not process be processed until the information or documentation is made available.

Assessing a claim for Total and Permanent Disability

If Total and Permanent Disability is shown in **your** policy booklet and the **life insured** is not in paid employment at the time of a claim, **your** claim will be assessed under the Specified Work Tasks definition described in the section headed ‘Critical Illness Cover Definitions’.

WHO WE PAY THE COVER TO

The amount of cover is paid to **you**. In most cases, this means that **we** will make payment directly to the legal owner of the policy, or if that person is dead, to their personal representative (usually the executor named in their will). This also means that if the policy has been placed in trust, **we** will make payment to the trustees, and if the policy has been assigned, **we** will make payment to the assignees.

PAYMENT OF COVER

We will pay a claim for any of the cover described in the section headed 'What is covered' as a **monthly benefit**. **You** may request to receive the amount of cover as a **commuted lump sum**. Cover can only be paid in pound sterling (GBP) to a bank account in the UK. If **you** wish to receive payments outside the UK, then arrangements for such transfers must be made at **your** own expense.

REPLACEMENT COVER

If **you** choose to take out a joint life policy and one of the lives insured makes a valid claim under full cover, as defined in the section headed 'What is covered', **you** can request to continue cover for the other **life insured** as a new single life policy.

You must request this option within six months of a valid claim under full cover being paid.

This option is not available if the **life insured** requesting replacement cover has had a valid claim for a critical illness listed under the section headed 'Additional Cover Included For Critical Illness Cover' and 'Additional Cover Included For Critical Illness Extra'.

What we need to process your request

- a) The consent of the **life insured** who hasn't claimed under full cover, by completing and returning a replacement cover form issued by **us**, which includes a short questionnaire about the **life insured's** health, medical history, residency and leisure activities.
- b) If the **life insured** who hasn't claimed under full cover, answers 'yes' to any of the questions in the replacement cover form, **we** will require **you** to complete a full application form in order to set up a single life policy. Where **we** undertake a full medical and lifestyle assessment, depending on the answers there may be circumstances where **we** may not be able to offer cover to the **life insured**.

How we will provide cover

- a) The new single life policy will include the same cover as the original policy. **We** will not change the cover in any other way, other than making it a single life policy.
- b) The amount of cover will be the same as the original policy.
- c) **Your** policy will only include Critical Illness Extra if this is chosen when the policy is taken out.
- d) The term of the new policy will not extend beyond the **life insured's** 75th birthday or one year after the **policy expiry date**, whichever is earlier.
- e) The new single life policy will be subject to premiums, terms and conditions available at the time **you** make the change.

USEFUL CONTACTS

Reason for contact	Contact details	Contact address
General Enquiries Change the policy Cancel the policy	0370 010 4080 * protection.customerenquiries @landg.com	Legal & General Assurance Society Limited City Park The Droveaway Hove East Sussex BN3 7PY
Claims for: Death or Terminal Illness Cover Critical Illness claims Waiver of Premium	0800 137 101 * 0800 068 0789 * 0800 068 0789 *	Legal & General Assurance Society Limited City Park The Droveaway Hove East Sussex BN3 7PY
Make a claim: Fracture Cover and Private Diagnostics	<p>Fracture Cover Web: www.trustedoctor.com/landg-fracture-cover Email: landgfracturecover@trustedoctor.com</p> <p>Private Diagnostics Web: www.trustedoctor.com/landg-private-diagnostics Email: landgprivatediagnostics@trustedoctor.com</p>	Trustedoctor PO Box 77845 London SE10 1FH
Make a complaint - Legal & General	0370 010 4080 *	Legal & General Assurance Society Limited Four Central Square Cardiff CF10 1FS
Make a complaint: Fracture Cover and Private Diagnostics	AXIS Specialty London Tel: 0207 050 9000 Fax: 0207 050 9001 Email: complaints@axiscaptial.com	Complaints AXIS Specialty London C/o 52 Lime Street London EC3M 7AF

*We may record and monitor calls. Call charges will vary.

HOW TO CANCEL THE POLICY

You can cancel the policy at any time. Once the policy starts **we** will provide **you** with a notice of **your** right to cancel.

If **you** cancel the policy within 30 days of receiving both the notice and the policy, **we** will refund any premiums paid.

If **you** cancel the policy after 30 days and pay monthly premiums, **you** will not get any money back. If **you** pay annually, **you** will receive a proportionate refund of **your** annual premium.

If **you** cancel the policy, the cover will end and no further premiums will be payable.

HOW TO MAKE A COMPLAINT

If **you** wish to complain about the service **you** receive from **us**, or **you** would like **us** to send **you** a copy of **our** internal complaints handling procedure, please contact **us**.

If **you** remain dissatisfied, **you** can complain to:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone:

- 0800 023 4567
- 0300 123 9 123

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

Website: www.financial-ombudsman.org.uk

Making a complaint will not affect **your** legal rights.

