



YourLife Plan Critical Illness with Term Assurance Key Facts

keyfacts®



Death

Terminal
Illness

Specified
Critical Illness

Long term
sickness

Total &
Permanent
disability

Unemployment



Option

Option



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This document is available in other formats. If you would like a Braille, large print or audio version, please contact our customer care team at:

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We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

Welcome to YourLife Plan

Critical Illness with Term Assurance

This booklet is the Key Facts

If you're thinking about taking out YourLife Plan - Critical Illness with Term Assurance, this booklet should be able to answer any questions you might have. But if there's anything that isn't clear or you have any questions, please speak to your financial adviser or call us on **0845 600 6820**.

Full terms and conditions of YourLife Plan - Critical Illness with Term Assurance are available in the Cover Details. You can get a copy of the Cover Details from your financial adviser or by calling us on **0845 600 6820** or emailing us at **enquiries@ageasprotect.co.uk**.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

About this Key Facts document

This document is a brief guide to the cover we offer. It complies with the Association of British Insurers (ABI) Statements of Best Practice. These guidelines were introduced to make it easier for customers to compare the different covers that providers offer.

This document is based on our understanding of current law and tax rules in the UK. If you're thinking of taking out a cover, it's a good idea to get expert advice from an adviser who can look at your personal circumstances and help you make the decision that's right for you.

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Who provides YourLife Plan?

YourLife Plan is provided by Ageas Protect Limited. We only offer protection insurance - such as life insurance, critical illness cover and income protection.

YourLife Plan is only available to customers resident in the United Kingdom, Channel Islands and Isle of Man.

A quick guide to the language we use in this booklet

YourLife Plan lets you choose from a range of **covers**. This Key Facts document is about YourLife Plan - Critical Illness with Term Assurance cover.

YourLife Plan - Critical Illness with Term Assurance lasts for a number of years, known as the **term of the cover**.

We call the money that we pay someone for a successful claim, the **benefit**.

We call the money that someone pays us for their cover, the **premium**.



Section A:

About YourLife Plan

A1 What is YourLife Plan?

YourLife Plan is a group of optional covers. You can choose which of these covers you want to take out, from all of them to just one. You can choose from Term Assurance, Critical Illness with Term Assurance, Family Income Benefit and Income Protection. Each cover protects you in a different way, and either pays a lump sum or a monthly benefit.

A2 YourLife Plan's aims

To pay a lump sum if the person covered:

- dies, or
- is diagnosed with a critical illness, or is diagnosed with an illness during the term of the cover from which they are expected to die within 1 year.

A3 How does YourLife Plan - Critical Illness with Term Assurance work?

The amount of cover

When you take out YourLife Plan - Critical Illness with Term Assurance, you decide how much cover you want. This amount is called 'the sum assured'. This is the amount we pay for a successful claim.

You decide whether you want the sum assured to stay at the same level for the term of your cover, increase each year, or decrease monthly.

Increasing it each year could help to protect your benefit against the effects of inflation. Your premium will increase to pay for the extra cover.

A decreasing sum assured is sometimes chosen by people who want to cover the amount outstanding on a repayment mortgage. If you choose a decreasing sum assured, your premium will still remain level.

The term of the cover

The term of the cover is how long the cover lasts. You choose the term of the cover. Options such as Waiver of Premium, Total and Permanent Disability and Total Disability may end sooner than the term of cover.

Covering one person or covering two people

It is possible to protect two people by choosing joint life cover. While either person covered can claim under joint life cover, benefits are only payable once. After we have paid the benefits for one of the people covered, joint life cover stops.

Cover for one person is called single life.

For a full explanation of the effect of each decision on the cover, please see the Cover Details.

A4 Your commitment

- To pay regular monthly or yearly premiums throughout the term of your cover
- To give us accurate, complete and true information when you apply for cover
- To give us any medical or other evidence that we ask for
- To tell us if you change your name, your address or your bank account
- To tell us immediately if any of the information in the Cover Summary or Application Details we send you is wrong

A5 Risk factors

YourLife Plan - Critical Illness with Term Assurance will only pay a benefit for a critical illness if you meet our definition of that critical illness.

YourLife Plan - Critical Illness with Term Assurance only protects you against events that happen during the term of your cover. If something happens outside that term you won't be covered. Your Cover Summary shows what is covered and for how long.

If you don't review your cover in line with your earnings and lifestyle, you may have more or less cover than you need.

