

# Income Protection Cover

## Membership handbook

Who cares if you want to protect your lifestyle?  
**We care.**

# Membership handbook

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# Welcome

## **Thank you for choosing Friends Life Individual Protection**

Thank you for choosing income protection cover from Friends Life Individual Protection. Friends Life Individual Protection products are provided by Friends Life Limited, part of the Friends Life group. With this membership we aim to provide you and your dependants with protection should serious illness or incapacity affect your ability to work and cause you financial hardship. The membership has been designed to offer you the flexibility to provide you with the right level of financial health protection to match your circumstances.

Friends Life flexible financial protection is the umbrella plan which provides cover through a series of separate memberships for different types and levels of cover.

Your registration certificate will show which type of membership you have in your particular plan. Each membership in your plan will have a separate handbook.

This handbook explains what is covered by the Friends Life Individual Protection Income Protection membership and what to do if you need to make a claim.

## **Using the membership handbook**

Where the words 'we', 'us' or 'our' are used, this refers to Friends Life Individual Protection. The words 'you' or 'your' refer to the person, or people, who are entitled to receive the benefits of the membership.

Words printed in bold type in this handbook are defined terms. Defined terms have a specific meaning explained in the 'General definitions' section.



# General definitions

## General definitions

### Agreed percentage

70 percent of the first £10,000 pre-disability **gross income** per annum then 50 percent of any pre-disability **gross income** between £10,000 and £60,000 per annum and 40 percent of any pre-disability **gross income** over £60,000 per annum.

### Average Weekly Earnings

The measure used by the Office of National Statistics which has replaced the average earnings index. This measure is an indicator of short-term earnings growth and provides a monthly estimate of the level of average weekly earnings per employee. Alternatively, if this measure is not published during any period of **your membership** the 'average weekly earnings measure' will be any substituted index or index of figures published by that Office.

### Benefit

The amount that will be payable to **you** as detailed in 'What you are covered for' section.

### Benefits in kind

Benefits in kind received by **you** and shown on HM Revenue and Customs form P11D.

### Channel Isles

Channel Isles - means for the purposes of this policy Guernsey and Jersey only.

### Child

Any natural child or adopted child of **you** or **your** spouse, partner or civil partner or any child for which either **you** or **your** spouse, partner or civil partner are the legal guardian and who is aged between 30 days and 18 years.

### Claims visitor

A nurse or occupational health specialist with experience of dealing with all aspects of income protection insurance who is authorised to act on **our** behalf.

### Commencement date

The date **your membership** starts, as shown on **your registration certificate**.

### Consultant

A surgeon, anaesthetist or physician who is legally entitled to practise as a consultant in the **UK** or **Channel Isles** in accordance with the laws of the territory in which he or she is practising as a consultant.

### Continuing benefits

Any benefits being received under any accident or sickness policy, income protection policies and any pension benefits that have arisen as a result of **your incapacity**.

### Continuing earnings

The gross amount of any wage, salary, **dividends**, or any income from any occupations (excluding **benefits in kind**).

## Countries

Australia, Austria, Belgium, Bulgaria, Canada, **Channel Isles**, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, **UK** and USA.

## Deferred period

The period of time beginning with **your incapacity** shown on **your registration certificate** where **you** are in **paid occupation**, and three months at all other times.

## Dividends

**Dividends** received by **you** from a private limited company in which **you** and not more than three other shareholders are employed as full time working directors.

## Endorsement(s)

Change(s) that **you** require and **we** agree to apply to **your membership** after it commences which are recorded in the 'Endorsement' section of **your registration certificate**.

## Expiry date

The date **your membership** ends as shown on **your registration certificate**.

## Gross income

If **you** are employed, **your** pre-tax earnings for income tax assessment (excluding any **benefits in kind**) in the 12 months immediately prior to the date of **incapacity** and in addition any **dividends** which represent **your** share in the net trading profit of the company from its normal, regular business during the 12 months prior to **your incapacity**.

If **you** are **self-employed**, **your** pre-tax share of the profit from **your** trade profession or vocation in the 12 months immediately prior to the date of **your incapacity** which would have amounted to income for the purpose of Schedule D Case I and II of the Income and Corporation Taxes Act 1988, (ie **your** share of pre-tax profit after deduction of trading expenses).

## Handbook

This handbook setting out the general terms and conditions of **your membership**.

## Hospital

Any NHS hospital or private hospital which has facilities for major surgery or which exists principally for the provision of treatment by **consultants**.

## Houseperson's benefit

The maximum **benefit** payable whilst **you** are not in a **paid occupation** of £15,600 per annum.

### **Incapacity/incapacitated**

The condition(s) for which **we** will pay the **benefit** as set out in the 'Incapacity/incapacitated' section of the **handbook**.

### **Irreversible**

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the **NHS** in the **UK** at the time of the claim.

### **Limited benefit period**

A period of 24 months which may either be a single continuous period or a collection of shorter periods during which the **benefit** will be paid.

### **Material and substantial duties**

The main tasks and duties, which are normally required for the purposes of a **paid occupation** and which cannot be reasonably omitted or modified.

### **Maximum benefit**

The maximum benefit of £150,000 per annum.

### **Membership**

The agreement between **you** and **us** to provide the **benefit** on the terms set out in the **handbook** and **your registration certificate** together with other documents referred to in 'Your membership - income protection' section.

### **NHS**

National Health Service.

### **Paid occupation**

A remunerative occupation(s) that **you** are engaged in at the date of **incapacity** on either an employed or **self-employed** basis for at least 16 hours per week on a regular basis.

### **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 **member's** life.

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

The following are not covered:

- An abnormality seen on 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.

### **Registration benefit**

The amount of 'benefit' as detailed on **your registration certificate**.



### **Registration certificate**

The most recent registration certificate **we** issue to **you**.