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

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

So, if **we** run into financial difficulties, **you** may be able to claim via the FSCS, for any money you've lost. However, before looking to pay compensation, the FSCS will first see if they can arrange for the continuity of **your** current policy. The FSCS may arrange for the policy to be transferred to another insurer or arrange for a new policy to be provided.

Most of **our** customers, including most individuals and small businesses, are covered by the FSCS. Whether or not **you** can claim, and the amount **you** could claim, will depend on the specific circumstances of **your** claim. The FSCS will pay 100% of the value of the claim.

You can find out more about the FSCS, including eligibility to claim, by visiting its website

www.fscs.org.uk

or calling

0800 678 1100.

The rules of the FSCS might change in the future and the FSCS may take a different approach on their application of the above, depending on what led to the failure.

SOLVENCY AND FINANCIAL CONDITIONS REPORT (SFCR)

Legal & General are required to publish an annual Solvency and Financial Condition Report (SFCR) describing **our** Business and its Performance, **our** System of Governance, Risk Profiles, Valuation for Solvency Purposes and Capital Management. **Our** latest SFCR is available at:

www.legalandgeneralgroup.com/investors/library.

DEFINITIONS

AFIP/Miettinen and Lasota classification - Air Forces Institute of Pathology (AFIP), Miettinen and Lasota refers a classification used by the medical profession relating specifically to gastrointestinal stromal tumours. It provides information from histological findings of how aggressive tumours are and likelihood of them progressing to become more serious.

Avulsion fracture - is a bone fracture that occurs when a fragment of bone detaches from the main bone due to the pulling away of a ligament, tendon, joint capsule, or fascia that is attached to it.

AXIS Specialty London or the insurer for Fracture Cover and Private Diagnostics - **AXIS Specialty London** is a trading name of AXIS Specialty Europe SE. AXIS Specialty Europe SE is authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Our privacy policy can be viewed at: www.axiscapital.com/who-we-are/about-axis/privacy-policy

Benefit renewal period - The 12 month period between the **policy start date** to the day before the anniversary of the policy, and each 12 month period thereafter if the benefit has been renewed.

Bodily injury - Means identifiable physical injury which is caused by an accident.

Cardiology - The area of specialism for the diagnosis and treatment of heart disease.

Child or children - A natural **child**, legally adopted **child** (from the date of adoption) or stepchild (by marriage or registered civil partnership) of the **life insured**, where that **child** is younger than 22 years during the period of cover.

Commuted lump sum - The **commuted lump sum** is the amount of money **we** would calculate by multiplying the monthly benefit by the number of months remaining until the policy expiry date. **We** would then, acting fairly and reasonably, reduce this total amount to reflect the fact that **you** would be receiving all of the **monthly benefits** due in advance.

This reduction would reflect the expected return **we** would have received on the commuted lump sum payment if **we** had paid the amount of cover to **you** as a series of monthly benefits rather than as a single lump sum payment in advance.

Computer System - Any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller, including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by **you** or any other party.

Cyber act - For the purpose of this document **cyber act** means:

- i. a deliberate, unauthorised, malicious or criminal act;
- ii. a series of related deliberate, unauthorised, malicious or criminal acts; or
- iii. any threat or hoax relating to i and/or ii above,

regardless of time and place, involving access to or the processing, use or operation of any **computer system**.

Cyber incident - For the purpose of this document **cyber incident** means:

- i. any error or omission or series of related errors or omissions involving access to or the processing, use, or operation of any **computer system**; or
- ii. any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **computer system**.

Dislocation - The displacement of bone from its normal position at the joint requiring surgical intervention undertaken in a medical facility, which includes local injection.

Fracture/s - a break in the full thickness of a bone which is identified by an x-ray, or in the case of a fracture which is unable to be x-rayed, by confirmation from a qualified medical practitioner in the form of a medical discharge summary.

Full-time education - Attendance at a full-time course at a school, college or university. This includes work placements that are part of a full-time course but excludes breaks from education, for example gap years.

Grade - In the context of describing tumours and cancer, grade describes how normal or abnormal cancer cells look under a microscope. The more normal the cells look, the less aggressive the tumour and the more slowly it grows and spreads, these are described as "low grade" and will be attributed a low number (normally 1). On the other hand, the more abnormal the cells look, the more aggressive the cancer and the faster it is likely to grow and spread with higher numbers allocated to the grade.

Illness - means **your** sickness or disease the symptoms of which first appear during the period of insurance and which results solely and independently of any other cause in **your** total disablement within twelve consecutive months after the symptoms first appear.

Irreversible - Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Life insured - The person whose life is covered under the policy. If there is more than one life covered then this definition covers all lives insured.