Inflation will reduce the spending power of any benefit you are paid in the future. To help protect your cover against this effect, you can choose to set it up with a sum assured that increases by 5% each year.

If you have a mortgage and you choose decreasing YourLife Plan - Critical Illness with Term Assurance and you choose an interest rate that is less than the rate you are paying on your mortgage, the benefit we will pay for a successful claim may not meet the outstanding amount of your mortgage.

If you don't pay your first premium, your cover won't start and you won't be covered. If you miss a subsequent premium and it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel your cover and you will no longer be covered.

If the person covered by YourLife Plan - Critical Illness with Term Assurance has a mastectomy for ductal carcinoma in situ or meets our definition of Total Disability, we will pay a percentage of the sum assured as the benefit. If the person covered is then diagnosed with another critical illness that we cover, we will pay the sum assured less the payments we have already made for a mastectomy for ductal carcinoma in situ or Total Disability. This means that if you have chosen a sum assured for YourLife Plan - Critical Illness with Term Assurance that covers a mortgage, and you receive these benefits, the remaining sum assured may not be enough to cover the cost of your mortgage unless you use these benefit payments to reduce your outstanding mortgage amount.

A claim for Terminal Illness can only be made where the person covered has been diagnosed with 1 year or less to live. If the consultant cannot determine this, or expects death to occur more than 1 year after diagnosis then we will not pay a benefit.

If a child of the person covered dies within 10 days of being diagnosed with a children's critical illness, we will not pay a benefit.

There are other circumstances in which we won't pay a claim. There's more information on these in section C of this booklet and in the Cover Details.

Your cover will not have a cash value at any time. YourLife Plan - Critical Illness with Term Assurance pays a benefit if:

- the person covered is diagnosed with a critical illness that we cover, or
- the person covered dies, or
- the child of the person covered is diagnosed with a children's critical illness that we cover.

The amount of benefit we will pay, and when, depends on the cause of the claim and the options included in the cover. If the person covered dies before we have accepted a claim for another reason, we will treat the claim as one made because the person covered has died.

Section B:

The cover and the benefit

The critical illnesses we cover

This is a list of the critical illnesses that we cover. To accept a claim for a critical illness, your diagnosis needs to meet our definition of that critical illness. We list all the critical illnesses that we cover with full definitions in the Cover Details.

For some people, we may not include every critical illness in this list. This could be because, for example, they have a particular medical condition when they apply for cover. The Cover Summary will show if we have not included any of these critical illnesses in the cover we are offering.

Alzheimer's disease - *resulting in permanent symptoms*

Aorta graft surgery - *for disease or following traumatic injury*

Aplastic anaemia - *with permanent bone marrow failure*

Bacterial meningitis - *resulting in permanent symptoms*

Benign brain tumour - *resulting in permanent symptoms*

Blindness - *permanent and irreversible*

Cancer - *excluding less advanced cases*

Cardiomyopathy - *of specified severity*

Coma - *resulting in permanent symptoms*

Coronary artery by-pass grafts - *with surgery*

Creutzfeldt-Jakob disease - *resulting in permanent symptoms*

Deafness - *permanent and irreversible*

Ductal carcinoma in situ of the breast (DCIS) - *requiring total mastectomy*

Encephalitis - *resulting in permanent symptoms*

Heart attack - *of specified severity*

Heart surgery - *with surgery to divide the breastbone*

Heart valve replacement or repair - *with surgery*

HIV infection - *from a blood transfusion, a physical assault or at work*

Kidney failure - *requiring dialysis*

Liver failure - *end stage*

Loss of hands or feet - *permanent physical severance*

Loss of independence - *of specified severity*

Loss of speech - *permanent and irreversible*

Lung disease - *of specified severity*

Major organ transplant

Motor neurone disease - *resulting in permanent symptoms*

Multiple sclerosis (MS) - *with persisting symptoms*

Multiple system atrophy - *resulting in permanent symptoms*

Paralysis of limbs - *total and irreversible*

Parkinson's disease - *resulting in permanent symptoms*

Pre-senile dementia - *resulting in permanent symptoms*

Primary pulmonary arterial hypertension - *of specified severity*

Progressive supranuclear palsy - *resulting in permanent symptoms*

Pulmonary artery replacement - *with surgery*

Stroke - *resulting in permanent symptoms*

Systemic lupus erythematosus (SLE) - *of specified severity*

Terminal illness - *where life expectancy is less than 12 months*

Third degree burns - *covering 20% of the body's surface area or 20% of the face's surface area*

Traumatic head injury - *resulting in permanent symptoms*

Optional cover

For extra protection, you can ask us to include the options: Waiver of Premium, Total Permanent Disability or Total Disability. Total Disability includes cover for non-permanent disability. When we will pay a benefit and how much we will pay, if these options are included, is explained in the rest of this section.