### **Retail Price Index**

The general index of retail prices published by the Office of National Statistics. Alternatively, if that index is not published during any period of **your membership**, the 'retail price index' will be any substituted index or index of figures published by that Office.

### **Self-employed**

Working for **yourself** in a trade, profession or vocation and taxed under Schedule D.

### **Special condition**

Any condition **we** set to limit **your** entitlement under **your membership**, as shown in the 'Special conditions' section of **your registration certificate**.

### **UK**

England, Northern Ireland, Scotland and Wales.

### **We/us/our**

Refers to Friends Life Individual Protection.

### **You/your/yourself**

The person named as the member on **your registration certificate** who is covered under the **membership**.



Your membership – income  
protection cover

## Your membership – income protection cover

Your membership is made up of the following documents:

- **your application for cover**  
This includes **your** initial application and any further applications **you** make where **your membership** is varied. It also includes any declarations **you** made at **our** request when **you** applied for cover.
- **your registration certificate and any endorsements**  
These set out the current details of **your membership**. The 'Special conditions' section of **your registration certificate** shows any **special conditions we** apply to **your membership**.
- **this handbook**  
This contains all the general terms and conditions of **your membership**. It is referred to as the 'Friends Life Individual Protection Income Protection Cover' **membership handbook** reference PBHA/5319/DEC11.

We explain how **your registration certificate** may change in the 'General information' section.

### When your membership starts and ends

**Your membership** starts on the **commencement date** and is subject to **you** paying **your** first premium.

**Your membership** ends on the earliest of the following:

- the **expiry date**
- **your** death
- 30 days after the premium due date where **you** do not pay any amounts. **We** will allow **your membership** to continue if **you** pay any outstanding amounts within the 30 day period after it became due
- after **we** have paid the **benefit** for the **limited benefit period** as set out in **your registration certificate**

**Your membership** will end if **you** can no longer claim the **benefit** under **your membership** as a **deferred period** would continue beyond the **expiry date**.

**You** can end **your membership** by writing to inform **us** and providing 30 days notice at the address shown in the 'General information' section.

Additional options

## Additional options

Your **registration certificate** will show if **your membership** includes any of the following options.

The following are the full list of additional options. These are only applicable if **you** have selected and **we** have agreed to provide the options:

- indexation option
- fracture cover option

### Indexation option

For each of these options, on each anniversary of the **commencement date**, **we** will increase the **benefit** under **your membership**. The amount the **benefit** increases by will depend on the indexation option applicable.

If **we** have agreed to provide this option, **your registration certificate** will show which indexation option **you** have of the following:

- **RPI (Retail Price Index)**
- **AWE (Average Weekly Earnings)**
- five percent
- three percent.

### RPI (Retail Price Index) option

On the anniversary of the **commencement date**, **we** will increase the **benefit** in proportion to the increase in the **retail price index** during the first 12 months of the 15 month period immediately before the anniversary of the **commencement date**. The maximum increase on any anniversary will be 10 percent of the **benefit**.

### AWE (Average Weekly Earnings) option

On the anniversary of the **commencement date**, **we** will increase the **benefit** in proportion to the increase in the **average weekly earnings** measure over the first 12 months of the 17 month period immediately before that anniversary of the **commencement date**.

### Five percent option

On the anniversary of the **commencement date**, **we** will increase the **benefit** by five percent a year.

### Three percent option

On the anniversary of the **commencement date**, **we** will increase the **benefit** by three percent a year.

### How does indexation affect your premiums?

**You** will have to pay an increased premium for any increase in the **benefit**. **Your** premium will increase at a higher rate than **your benefit** as **we** will allow for **your** age and remaining term at the time of the increase in the **benefit**. For reviewable premiums the increase will be based on **our** premium rates at the time the indexation occurs. For guaranteed premiums the increase will be based on **our** premium rates at the **commencement date**.

When **we** write to tell **you** about the increase in the **benefit**, **we** will tell **you** about the increase in **your** premium.

### Cancelling an increase

**You** can cancel the increase in the **benefit** and **your** premium by writing to **us** within 30 days of the date of **our** letter telling **you** about the increase. If **you** cancel any increases **we** will cancel **your** indexation option and no further increases will be made (this will not affect previous increases).

If **we** are paying the **benefit** to **you** at the time of the increase, **we** will use the increased amount to calculate the **benefit** if appropriate.

### Fracture cover option

If **we** have agreed to provide the fracture cover option, **your registration certificate** will show this option. If **you** suffer one of the **fractures** shown in the table below, **we** will pay fracture cover benefit to **you**. The amount of the fracture cover benefit **we** will pay is shown in the table below:

| Fracture                              | Fracture cover benefit |
|---------------------------------------|------------------------|
| closed <b>fracture</b> of the skull   | £1,200                 |
| open <b>fracture</b> of the skull     | £2,100                 |
| <b>fracture</b> of the vertebra       | £900                   |
| <b>fracture</b> of the shoulder blade | £900                   |
| <b>fracture</b> of the jaw            | £900                   |
| <b>fracture</b> of the sternum        | £900                   |
| <b>fracture</b> of the pelvis         | £1,200                 |
| <b>fracture</b> of the wrist          | £900                   |
| <b>fracture</b> of the hand           | £900                   |
| <b>fracture</b> of the upper leg      | £2,100                 |
| <b>fracture</b> of the knee           | £2,100                 |
| <b>fracture</b> of the lower leg      | £1,200                 |
| <b>fracture</b> of the arm            | £1,200                 |
| <b>fracture</b> of the cheekbone      | £900                   |
| <b>fracture</b> of the foot           | £900                   |
| <b>fracture</b> of the ankle          | £1,200                 |
| <b>fracture</b> of the ribs           | £600                   |
| <b>fracture</b> of the collar bone    | £600                   |

To make a claim for fracture cover benefit **you** must:

- contact **us** to ask for a claim form; and then
- fill in the claim form and return it to **us**

**You** must make **your** claim as soon as reasonably practicable.

**We** will only pay the fracture cover benefit to **you** for the following **fractures** as defined in 'Black's Medical Dictionary' (39th edition); comminuted, complicated, compound, depressed, greenstick, pathological and simple. **We** will not pay the fracture cover benefit for any other type of **fracture**.