Ligament tear - A complete tear of a cruciate ligament in the knee joint confirmed by radiological imaging.

Microfracture - is a microdamage that accumulates in bone as a result of physiological loading. The damage is often manifested as microcracks, which are typically 50-100mm long.

Mild cognitive impairment (MCI) - A condition where mental abilities such as memory and thinking are impaired to a greater extent than would normally be expected according to age. Symptoms are mild enough not interfere significantly with daily life and so are not defined as the more serious condition of dementia.

Monthly Benefit - This is the amount of cover, paid to **you** in monthly instalments until the end of the policy, unless **you** choose for it to be paid as a **commuted lump sum**.

Myocardial Injury - A term used to describe where the sensitive "troponin" blood test is elevated suggestive there has been damage to heart tissue and is often but not always caused by myocardial infarction (heart attack).

Neuroendocrine tumours (NET) - Rare tumours that can develop in many different organs in the body. It affects nerve and gland cells that produce hormones (neuroendocrine cells). There is wide variation in prognosis with NETs, depending upon different characteristics including the "grading" of the tumour.

Neurological deficit with persisting clinical symptoms - Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last at least 24 hours. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

Neuropsychometric testing - A key diagnostic tool for the assessment of dementia and other neurological conditions.

Neurosurgery - The area of specialism for the diagnosis and treatment for conditions of the brain, spine, and nervous system.

New diagnostic imaging changes - In relation to heart attack, is where a scan of the heart indicates there has been damage to the heart muscle.

Non-invasive diagnostic tests - means any diagnostic tests that do not necessitate a medical device invading the human body, either through an incision (creating a point of entry cutting skin or tissue) or utilising an existing body orifice.

Oncology - The area of specialism for the diagnosis and treatment of cancer.

Osteoporosis - A disease that causes thinning of the bone.

Our, us or we - Legal & General Assurance Society Limited.

Permanent - Expected to last throughout the **life insured's** life, irrespective of when the cover ends or the **life insured** retires.

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

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

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Physician - A person who is qualified to practise medicine who is registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK.

Policy expiry date - The date that cover under the policy will end.

Policy start date - The start date of the policy.

Pre-existing injury - any injury which were reported, diagnosed, treated or which showed related medically documented symptoms or findings (signs) before signing up for an insurance policy. This includes multiple injuries sustained over time by insured in the same place as the claimed injury.

Pseudarthrosis - Pseudarthrosis or non-union is a disease that occurs when a broken bone fails to heal after a **fracture** unless intervention (surgery) is performed.

Definition if Children's Critical Illness Extra is not chosen

Relevant child/children - A natural child, legally adopted child (from the date of adoption), child under legal guardianship or stepchild (by marriage or registered civil partnership) of the **life insured**, where that child is:

- at least 30 days old, and
- younger than 22 years,

during the period of cover.

Definition if Children's Critical Illness Extra is chosen

Relevant child/children - A natural child, legally adopted child (from the date of adoption), child under legal guardianship or stepchild (by marriage or registered civil partnership) of the **life insured**, where that child is:

- younger than 23 years,

during the period of cover.

Renewal date - The annual anniversary of the start date.

Self-inflicted - an injury is self-inflicted when it is the result of the act of intentionally harming one's own body.

Specialist - A doctor registered, or provisionally registered, with the General Medical Council and licensed to practice in the **UK** accessed through the **Trustedoctor** platform.

Stress/fatigue/hairline fracture - is a small crack in one of the bones caused by repetitive force.

Tendon rupture - An injury involving the rupture of a tendon requiring surgical intervention.

Trustedoctor - Trustedoctor is a company that specialises in the development of technology solutions and services, including Fracture Cover and Private Diagnostics. These technology solutions and services can be found in the products designed and operated by its sister company, **Further Underwriting International SLU** (registered address at Paseo de Recoletos 12, 28001, Madrid, Spain, registered in the Mercantile Registry in Madrid number m-327635, tomo 18794, folio 76 and tax number (CIF) ESB83644484).

UICC/TNM stage - Union for International Cancer Control (UICC) and TNM is a globally recognised standard for classifying the extent of spread by cancer using a numeric staging system.

UK - England, Northern Ireland, Scotland, and Wales, Crown employee (member of the **UK** armed forces, a civil servant or a diplomat), or merchant Navy.

Virtual consultation - A virtual meeting conducted through the **Trustedoctor** portal.

You or your - The owner(s) of the policy who is/are legally entitled to receive the amount of cover when a valid claim is made. This may include trustee(s), assignee(s) or personal representative(s) (where appropriate) and may be the **life insured**.

Alternative formats

If you would like a copy of this in large print, braille, PDF or in an audio format, call us on **0370 010 4080**. We may record and monitor calls. Call charges will vary.



www.legalandgeneral.com

Legal & General Assurance Society Limited

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