B1 When will we pay the benefit?

If the claim is being made because the person covered dies or is diagnosed with a critical illness

We will pay the benefit if, during the term of the cover, a person covered:

- dies, or
- is diagnosed with a critical illness and the diagnosis meets our definition of that critical illness, and they survive for 10 days after they are diagnosed.

Whether the cover is single life or joint life, the cover stops after we have paid the full sum assured.

If a claim is being made because a child of the person covered has a children's critical illness

We will pay a benefit if a child of the person covered is diagnosed with one of the critical illnesses that we cover under YourLife Plan - Critical Illness with Term Assurance, except Loss of Independence, Total Disability and Total Permanent Disability. For more information on how we define children's critical illness, please see the Cover Details.

If a child of the person covered dies within 10 days of being diagnosed with a children's critical illness, we will not pay a benefit.

We will pay double the benefit for the children's critical illness if the child covered is in the opinion of the treating Consultant and our Consultant Medical Officer:

- unable to receive treatment for the children's critical illness in the UK that is effective in curing or preventing further deterioration of the condition and
- a treatment that is effective, curative or prevents further deterioration is available overseas.

Whether the cover is single life or joint life, up to two claims can be made during the term of the cover for different children.

Up to two claims can be made during the term of the covers for any one child, if their parents have each taken separate single life cover with Ageas.

If we pay children's critical illness benefit payments, it won't affect how much benefit we would pay for any other successful claims in the future.

If the cover includes optional Total Permanent Disability

We will pay a benefit if the person covered is incapacitated and meets our definition of Total Permanent Disability before the end date shown on the Cover Summary but their condition doesn't meet our definition of critical illness. We define Total Permanent Disability in the Cover Details. The person covered will usually have to be incapacitated for at least 26 weeks before we can establish whether the incapacity is permanent. We explain how we define incapacitated below.

After we have paid the full sum assured, the cover stops.

If the cover includes optional Total Disability

We will pay a benefit if the person covered is incapacitated for more than 26 weeks and meets our definition of Total Disability before the end date shown on the Cover Summary but their condition doesn't meet our definition of critical illness or Total Permanent Disability. We define Total Disability in the Cover Details.

We explain how we define incapacitated below. After we have paid the full sum assured, the cover stops.

How do we define incapacitated?

There are three different ways we define incapacitated in relation to the person covered.

These are based on their ability to do:

1. their own occupation - the kind of job they did before they had to stop work
2. their suited occupation - the kind of job they could do
3. their daily activities - the things people need to do in everyday life.

Which of these three definitions applies to the person covered depends on:

- whether they are in paid work, and
- what kind of work they do.

The Cover Summary shows which definition applied to them when they took out their cover. If their circumstances change, a different definition may apply. For instance, if the person covered is under 70 and not in paid work when they become incapacitated, a daily activities definition will apply. And if they retire while we are paying a benefit, we will reassess the claim using a daily activities definition. This might mean we stop making benefit payments.

In all cases, their incapacity must be confirmed by appropriate medical evidence and agreed by our Consultant Medical Officer.

Definition 1. Own occupation

The person covered is not doing any paid work and has been diagnosed with an illness, injury or disability and is unable to do their essential duties of their occupation. The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's own occupation that cannot reasonably be omitted or modified.

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.

Definition 2. Suited occupation

The person covered is not doing any paid work and has been diagnosed with an illness, injury or disability that:

- in the first 12 months following the date they stopped work, totally prevents them from doing the the essential duties of their own occupation. The essential duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's own occupation that cannot reasonably be omitted or modified. 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
- after they have been off work for more than 12 months, totally prevents them from doing the essential duties of a suited occupation. A suited occupation means one they are reasonably qualified to do for profit or pay taking into account their employment history, knowledge, transferable skills, training, and experience, and

Both own and suited occupations are irrespective of location and availability.