Where more than one of the above **fractures** occurs at any time, **we** will only pay fracture cover benefit for one of the **fractures**. **You** can decide which **fracture you** are claiming for.

**We** will only pay fracture cover benefit to **you** for one **fracture** suffered during any 12 month period. The first 12 month period will start on the **commencement date** and then each subsequent 12 month period will begin on each anniversary of the **commencement date**.

**We** will not pay fracture cover benefit for a **fracture** suffered by a **child**.



What you are covered for

## What you are covered for

### Benefit

We will pay the **benefit** to **you**, subject to **you** complying with the requirements and obligations set out in the 'How to make a claim' section, unless **your** claim is excluded under the circumstances listed in the 'What you are not covered for', during any period of **your membership** that **you** are **incapacitated**.

We will pay the **benefit** monthly in arrears.

We will make the first payment of the **benefit** one month after the end of the **deferred period**.

The amount of **benefit** we will pay to **you** during **your incapacity** depends on whether or not **you** are in **paid occupation** at the time **your incapacity** arises.

### In paid occupation

If **you** were in **paid occupation** when **you** became **incapacitated** the amount of **benefit** we will pay to **you** each month is the lower of:

- the **registration benefit** (as increased by any option **you** have exercised during **your membership**); or
- the **agreed percentage** based on **your** monthly **gross income** from **your paid occupation** in 12 months immediately before **you** became **incapacitated**.

If as a result of the above calculation the **benefit** is lower than the **registration benefit** and less than £1,300, then **we** will adjust the **benefit** to the lower of the **registration benefit** or £1,300 less any **continuing earnings** and **continuing benefits**.

If as a result of the above calculation the **benefit** is lower than the **registration benefit** by less than 10 percent, but more than £1,300 then for the first 12 continuous months of **your** claim **we** will adjust the **benefit** to the **registration benefit** less any **continuing earnings** and **continuing benefits**.

### Not in paid occupation

If **you** were not in **paid occupation** when **you** became **incapacitated** the amount of **benefit** we will pay to **you** each month will be the lower of the **registration benefit** or the **houseperson's benefit**.

### NHS Doctor

If at the start of a period of **incapacity** **you** are a doctor in the **UK NHS** and have been in that role for less than five years, then the **deferred period** will cease as follows:

- if the **deferred period** shown on **your registration certificate** is six months, then it ceases when full **NHS** sick pay which is due and payable to **you** stops; or
- if the **deferred period** shown on **your registration certificate** is 12 months, then it ceases when half **NHS** sick pay which is due and payable to **you** stops.

## Career break

If **you** cease remunerated work at any time during the term of the **membership** **you** can exercise one of the two career break options:

- if **you** take a company sponsored career break to obtain a professional qualification and **your gross income** reduces as a result, **you** can continue to pay the same premiums and **we** will treat **your gross income** as remaining at the same level as at the start of the career break if **you** become **incapacitated** during **your** career break. This is only available for a maximum of 12 months and **you** must have worked for **your** employer for 12 months since **your** last career break. This option is not available during the first 12 months of **your membership**.
- alternatively, if **you** cease **paid occupation** and **you** inform **us** of this, **we** will adjust **your** premium and **your benefit** will be restricted to the lower of **your benefit** or the **houseperson's benefit**.

## Recurrent incapacity benefit

If within 12 months of the end of any period **you** were **incapacitated** and the **incapacity** reoccurs, **we** will not apply the **deferred period** for **your** linked claim, provided **your** linked claim is confirmed as due to the same cause as the original claim and established as valid, the **benefit** will be backdated to the date the **incapacity** reoccurred.

## Proportionate benefit

If **you** are unable to return to the **paid occupation** in which **you** were engaged prior to the **incapacity** but return to another occupation and are on a lower **gross income**, **we** will consider paying **you** a proportionate benefit. The payment of this is conditional upon **you** remaining unable, as a result of the **incapacity**, to carry out the **material and substantial duties** of **your** former occupation.

## Rehabilitation benefit

If **you** return to the same **paid occupation** in which **you** were engaged prior to the **incapacity** but at a reduced level of income, **we** will consider paying **you** the rehabilitation benefit, as set out below, for a maximum period of 52 weeks from the date that **you** returned to work. The rehabilitation benefit is conditional upon **your incapacity** preventing **you** from performing **your** previous occupation at the same level of income. Rehabilitation benefit is not available with **limited benefit period**.

## How to calculate the proportionate or rehabilitation benefit

**We** will use the following formula:

Proportionate/Rehabilitation benefit =

$$\frac{\text{pre-disability gross income} - \text{new gross income}}{\text{pre-disability gross income}} \times \text{benefit payable}$$

### Child-carer benefit

We will pay the lower of four **registration benefit** payments or £25,000 if **your child** is diagnosed with one of the following illnesses or conditions set out below.

We will pay the child-carer benefit to **you**, subject to **you** complying with the requirements and obligations set out in the 'How to make a claim' section, unless **your** claim is excluded under the circumstances listed in the 'What you are not covered for' section, providing that the **child** survives for 14 days following diagnosis. The **child** must be aged between the ages of 30 days and 18 years in order to be eligible for cover.

We will pay the child-carer benefit once we reasonably consider that we have enough information or proof to establish **your** claim.

We will only pay the child-carer benefit once for any **child** regardless of how many memberships **you** have or how many illnesses or conditions **your child** has been diagnosed with.

