

POLICY BOOKLET.

INTRODUCTION

Words that appear in blue 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**.

Guaranteed premiums

Premiums are guaranteed and will not change unless **you** make changes to the policy using the options available in section headed 'Changing your policy'.

WHAT HAPPENS IF THE PREMIUMS ARE NOT PAID?

We are entitled to cancel the policy if any premiums are not paid within 30 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.

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.

Decreasing cover

If **you** choose decreasing cover the amount of cover will reduce during the period of cover. Decreasing cover is often used to help protect a repayment mortgage. **We** apply an interest rate to the original amount of cover to estimate the amount that **you** repay each month on **your** repayment mortgage and the amount **you** are covered for will decrease accordingly.

If the interest rate **we** apply is less than the interest rate that is actually applied to **your** mortgage, or **your** mortgage changes, the amount **we** pay out may not be enough to repay **your** mortgage in full.

The interest rate applied will be shown in **your** Policy Booklet.

To ensure that the amount paid out will cover the amount of **your** outstanding mortgage **you** should check regularly that the interest rate applied to the policy is equal to or higher than the interest rate applied to **your** mortgage by **your** lender.

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?

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 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.

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**.

If decreasing cover is chosen the amount payable will be the amount of cover **we** calculate on the date that it is established that the **life insured** has met **our** definition of terminal illness.

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 if:

- the **life insured** doesn't meet the definitions for cover as described in the section(s) headed:
 - 'What is Covered'
- 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:

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

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 **your** 45th birthday and **we** must not have applied a premium increase to **your** cover.

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 birth of the **life insured's** child, or
- c) the **life insured** legally adopting a child, or
- d) an increase in the **life insured's** earnings due to a change of employment or promotion, or
- e) 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 of cover can increase by

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

- 50% of the original amount of cover, or
- £150,000, or
- if d) above applies, the amount equal to the original amount of cover multiplied by the percentage increase in earnings
- If e) above applies, the amount of the increase in the mortgage.

The option may only be used three times in total, and only once in respect of either entering into marriage or a registered civil partnership. The maximum total of all increases permitted is £200,000.

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,
- 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 the **life insured** has been diagnosed with or is receiving or has received medical treatment for **our** definition of:
 - A terminal illness

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.

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.
- 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
 - £1,000,000.
- e) The term of each new policy will not extend beyond the **life insured's** 70th 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 a **life insured**, if joint life cover is chosen.

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
Terminal Illness Cover	Details of the illness and diagnosis

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
Terminal Illness Cover	Proof that the definition has been met

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

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 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.

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. If Decreasing Life Insurance is chosen, the amount of cover will be the remaining amount of cover at the time a valid claim under full cover was paid on the original policy.
- c) The term of the new policy will not extend beyond the **life insured's** 70th birthday or one year after the **policy expiry date**, whichever is earlier.
- d) The new single life policy will be subject to premiums, terms and conditions available at the time **you** make the change.

USEFUL CONTACTS

	Phone number	Contact Address
General Enquiries Change the policy Cancel the policy	0370 010 4080*	Legal & General Assurance Society Limited City Park The Droeway Hove East Sussex BN3 7PY
Claims for: Death or Terminal Illness Cover	0800 0083 032*	Legal & General Assurance Society Limited City Park The Droeway Hove East Sussex BN3 7PY
Make a complaint	0370 010 4080*	Legal & General Assurance Society Limited Knox Court 10 Fitzalan Place Cardiff CF24 0TL

***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, **you** will not get any money back.

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 European Commission has established an Online Dispute Resolution Platform (ODR Platform) http://ec.europa.eu/consumers/odr/index_en.htm that is specifically designed to help EU consumers who have bought goods or services online from a trader based elsewhere in the EU and subsequently has a problem with that online purchase. The ODR platform will refer **your** complaint to the Financial Ombudsman Service who will pass it on to **us**.

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)

We 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

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.

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

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

Policy start date - The start date of the policy.

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**.



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Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055

Registered office: One Coleman Street, London EC2R5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.