Definition 3. Daily activities

The person covered has been diagnosed with an illness, injury or disability which prevents them from doing

- at least three out of the six work tasks, or one work task and one additional listed activity, or
- two listed activities (Seeing and Communicating), or
- meets our definition of Mental Failure.

For all of the work tasks and activities the insured person must need 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 taking any appropriate prescribed medication.

We define all 3 definitions of incapacitated in full in the Cover Details booklet.

B2 What will we base payments on?

We will base benefit payments on the sum assured. If an increasing or a decreasing sum assured has been chosen, the amount of the sum assured can change during the term of the cover. The Cover Summary shows if a level, increasing or decreasing sum assured has been chosen.

B3 How much will we pay?

How much we will pay depends on:

- the cause of the claim
- the cover shown in the Cover Summary, and
- any benefits payments we have already made for mastectomy for Ductal carcinoma in situ of the breast or Total Disability.

If the person covered dies	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast.
Critical Illness with Term Assurance and Total Permanent Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast.
Critical Illness with Term Assurance and Total Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast and Total Disability.

If the person covered is diagnosed with a critical illness, other than mastectomy for Ductal carcinoma in situ of the breast	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast.
Critical Illness with Term Assurance and Total Permanent Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast.
Critical Illness with Term Assurance and Total Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast and Total Disability.

If the person covered has a mastectomy for Ductal carcinoma in situ of the breast	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay 50% of the sum assured or £25,000 - whichever is the lower. However, if we have already paid benefits under this cover for a previous mastectomy for Ductal carcinoma in situ of the breast the most we will pay is the difference between the benefit payments we have already made and 100% of the sum assured.
Critical Illness with Term Assurance and Total Permanent Disability	We will pay 50% of the sum assured or £25,000 - whichever is the lower. However, if we have already paid benefits under this cover for a previous mastectomy for Ductal carcinoma in situ of the breast the most we will pay is the difference between the benefit payments we have already made and 100% of the sum assured.
Critical Illness with Term Assurance and Total Disability	We will pay 50% of the sum assured or £25,000 - whichever is the lower. However, if we have already paid benefits under this cover for a previous mastectomy for Ductal carcinoma in situ of the breast or for Total Disability, the most we will pay is the difference between the benefit payments we have already made and 100% of the sum assured.

If a child of the person covered is diagnosed with a children's critical illness	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay an amount equal to 50% of the sum assured or £25,000 - whichever is the lower. However we will pay an amount equal to 100% of the sum assured or £50,000 – whichever is lower if, in the opinion of the treating Consultant and our Consultant Medical Officer:
Critical Illness with Term Assurance and Total Permanent Disability	<ul style="list-style-type: none"> the child is unable to receive treatment for the children's critical illness in the UK that is effective in curing or preventing further deterioration of the condition and
Critical Illness with Term Assurance and Total Disability	<ul style="list-style-type: none"> a treatment that is effective, curative or prevents further deterioration is available overseas

If the person covered is incapacitated and meets our definition of Total Permanent Disability but their condition doesn't meet our definition of critical illness	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay nothing.
Critical Illness with Term Assurance and Total Permanent Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast.
Critical Illness with Term Assurance and Total Disability	We will pay the sum assured, less any benefit payments we have already made for mastectomy for Ductal carcinoma in situ of the breast and Total Disability.

If the person covered is incapacitated and meets our definition of Total Disability but their condition doesn't meet our definition of critical illness or Total Permanent Disability	
What's shown in the Confirmation Schedule	How much we will pay
Critical Illness with Term Assurance	We will pay nothing.
Critical Illness with Term Assurance and Total Permanent Disability	We will pay nothing.
Critical Illness with Term Assurance and Total Disability	<p>We will pay a monthly benefit. How we work out the monthly benefit is shown below:</p> <p><i>If the person covered is in paid work</i></p> <p>We will pay a monthly benefit equal to the lower of:</p> <ul style="list-style-type: none"> 1% of the current sum assured, or 50% of the covered person's pre-tax monthly income before they became incapacitated, less any income they are still receiving from their employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions. <p><i>If the person covered was in paid work before they became incapacitated, but meets our 'daily activities' definition</i></p> <p>The maximum we will pay each month is 1% of the current sum assured. Up to this limit, we will pay you the higher of:</p> <ul style="list-style-type: none"> 50% of your pre-tax monthly income before you became incapacitated