### Illnesses and operations for child-carer benefit

#### Aorta graft surgery

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. The following is not covered:

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

#### Aplastic anaemia

Confirmation by a consultant haematologist of a definite diagnosis of complete bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum, one of the following treatments:

- blood transfusion;
- bone-marrow transplantation;
- immunosuppressive agents;
- marrow stimulating agents

All other forms of anaemia are specifically excluded.

#### Bacterial meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in **permanent neurological deficit with persisting clinical symptoms**. The diagnosis must be confirmed by a consultant neurologist.

The following are not covered:

- all other forms of meningitis, not mentioned above, including viral meningitis

## Benign brain tumour

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

The following are not covered:

- tumours in the pituitary gland
- angiomas

## Blindness

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

## Cancer

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, lymphoma and sarcoma.

For the above definition the following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant
  - non-invasive
  - cancer in situ
  - having either borderline malignancy; or
  - having low malignant potential

- all tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

## Cardiomyopathy

The unequivocal diagnosis by a consultant cardiologist of cardiomyopathy resulting in one or more of the following:

- impaired ventricular function and marked limitation of physical activity where the child is unable to progress beyond stage two of a treadmill exercise test using the standard Bruce protocol; or is
- classified as Stage III under the New York Heart Association (NYHA) Functional Classification

For the purpose of this definition NYHA Stage III is classified as a marked limitation in activity due to symptoms even during less than ordinary activity. The patient is only comfortable at rest.

The following is not covered:

- all other forms, other than those specified above, of heart disease, heart enlargement and myocarditis are specifically excluded

### Chronic rheumatoid arthritis

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity.

In addition the **child** must permanently satisfy three of the four following criteria, the inability being entirely due to the chronic rheumatoid arthritis and not the age of the claimant:

- **bending** - the inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard saloon car.
- **dexterity** - the inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil.
- **lifting** - the inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase.
- **mobility** - the inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort.

### Coma

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours;
- and results in **permanent neurological deficit with persisting clinical symptoms**

The following is not covered:

- coma secondary to alcohol or drug abuse

### Coronary artery by-pass grafts

The undergoing of surgery requiring median sternotomy (surgery to divide the breast bone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

### Creutzfeld-Jacob disease

Confirmation by a consultant neurologist of a definite diagnosis of Creutzfeld-Jacob disease resulting in **permanent neurological deficit with persisting clinical symptoms**.

### Deafness

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

## Heart attack

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

- new characteristic electrocardiographic changes
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- Angina
- other acute coronary syndromes

## Heart valve replacement or repair

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to replace or repair one or more heart valves.

## HIV infection

Infection by Human Immunodeficiency Virus resulting from the following incidents:

- a blood transfusion given as part of medical treatment; or
- a physical assault;

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

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures
- the incident must be supported by a negative HIV antibody test taken within 5 days of the incident
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus

The following is not covered:

- HIV infection resulting from any other means, including drug misuse

## Kidney failure

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

### Liver failure

Chronic liver disease, being end stage liver failure due to cirrhosis and resulting in all of the following:

- **permanent** jaundice
- ascites
- encephalopathy

### Loss of hands or feet

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

### Loss of independence

The total and **permanent** loss of the ability to perform routinely at least three of the specified six 'activities of daily living' without the continual assistance of someone else, even with the use of special devices or equipment. The inability being entirely due to the traumatic event and not the age of the claimant.

The following are activities of daily living:

- **washing** - this means being able to wash and bathe unaided, including getting into and out of the bath or shower.
- **dressing** - this means being able to put on, take off, secure and unfasten all necessary items of clothing.
- **feeding** - this means being able to eat pre-prepared foods unaided.

- **continence** - this means being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.
- **moving** - this means being able to move from one room to another on level surfaces.
- **transferring** - this means being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.

### Loss of speech

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

### Major organ transplant

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official **UK** waiting list for such a procedure.

The following is not covered:

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

### Motor neurone disease

A definite diagnosis of motor neurone disease by a consultant neurologist. There must be **permanent** clinical impairment of motor function.



### Multiple sclerosis

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

### Open heart surgery

The undergoing of open heart surgery on the advice of a consultant cardiologist to correct a structural abnormality of the heart.

### Paralysis of limbs

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

### Progressive supranuclear palsy

Confirmation by a consultant neurologist of a definite diagnosis of progressive supranuclear palsy.

There must be **permanent** clinical impairment of all of the following:

- motor function
- eye movement disorder; and
- postural instability

### Respiratory failure

Confirmation by a consultant physician of severe lung disease which is evidenced by all of the following:

- the need for continuous daily oxygen therapy on a **permanent** basis
- evidence that oxygen therapy has been required for a minimum period of six months
- FEV1 being less than 40 percent of normal; and
- vital capacity less than 50 percent of normal

### Stroke

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

The following are not covered:

- transient ischaemic attack
- traumatic injury to brain tissue or blood vessels

### Systemic lupus erythematosus

A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following are also present:

Severe kidney involvement with SLE as evidenced by;

- **permanent** impaired renal function with a measured glomerular filtration rate (GFR) below 30 ml/ min/1.73m<sup>2</sup> and
- abnormal urinalysis showing proteinuria or haematuria

OR

Severe Central Nervous System (CNS) involvement with SLE resulting in any one of the following symptoms, which must be present on clinical examination and expected to last for the remainder of the **child's** life:

- paralysis
- localised weakness
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- difficulty in walking

- lack of coordination
- severe dementia where the **child** needs constant supervision, or
- **permanent** coma

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

For the avoidance of doubt - all other forms of SLE are specifically excluded from the cover provided by this policy.

### Third degree burns

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

### Traumatic head injury

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

### Hospital in-patient benefit

We will pay the amount set out in this section as hospital in-patient benefit. As long as **you** are not receiving the **benefit**, we will pay one thirtieth of the **registration benefit** at the **commencement date** subject to a maximum of £200 per night :

- for each night **you** are admitted as an in-patient in **hospital** during **your membership** as a direct result of an illness or injury which arises during **your membership**, and
- where **your** period of **hospital** confinement is for a minimum period of six consecutive nights for each **hospital** admission.

We will only pay the hospital in-patient benefit for the period from and including the first night of **your hospital** confinement up to an overall maximum of 90 nights during the lifetime of **your membership** up to:

- the last night of confinement in **hospital**; or
- the date of expiry of the **deferred period** ; or
- the 91st night of confinement in **hospital** ; or
- the date of death ; or
- the **expiry date** .

Hospital in-patient treatment must be provided by and the overall responsibility must rest with a **consultant** and take place in a **hospital**.

### Trauma benefit

We will pay the lower of six **registration benefit** payments or £40,000 if during **your membership you** suffer from one of the illnesses or conditions set out below. We will pay the amount set out in this section as the trauma benefit to **you**, subject to **you** complying with the requirements and obligations set out in the 'How to make a claim' section, unless **your** claim is excluded under the circumstances listed in the 'What you are not covered for' section.

### Blindness

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

### Deafness

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

### Loss of hands or feet

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

### Loss of independence

The total and **permanent** loss of the ability to perform routinely at least three of the specified six 'activities of daily living' without the continual assistance of someone else, even with the use of special devices or equipment.

The following are activities of daily living;

- **washing** - this means being able to wash and bathe unaided, including getting into and out of the bath or shower.
- **dressing** - this means being able to put on, take off, secure and unfasten all necessary items of clothing.
- **feeding** - this means being able to eat pre-prepared foods unaided.
- **continence** - this means being able to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.
- **moving** - this means being able to move from one room to another on level surfaces.
- **transferring** - this means being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.

### Loss of speech

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

### Paralysis of limbs

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

Trauma benefit is payable in addition to the **benefit you** have under **your membership**.

What you are not covered for

## What you are not covered for

We will not pay the **benefit**, the child-carer benefit, hospital in-patient benefit, trauma benefit or fracture cover benefit to **you** in any of the following circumstances:

- where **your** claim is excluded by any **special condition**
- where **we** reasonably consider that **you** have misled **us** (intentionally or carelessly) by either giving **us** false information or by keeping relevant information from **us** relating to **your membership** or claim
- where **your incapacity** is caused or arose, in whole or in part, directly or indirectly, from any illness or injury relating to or occurring during a period of residence of more than 13 weeks in any 12 month period outside the **countries**

Additional terms apply to fracture cover benefit and are found in the 'Additional options' section.

During any periods that **you** are permanently or temporarily resident outside the **countries**, the only **benefit we** will pay to **you** will be for the three month period following the end of the **deferred period** provided that **you** are **incapacitated** for the whole of that period.

Additional terms apply to hospital in-patient benefit and trauma benefit, and are found in the 'What you are covered for' section.

We will not pay child-carer benefit in the additional following circumstances:

- if the **child** is over 18 years of age when they are diagnosed with one of the conditions or undergo one of the operations as described in the 'What you are covered for' section
- if symptoms first arose before:
  - the **commencement date**
  - the **child** reaching the age of 30 days
  - **your** legal adoption or legal guardianship of the **child**
- if the condition is brought about by intentional harm inflicted on the eligible **child** by **you**
- if the condition occurs during any periods that **your child** is permanently or temporarily resident outside the **countries**
- if the **child** dies before 14 days following diagnosis of the illness

How long will your benefit  
continue

## How long will your benefit continue

The **benefit** is payable from the end of the **deferred period** monthly in arrears until the first of the following to occur:

- **incapacity** ceases
- **expiry date**
- **your** death
- after **we** have paid the **limited benefit period** if **you** have chosen the **limited benefit period option**.

During any period when **you** are **incapacitated**, **you** must tell **us** as soon as practicable if **you** receive any **continuing earnings** or **continuing benefits**. If **you** fail to do so **we** may end **your membership**.

In addition to any other recoveries **we** are entitled to make, if **we** are entitled to reduce the **benefit we** pay to **you** in any month as the result of any **continuing earnings** or **continuing benefits**, but **we** do not do so in that month, **we** can reduce any future monthly payment of the **benefit to you** by the amount **we** were entitled to for that month.



Incapacity/incapacitated

## Incapacity/incapacitated

Different definitions of **incapacity** or **incapacitated** apply depending on whether **you** are in a **paid occupation** or not. Please refer to **your registration certificate** for **your** 'occupation definition'.

### In paid occupation

If the illness or injury to which **your** claim relates occurred whilst **you** were in **paid occupation** and if the 'suited' 'occupation definition' does not apply, **we** will treat **you** as being **incapacitated** if, and for as long as, **you** are unable, because of illness or injury to perform the **material and substantial duties** of **your** own occupation and **you** are not carrying out any other occupation.

**Your** own occupation means the **paid occupation** at the time of commencement of the **membership** and that **you** were carrying out at the time **your** illness or injury occurred.

If **your registration certificate** shows that the 'suited' 'occupation definition' applies, **we** will treat **you** as being **incapacitated** if, and for as long as, **you** are unable, because of illness or injury to perform the **material and substantial duties** of **your** own occupation and the **material and substantial duties** of any occupation to which **you** are reasonably suited as a result of **your** education, training or experience and **you** are not carrying out any other occupation.

### Not in paid occupation – Houseperson's benefit

If the illness or injury to which **your** claim relates occurred whilst **you** were not in **paid occupation**, **we** will treat **you** as being **incapacitated** if, and for as long as, **you** are normally and routinely unable, because of illness, to perform two of the following five activities without the continual assistance of another person and/or with the use of appropriate assistive or corrective aids or appliances.