	<p>less any income you are still receiving from your employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions, or</p> <ul style="list-style-type: none"> • £1,667 a month. <p><i>If the person covered is not in paid work</i></p> <p>We will pay 1% of the current sum assured, up to a maximum of £1,667 a month.</p> <p>Total Disability payments can only continue until:</p> <ul style="list-style-type: none"> • the person covered is no longer incapacitated, or • the earlier of their cover end date or the Total Disability end date as shown in the Cover Summary, or • we have paid the full sum assured, or • they die, or • the total of these payments, plus any other payments for a mastectomy for Ductal carcinoma in situ of the breast or Total Disability, is equal to 100% of what the sum assured was when the person covered became incapacitated.
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B4 Waiver of Premium

If you include Waiver of Premium in the cover, we will waive the YourLife Plan - Critical Illness with Term Assurance premiums if a person covered is incapacitated for longer than 26 weeks.

For joint life cover, you can choose Waiver of Premium for one or both of the people covered.

How long will we waive your premium for?

We will stop waiving your premium when the earliest of the following happens:

- the person covered no longer meets the definition of incapacitated that applied when they first claimed, or
- they die, or
- the cover ends or Waiver of Premium end date is reached if this is earlier.

We will only continue to pay the benefit beyond 26 weeks of the person covered becoming incapacitated if they are resident in the UK, Channel Islands or Isle of Man.

While we are waiving a premium, we can ask the person covered to see a doctor or health specialist of our choice, to help us confirm whether they still meet the definition of incapacitated that applies to them.

Section C:

Questions about YourLife Plan

C1 Questions people often ask about YourLife Plan - Critical Illness with Term Assurance

Q. How much cover can I apply for?

A. There is no maximum sum assured but we may require further information before we agree to cover large amounts.

Q. When will the cover not pay out?

A. There are specific circumstances in which we won't pay a benefit. We will not pay a benefit if:

- the person covered or their legal representatives do not give us medical or other evidence that we ask for, or
- they are diagnosed with a critical illness that we do not cover or they are diagnosed with a critical illness but the diagnosis does not meet our definition of that critical illness, or
- their diagnosis does not meet our definition of incapacitated or terminal illness, or for terminal illness the diagnosis is not made by a consultant, or is not expected to lead to death within 12 months, or
- we find the person covered has given us inaccurate, incomplete or untrue information on the application which would have affected our decision to offer them this cover, or would have led us to offer it with different conditions, or
- the cover is no longer active, or
- the claim is caused by something that we have specifically excluded from this cover - this will be shown on the Cover Summary.

We will not pay a benefit for a children's critical illness if:

- the child of the person covered dies within 10 days of being diagnosed with a children's critical illness, or
- the child of the person covered is incapacitated and meets our definition of Total Permanent Disability or Total Disability or Loss of Independence but doesn't meet our definition of another critical illness that we cover, or
- the child is diagnosed with a critical illness but the diagnosis does not meet our definition of that critical illness, or
- the person covered is claiming a benefit for a children's critical illness but they have already received the maximum children's critical illness benefits available under the cover, or

- the child's condition was present at birth unless:
 - the child was born after the cover started and;
 - the condition is not known to be hereditary and;
 - neither parent received counselling or medical advice in relation to this condition before the birth.
- the symptoms first arose before the child was covered unless:
 - treatment for the condition has been completed and;
 - the child has been discharged from follow-up for the condition and;
 - they have not consulted any medical practitioner or received further treatment or advice for the condition within the last 5 years.

Q. How flexible is YourLife Plan - Critical Illness with Term Assurance cover?

A. Under YourLife Plan - Critical Illness with Term Assurance, you can choose:

- the sum assured
- whether the sum assured stays at the same level throughout the term of the cover, increases by 5% of the current sum assured each year, or decreases in line with the capital outstanding on a repayment mortgage
- the interest rate at which the sum assured decreases, if you chose a decreasing sum assured
- the term of the cover
- whether to include Total Disability or Total Permanent Disability
- whether to take out single life cover, for one person, or joint life cover, for two people with the benefit payable once, and
- whether to include Waiver of Premium.

Q. What if I change my mind and want to cancel my cover?

A. When your cover starts, we will send you information about your right to change your mind and cancel your cover. You have 30 days from the date you receive this information to cancel your cover. If you cancel your cover in this time we will refund any premiums you've paid to us, unless we have paid you a benefit before you cancel.