- **walking** - able to walk 200 metres on the flat without having to stop
- **bending** - able to get into or out of a standard saloon car and able to bend or kneel to pick up something from the floor and straighten up
- **communicating** - able to answer the telephone and take a message
- **reading** - having the eyesight required to be able to read a daily newspaper
- **writing** - having the physical ability to write legibly using a pen or pencil

## Changes to your membership

## Changes to your membership

### You can make various changes to your membership.

At any time **you** may write and ask **us** to change the terms of **your membership**. **We** will consider **your** request at **our** discretion. If **you** ask **us** to increase the **registration benefit** **you** have, **we** can ask **you** to give **us** extra medical, financial or other information to allow **us** to consider **your** request.

If **we** accept **your** request, **we** will provide the increase either:

- under a new membership governed by the terms and conditions **we** apply at the time; or
- as an increase under **your membership**

Any increase in the **registration benefit** will increase **your** premiums. **Your** premiums will increase by the cost of providing the extra **registration benefit**, based on **your** age and **our** premium rates at the time of the increase.

The **benefit** including any increase cannot exceed the following:

- the **agreed percentage** up to a maximum of £12,500 per month
- £1,300 per month for **houseperson's benefit**

**You** may want to increase the **registration benefit** due to the following events:

- **you** are employed and have been promoted by **your** current employer or started a new job with a different employer, and **your** salary has increased since the **commencement date**
- **you** get married or become a civil partner
- **you** have a **child** or adopt a **child** or become the legal guardian of a **child**
- **you** take out a larger mortgage due to moving house or undertaking home improvements
- **you** become solely responsible for a previously joint mortgage following a separation

In these circumstances, **we** will provide the increase to the **registration benefit** without **you** providing extra medical evidence, subject to all of the following:

- **you** write to **us** to ask for the increase within three months of the event
- **you** supply written evidence to **us** related to **your** reason for the increase, for example; a letter from **your** employer with details of **your** salary increase, a copy of **your** mortgage offer, **your child's** birth certificate / adoption papers, **your** marriage / civil partnership certificates as appropriate

- the total increase in the **registration benefit** under this option is not more than:
  - 50 percent of the **registration benefit** on the **commencement date**; or
  - 50 percent of the amount of the increase in **your** salary; or
  - £9,000 per annum whichever is the lower
  - the percentage increase in the **registration benefit** requested is not more than the percentage increase in **your** salary
- **we** still offer this type of **membership** at the time **you** ask for the increase in the **registration benefit**
- **you** are under 55 years of age at the time **we** receive **your** request for the increase
- when **we** accepted **your** initial application for cover **we** did not apply premiums above **our** standard rates at that time or any **special conditions** to **your membership** (if **you** were not accepted at standard rates this information will be in the terms **you** received before **you** accepted the cover. If **you** do not have this information to hand, please contact **us**)
- the increase is provided under a new membership governed by the terms and conditions (excluding any option to increase the **registration benefit**) that **we** apply when **you** ask for the increase or, at **our** option, as an increase to the **registration benefit** under **your** membership
- the amount by which **your** premiums will increase for the increased **registration benefit** is greater than the minimum premium for this type of **membership** at the time **you** ask for the increase
- **you** may only increase the **registration benefit** three times
- any increase due to a change made is based on the original **registration benefit** at the commencement of the original **membership**
- no changes to the **benefit** payable under **your membership** will be applicable for an **incapacity** that arises prior to either a request for a change being made or the circumstances of the change
- the increased **registration benefit** is not more than the **maximum benefit**
- the increased **registration benefit** does not exceed the **agreed percentage**

### **Limited benefit option**

If **your registration certificate** shows **you** have a **limited benefit period** and **you** have not submitted a claim during the first three years of **your membership** and **you** are not currently claiming under **your membership**, **you** may apply to **us** to transfer **your membership** to a membership without a **limited benefit period**.

If **you** make such an application, **we** will ask **you** to complete a declaration of health and **we** may request further medical evidence as a result. **We** may then agree to transfer **your membership** to a membership without a **limited benefit period**. If **we** do so, **your membership** shall continue on the same terms other than with regard to **your** premiums and any **special conditions** which **we** may apply and these will be shown on **your** new registration certificate.

Premium options

## Premium options

### Paying your premium

**You** must pay **your** premium in advance throughout **your membership** (except whilst **you** are receiving the **benefit**). The amount **you** must pay, and how often, are shown on **your registration certificate** and any **endorsements** to it.

If **you** cannot pay **your** premium, contact **us** immediately.

### Changing premium

This section explains how **your** premium may change (except for yearly increases if **we** have provided an indexation option – see the 'Additional options' section).

Whenever **we** change **your** premium **we** will write to tell **you** about this at least 60 days before the date the changes take effect.

**We** may increase **your** premium if any change in law or taxation increases the cost to **us** of providing cover under **your membership** by writing to tell **you**. In these circumstances, the increase in **your** premium will be limited to the amount necessary to cover the increase in cost to **us** of providing cover.

**Your membership** is subject to the payment of a monthly plan fee, which **we** collect as part of **your** premium. If **you** have more than one Friends Life flexible financial protection membership **we** will only charge **you** a plan fee with **your** premium on one membership.

If any other Friends Life flexible financial protection membership **you** have ends (for any reason) **we** have the right to increase the premium on **your membership**. **We** will only increase the premium by the amount of any plan fee forming part of the premium of the membership which has ended.

**Your registration certificate** will show whether **your** premium option is 'guaranteed' or 'reviewable'. The effect of these different options is explained below.