You can stop your cover at any other time. Once you tell us, your cover will end on the day before your next monthly premium to us is due. If you are paying annual premiums, your cover will end on the day before the next monthly anniversary of the cover. We will refund the cost of any full months of cover between the date of cancellation and the date your next annual premium is due.

Q. Once my cover starts, can I change it?

A. There are lots of ways that you can change your cover to make sure that it is still meeting your needs. All of the changes that can be made are explained in the Cover Details. The changes that can be made to your cover include:

- adding other covers - Term Assurance, Income Protection, and Family Income Benefit
- increasing the sum assured
- increasing the term of the cover
- reducing the sum assured
- reducing the term of the cover
- stopping and restarting annual increases
- stopping decreases
- adding another person to single life cover
- removing a person from joint life cover
- changing from annual to monthly premium payments or vice versa.

The options that increase the benefit or the term of a cover aren't available to everyone. This could be because, for example, someone has a particular medical condition when they apply for cover.

If the option isn't available, it doesn't mean that they can't ask us to make the increase, it just means that we won't automatically say yes. We might have to find out some more about the person covered before we can make a decision. The Cover Summary will show whether these options are available.

How these changes affect what you pay

If the sum assured or term of a cover increases, the premium of the cover will increase. If you set up a cover with an increasing sum assured, the amount you pay will increase each year to pay for the extra cover. If you then change to a level sum assured, the premium will remain at the level it was when you made the change. If you restart the annual increase, your premium will increase again.

If the sum assured or term of a cover reduces, it may reduce the premium.

If another person is added to a single life cover, to make a joint life cover, your premium will increase. If a joint life cover changes to a single life cover, the premium will reduce.

How these changes affect the terms and conditions

If you change the amount or the term of the cover, it may affect the terms and conditions of your cover.

Q. How much will my cover cost?

A. The amount of the monthly or yearly premium will be shown on the YourLife Plan - Critical Illness with Term Assurance Cover Summary we send you when your cover starts.

Q. What if I stop paying?

A. If you don't pay your first premium, your cover will not start and you won't be covered. If you miss a subsequent premium, we will write to you to let you know. If it remains unpaid for more than 30 days from the date it was due to be collected we will cancel your cover and you will no longer be covered.

If we cancel your cover because you didn't pay a premium, you can ask us to restart it up to 6 months after the date of the first missed premium. If you ask us to do this, we will tell you what we need in order to do it and you must clear any premium arrears. There may be circumstances when we can't restart your cover. If this happens, we'll explain our decision to you.

Q. Can my premium change in the future?

The premium that you pay will only change if:

- you ask for a change to the cover, or
- we have accepted a Waiver of Premium claim - in which case you won't pay for this cover during this time. You'll still pay premiums for those covers which you haven't chosen Waiver of Premium for, or
- Waiver of Premium, Total Permanent Disability, or Total Disability cover ends, or
- you have misstated your age.
- you have chosen an increasing sum assured - in which case your premium will increase annually. The amount of the increase will depend on the age of the person covered and the remaining term at that time. We will write to tell you what the additional premium will be. You can tell us that you do not want the increase. If you do this, we will keep the sum assured at its current level.

Q. How do I or my personal representatives make a claim?

A. Please tell us as soon as you or your personal representatives think you need to make a claim. You or your personal representatives can:

- call us on 0845 600 6815 (calls should cost no more than 5p per minute from a BT landline in the UK, networks may vary), or
- email us at claims@ageasprotect.co.uk, or
- write to us at Claims Team, Ageas Protect Limited, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, from 9.00am to 5.00pm, except bank holidays. To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

A claims adviser will explain the process and what information we'll need. There is more information about claiming your benefit in the Cover Details.

Q. Who will you pay the benefit to?

A. We will pay the benefit to the person legally entitled to receive it. Who this will be depends on the nature of the claim, the circumstances at the time and whether the cover has been assigned or put under trust.

Normally we will pay the benefit to the person covered or their personal representatives, if the person covered has died. Personal representatives need to send us the original Grant of Representation, Letters of Administration or Confirmation before we can pay any benefit to them.

If the person covered has instructed us to pay the benefit to someone else by a deed of assignment, we will pay this assignee. Assignees need to send us the original deed of assignment before we can pay any benefit to them.

If the cover is under Trust, we will pay the benefit to the Trustees. The Trustees must then follow the terms of the Trust to distribute the money to the chosen beneficiaries. Trustees need to send us the original Trust Deed and any deeds altering the Trust before we can pay any benefit to them. We will return these when we pay the claim.