### Guaranteed premium

- if **your** premium option is guaranteed, **your** premium will remain the same for the term of the **membership** unless:
  - **we** increase **your** guaranteed premium as set out above
  - if the **benefit** is increased, for example, if an indexation option is selected



## Reviewable premium

- if **your** premium option is reviewable, **we** may increase or decrease **your** premiums on the fifth anniversary of the **commencement date** and at the end of every following five year period
- When **we** decide what premium **we** charge under this option, **we** make assumptions about the future level of inflation, claim costs, expenses, lapses, investment returns, taxes and levies. When **we** review **your** premium under this option, **we** consider if the combined effect of these factors is better or worse than **we** had assumed and if, as a result, the cost of the cover needs to account for this. **We** may, as a result, increase or reduce **your** premium by the amount **we** reasonably believe is necessary
- If **your** premium needs to increase, **you** can tell **us** to keep the premium the same and reduce the amount of **benefit** instead. Alternatively, **you** can cancel the **membership** and stop paying premium altogether



How to make a claim

## How to make a claim

If **you** wish to make a claim in relation to **your membership**, please contact **us** at:

Friends Life Individual Protection – Claims department  
The Core  
40 St Thomas Street  
Bristol  
BS1 6JX

Or telephone **us** on 0845 600 3122\*.

**You** must make **your** claim as soon as **you** reasonably can and contact **us** either in writing or by telephone. **You** should continue to pay **your** premium until **we** have confirmed **your** claim has been accepted.

To ensure **we** are able to process **your** claim, wherever possible, please contact **us** within the following timescales, based on the **deferred period** as shown on **your registration certificate**.

| Deferred period | Notification period                 |
|-----------------|-------------------------------------|
| 1 month         | within 2 weeks of <b>incapacity</b> |
| 2 months        | within 3 weeks of <b>incapacity</b> |
| 3 months        | within 4 weeks of <b>incapacity</b> |
| 6 months        | within 4 weeks of <b>incapacity</b> |
| 12 months       | within 4 weeks of <b>incapacity</b> |
| 24 months       | within 4 weeks of <b>incapacity</b> |

If **you** do not contact **us** within the above time periods, **we** reserve the right to treat the **deferred period** as not having started until the date on which notification is received.

Where notification of **incapacity** is received more than 90 days after the end of the **deferred period**, and it was reasonably practicable for **you** to have done so, then no **benefit** may be payable.

**We** will not pay any **benefit** until the end of the **deferred period**.

During the course of making **your** claim, if **you** provide **us** with false information or **you** keep relevant information from **us**, then **we** may end **your membership**.

Once **you** have notified **us** of a claim, **you** must contact **us** immediately if **you** subsequently recover from **your** illness or injury such that **you** are no longer **incapacitated**.

When initially notifying **us** of a claim, **you** will need to provide **us** with the following information:

- the registration number under which **you** are making a claim, this can be found on the **registration certificate**. However if **you** cannot locate this, **we** will be able to assist but will need to know:
  - **your** name, **your** date of birth and **your** address

\*Calls may be recorded and may be monitored.

- the nature of the **incapacity**, the date it commenced and if applicable, the date **you** were first absent from **your paid occupation**
- if claiming for child-cover benefit, fracture cover benefit, hospital in-patient benefit or trauma benefit:
  - details of any illness or injury **your child** suffers; or
  - details of **your fracture**
  - details of **your** hospital stay
  - details of any illness or injury **you** suffer if **you** are claiming for trauma benefit
- if **you** wish **us** to deal with a third party on **your** behalf, then please provide full contact details

Once **we** have all this information, **we** will be able to confirm that a claim can be submitted to **us** to consider and **we** will then forward a claim form, reply paid envelope and a short aid detailing the next steps required for the claim to be assessed. **We** may also contact **you** by telephone to obtain more information regarding **your** circumstances.

**You** must return the claim form to **us** giving **us** any written information or proof **we** reasonably require to establish **your** claim.

In certain instances, **we** may ask for a **claims visitor** to visit to assist **you** in completing the claim form. The visit will be arranged at a mutually convenient time, and the **claims visitor** will have a letter of introduction from

Friends Life Individual Protection together with proof of identity. On rare occasions, visits may occur unannounced.

**We** may also ask for the following evidence, in connection with **your** claim, including but not limited to:

- **your** age
- a medical report and/or medical records
- **your** earnings for the 12 months immediately prior to **your incapacity**
- **your** occupation and the duties involved (unless **you** are claiming under the **houseperson's benefit**)
- a certificate for **your** hospital stay of six consecutive nights or more

In order to establish that **you** have an **incapacity**, **we** may require that **you** undergo an independent medical assessment. **We** will pay for the cost of this assessment. If **you** are outside the **countries**, **we** may require that **you** return to the **UK** to fulfil this request. However, **we** will not pay **you** for any expenses incurred returning to the **UK**.

**You** must ensure that any action **we** require from **you**, including, without limit, consent to provide medical forms and attendance at a medical examination is provided. If **you** fail to comply with any reasonable request **we** may delay or suspend payment of any **benefits**.

During **your** claim **we** may ask **you** to provide **us** with continued evidence to support **your** claim. **We** may request further evidence

similar to that **we** might obtain when **we** initially assessed **your** claim. Again, **we** will pay for reports and evidence that **we** request.

**We** will also consider any medical reports or additional information that **you** wish to provide in support of **your** claim.

If **you** do not provide **us** with any information that **we** believe to be reasonable to support **your** continued claim, **we** may cease payments.

### Child-carer benefit

If **you** wish to make a claim under the child-carer benefit, **you** should contact **us** within 12 months of **your child's** diagnosis of one of the specified illnesses. **We** will issue a claim form as well as confirming **our** requirements, and **we** may require the **child** to be independently assessed.

Where **we** accept a claim under the child-carer benefit, **we** will pay the child-carer benefit as described in 'What you are covered for' section of this **handbook**. **Your membership** will then continue and be otherwise unaffected.

**You** need to continue to pay **your** premium if **you** receive the child-carer benefit.

### Payment of benefit

When **we** have admitted **your** claim, **we** will pay **your benefit** monthly in arrears. The first payment will usually be made one month after the end of the **deferred period**. Unless otherwise agreed by **us**, **we** will make regular payments electronically.

### Ongoing review

Whilst a claim is in progress, if there is a change to the amount of **continuing earnings**, or **continuing benefits you** receive, **we** may alter the amount of **benefit we** pay to **you** in the future (excluding any **benefits in kind**).

If **you** have additional income from other insurance policies or **you** are in receipt of income as a consequence of **your incapacity**, this will also be taken into account when determining the **maximum benefit** payable to **you**.

### Premium waiver

**We** will waive **your** premium for any period whilst **you** are receiving the **benefit**.

If **you** are **incapacitated**, **we** will waive **your** premium three months after **your** diagnosis or incident if **your deferred period** is three months or more until **you** are no longer **incapacitated** but **we** may not if **you** do not advise **us** of **your incapacity** within three months of the diagnosis or incident.

If **your deferred period** is one month then **we** will waive your premium after one month of the diagnosis or incident; and if **your deferred period** is two months then **we** will waive the premium after two months. This will apply until **you** are no longer incapacitated.

### Subrogation

**We** retain **our rights** of subrogation over any claim **you** have against a third party for the cause of **your incapacity**. **You** must notify **us** if **you** take any action against a third party and/or before any claim is settled.

## Your right to cancellation

## Your right to cancellation

**You** have the right to cancel the **membership** and have any premium paid refunded if **you** cancel within the 30 day period from the date **you** receive **your registration certificate** and this **handbook**.

Confirmation of **your** request to cancel should be in writing sent by post to the contact details below.

Once **we** have been notified of **your** request to cancel (within the 30 day period) **we** will refund any premium that **you** have paid to **us**.

If **you** wish to cancel **your membership** at any other time, please write to **us** at the address shown below.

Friends Life Individual Protection  
The Core  
40 St Thomas Street  
Bristol  
BS1 6JX  
Tel: 0845 600 3122\*

**We** will write to **you** to confirm the cancellation of **your membership**.

Please note that outside of the initial 30 day cancellation period:

- no refund of premium will be due unless **you** have paid an annual premium and **you** cancel **your** cover before the next premium is due, in which case, **we** will give **you** a pro-rata refund but **we** will deduct the discount **you** would have received in that year for paying an annual premium

Please note that Friends Life Individual Protection contracts have no surrender value.

\*Calls may be recorded and may be monitored.



## General information

## General information

### Changes to your registration certificate

If **we** need to change any details on **your registration certificate**, or add new details to it, **we** will send **you** a new **registration certificate** or **endorsement** providing the most up to date details of **your membership** and will replace any earlier **registration certificate** (including any **endorsements** to it). **Your registration certificate** will show the date on which it replaced the earlier **registration certificate**.

### Surrendering your membership

**Your membership** has no surrender value. **You** will not receive any **benefits** or refund of premium when **your membership** ends.

### Changes to your membership

Only **we** can make any changes to **your membership**, (in accordance with **our** rights under **your membership**), confirm any changes **you** have asked for or decide not to enforce any of **our** rights. Any change to **your membership** will come into force only when confirmed by **us** in writing.

If **we** ever decide not to enforce **our** legal rights, this does not prevent **us** from enforcing those rights in the future.

### Information you must give us

If **you** change **your** address, **you** must write to tell **us** as soon as reasonably possible.

**You** must notify **us** within six months of the date **you** cease to have a **paid occupation**.

**You** must notify **us** if **you** begin to receive regular pension payments after **your membership** commenced.

**You** must notify **us** if **you** receive income from any **paid occupation** or occupations during any period of **incapacity**.

### Written communication

**We** will send any letters to **you** to the address **you** last gave **us**. If **you** change address **you** must always contact **us** and tell **us**.

If **you** write to **us**, **you** must send that letter to:  
Friends Life Individual Protection  
The Core  
40 St Thomas Street  
Bristol  
BS1 6JX

**You** can also personally deliver **your** letter to this address.

If **we** change this address **we** will write to **you** with details of where **you** should write to **us**.

**You** and **we** can assume that a letter has been received:

- on the day after it was personally delivered;
- three days after it was sent by first class post; or

### Applicable law

**Your membership** is governed by English law. Any dispute that **you** and **we** cannot settle will be dealt with exclusively by the courts in England.

Getting in touch

## Getting in touch

**Our** helpline is always the first number to call if **you** need help or support or if **you** have any comments or complaints. Please call **us** on 0845 600 3122\*.

Alternatively, **you** can write to **us** at:  
Friends Life Individual Protection  
The Core  
40 St Thomas Street,  
Bristol  
BS1 6JX.

### Making a complaint

If **you** have not been able to resolve a problem and **you** wish to take **your** complaint further, please write to Customer Relations at the address above.

It is rare that **we** cannot settle a complaint, but if this does happen, **you** may refer **your** complaint to the Financial Ombudsman Services. **You** can write to them at:

South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Or call them on their consumer helpline on 0800 023 4567 (free if **you** call from a landline) or 0300 123 9123 (free if **you** call from a mobile phone).

Please let **us** know if **you** want a full copy of **our** complaints procedure.

If something has gone wrong, **we** want to do everything **we** can to put it right. But none of these procedures affect **your** legal rights.

### The Financial Services Compensation Scheme (FSCS)

In the unlikely event that **we** cannot meet **our** financial obligations, **you** may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of **your** claim. The FSCS may arrange to transfer **your membership** to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or on its website [www.fscs.org.uk](http://www.fscs.org.uk).

\*Calls may be recorded and may be monitored.







**For more information, please contact us on:**



**0845 600 3122<sup>†</sup>**



**Friends Life Individual Protection, The Core,  
40 St Thomas Street, Bristol, BS1 6JX**

<sup>†</sup>Calls may be recorded and may be monitored

Friends Life Limited is authorised and regulated by the Financial Services Authority, register number 196142.

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