Q. How can I contact you?

A. You can:

- phone us on 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline in the UK, networks may vary), or
- email us at enquiries@ageasprotect.co.uk, or
- write to us at Ageas Protect Limited, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

Q. How do I make a complaint?

A. If you have a complaint, please contact our customer care team at the following address:

Ageas Protect Limited, PO Box 205,
Wyndham, NR18 8AH

Telephone: 0845 600 6813 (calls should cost no more than 5p per minute from a BT landline in the UK, networks may vary)
Email: complaints@ageasprotect.co.uk

We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

We will try to resolve complaints as quickly as possible. If we can't deal with your complaint promptly, we will send you a letter to acknowledge it and then give you regular updates until it is resolved.

We are committed to resolving complaints through our own complaints procedures. However, if a matter cannot be resolved satisfactorily, you may be able to refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service helps settle disputes between consumers and financial firms. Their service is independent and does not cost you anything. They can decide if we have acted wrongly and if you have lost out as a result. If this is the case they will tell us how to put things right and whether we have to pay you compensation.

If you make a complaint, we will send you a leaflet explaining more about the Financial Ombudsman Service. You can also ask us to send you the leaflet at any other time. Alternatively, you can contact the Financial Ombudsman Service yourself at the following address:

Financial Ombudsman Service, South Quay Plaza,
183 Marsh Wall, London E14 9SR

Telephone: 0845 080 1800 (calls should cost no more than 5p per minute from a BT landline in the UK, networks may vary) or 020 7964 0500 (this number may be cheaper for calls from some mobile phones and other networks)
Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

If you make a complaint, it will not affect your right to take legal proceedings.

C2 Other information

The Law

The Law of England and Wales will apply to this cover.

Language

All our communications with you now, and throughout the term of the cover, will be in English.

Financial Services Compensation Scheme

Your cover is covered by the Financial Services Compensation Scheme. The scheme covers you if we cannot meet our obligations. You can get more information about compensation scheme arrangements from us - our contact details are on page 14.

Alternatively, you can contact the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme
10th Floor, Beaufort House, 15 St Botolph Street,
London, EC3A 7QU

Telephone: 0800 678 1100 or 020 7741 4100
Email: enquiries@fscs.org.uk

What we will use personal information for

We will only use personal information about the person covered for:

- providing our products and services
- administration and customer services
- fraud prevention
- research and analysis
- legal and regulatory reasons, and
- marketing products and services of the Ageas Protect Limited, unless they have asked us not to in the application.

We will keep their information for a reasonable period for these purposes.

They have the right to ask for a copy of the information that we hold about them. We are entitled to charge them a small administrative fee for giving it to them.

Where we may get personal information from

We may get personal information about the person covered from: them, their financial adviser, or from other sources - for instance their doctor.

We may ask their doctor for information before we offer cover. We may also get a report from their doctor or telephone them for more information after the cover has started. If we find that we have been given incomplete, inaccurate or untrue information, we do not receive the report from their doctor or they are unavailable for interview, we reserve the right to cancel the cover within 13 weeks.

Who we will share personal information with

We may share personal information about the person covered solely for the purposes listed in 'What we will use personal information for' with certain named third parties. These third parties are:

- Ageas Group's current auditors from time to time (the identity of which can be provided on request)
- our reinsurers (a list of these reinsurers can be provided on request)
- our third party service providers
- your financial adviser
- other parts of the Ageas Group, and
- legal and regulatory bodies.

We may give copies of medical information we obtain about them to their own doctor.

Giving us information about another person

If the person covered gives us information about another person, they confirm that the other person has given them the authority to consent to the processing of their personal data. The person covered also confirms that they have informed the other person of our identity and the purposes for which we will use their personal data.

Monitoring and recording telephone calls

We may monitor and record telephone calls and keep the recordings. This is to make sure we have an accurate record of instructions and for us to use in training and quality assurance.

If the person covered would like more information about how we will use their personal information or they would like to choose how they get marketing communications from us, they can:

- phone us on 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline in the UK, networks may vary), or
- email us on enquiries@ageasprotect.co.uk, or
- write to us at Ageas Protect Limited, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.



Ageas Protect Limited

Registered Address
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Telephone 0845 600 6820

Registered in England and Wales
Number 6367921.

Ageas Protect Limited is authorised and
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