



Low Start

Critical Illness with Term Assurance

Cover Details



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This document is available in other formats. If you would like a Braille, large print or audio version, please contact us:

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We are open Monday to Thursday, 8.30am to 8pm and Friday, 8.30am to 5.30pm, except bank holidays.

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

Welcome to Low Start

This booklet is the **Low Start - Critical Illness with Term Assurance Cover Details**. It explains how your cover works.

If you've just taken out **Low Start - Critical Illness with Term Assurance**, please read this booklet carefully and keep it in a safe place, along with your **Cover Summary**. These two documents and the **Application Details** make up your contract with us.

If you're thinking about taking out **Low Start - Critical Illness with Term Assurance**, this booklet should be able to answer any questions you might have.

If you are taking out **Low Start - Critical Illness with Term Assurance** to cover another person, Section A explains how this changes the terms and conditions of the cover detailed in sections B, C and D.

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** (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks).

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

Who provides Low Start?

Low Start is provided by Ageas Protect Limited. We specialise in protection insurance such as life insurance, critical illness cover and income protection.

Who can take out Low Start?

Low Start is only available to people resident in the United Kingdom, **Channel Islands** and Isle of Man.

The language we use in the Cover Details

We, us or our means Ageas Protect Limited. You or your means the **owner of the cover** or, where appropriate, their legal successors - unless a different meaning is given in a clause.

Look out for words in **orange** and **italics**. These are all explained in section E.



Section A:

Setting up the cover

A1 The owner of the cover

Throughout this section *you* and *your* means the **owner of the cover**.

If you apply for Low Start on your own life, you will also be the **owner of the cover**. If two people apply for joint life cover on both of their own lives, they will be joint **owners of the cover**.

If you apply for Low Start to cover the life of another person or persons, you will be the **owner of the cover**. This means you will be the beneficiary of the plan in the event of a claim, unless you chose to assign the **benefit** or place it in trust.

Special conditions apply when you wish to take out Low Start to cover another person. If there is a difference between the conditions detailed in Sections B to D and the conditions in this section, the conditions in this section will apply.

A2 Who can take out Low Start?

Both the **owner of the cover** and the person whose life is being covered must be resident in the United Kingdom, **Channel Islands** or Isle of Man.

You must have an insurable interest in the person covered at the time you take out Low Start. You always have an insurable interest in your own life. In addition, you always have an insurable interest in the life of your spouse or civil partner. You may also have an insurable interest in another person if you have a legally enforceable financial dependency or liability upon them. If you are not sure about this, you should ask your adviser for guidance.

Where the **owner of the cover** is different from the person covered, we may also ask for evidence of the insurable interest.

Section B:

The cover

Anything we've written in **orange** and *italics* is explained in section E.

B1 Critical Illness with Term Assurance

Critical Illness with Term Assurance will pay the **benefit** if:

- the person covered meets a **critical illness** definition that we cover, or
- the person covered dies, or
- the **child** of the person covered meets a **children's critical illness** definition that we cover.

We list the **critical illnesses** that we **cover** and how we define them in section B2a. Any **critical illnesses** from this list that are not included in your **cover** will be shown in the **Cover Summary**.

For extra protection, the **owner of the cover** can ask us to include the following options: Waiver of Premium, **total permanent disability** or **Total Disability**. How we define these is listed in section B2b.

The amount of the **benefit** we will pay, and when, depends on the cause of the claim and the options included in the **cover**.

When we will pay the **benefit**

When we will pay the **benefit** depends on the **cover** shown in the **Cover Summary**. Where there is more than one life covered, this can be different for each person.

The following tables explain when we will pay the **benefit** if:

1. a claim is being made because the person covered dies or meets a **critical illness** definition that we cover, or
2. a claim is being made because a **child** of the person covered meets a **children's critical illness** definition that we cover, or
3. the **cover** includes **total permanent disability**, or
4. the **cover** includes **Total Disability**, or
5. the **cover** includes Waiver of Premium.

1. If the claim is being made because the person covered dies or is diagnosed with a critical illness (including terminal illness - where life expectancy is less than 12 months)	
What's shown in the Cover Summary	When we will pay the benefits
Single life	We will pay the benefit if the person covered: <ul style="list-style-type: none">• dies, or• is diagnosed with a critical illness and the diagnosis meets our definition of critical illness. <p>The cover stops after we have paid the full sum assured. Children's critical illness payments don't affect the sum assured.</p>
Joint life	We will pay the benefit if one of the people covered: <ul style="list-style-type: none">• dies, or• is diagnosed with a critical illness and the diagnosis meets our definition of critical illness. <p>The cover stops after we have paid the full sum assured. Children's critical illness payments don't affect the sum assured.</p>

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

We will pay the benefit if a **child** of the person covered is diagnosed with a **children's critical illness** and they survive for 10 days after they are diagnosed.

There are some other restrictions attached to **children's critical illness** cover explained in the section "When we will not pay the benefit".

Where the **child**, in the opinion of the treating medical **consultant** and our Consultant Medical Officer, is unable to receive effective, curative or preventative treatment in the UK for the **children's critical illness** covered but an effective, curative or preventative treatment exists overseas, Ageas will double the **benefit** payable for **children's critical illness**.

Up to two claims can be made during the term of the covers for any one **child**, if their parents are each covered by separate **single life covers** with Ageas, or have two **joint life covers** with Ageas. If the parents have two or more critical illness covers then only one claim can be made by each parent.

Children's critical illness payments don't affect how much **benefit** we may pay for future claims under Critical Illness with Term Assurance.

3. If the **cover** includes **total permanent disability**

We will pay the **benefit** if the person covered is **incapacitated** before the **total permanent disability** end date and meets our definition of **total permanent disability** which applies to them but their condition doesn't meet our definition of **critical illness**. The person covered will usually have to be **incapacitated** for at least 26 weeks before we can establish whether the incapacity is **permanent**.

The **cover** stops after we have paid the full **sum assured**.

4. If the **cover** includes **Total Disability**

We will pay a **benefit** if the person covered is **incapacitated** for more than 26 weeks before the **Total Disability** end date and meets our definition of Total Disability but their condition doesn't meet our definition of **critical illness**.

5. If the **cover** includes Waiver of Premium

What's shown in the Cover Summary	When we will waive the Critical Illness with Term Assurance premiums
Single life	We will waive the Critical Illness with Term Assurance premiums if the person covered is incapacitated for longer than 26 weeks. We will continue to waive them until they are no longer incapacitated or the earlier of the cover end date or the Waiver of Premium end date as shown in the Cover Summary .
Joint life Waiver of Premium on one life	We will waive the Critical Illness with Term Assurance premiums if the person covered by Waiver of Premium is incapacitated for longer than 26 weeks. We will continue to waive the premiums until they are no longer incapacitated or the earlier of the cover end date or the Waiver of Premium end date as shown in the Cover Summary .
Joint life Waiver of Premium on each life	We will waive the Critical Illness with Term Assurance premiums if one of the people covered is incapacitated for longer than 26 weeks. We will continue to waive the premiums until they are no longer incapacitated or the earlier of the cover end date or the Waiver of Premium end date as shown in the Cover Summary .

Anything we've written in **orange** and **italics** is explained in section E.

What we will base *benefit* payments on

We will base *benefit* payments on the *sum assured*. The amount of the *sum assured* can change during the *term of the cover*. How it changes depends on the *cover* shown in the *Cover Summary*.

The current *sum assured* is the amount of *benefit* the *owner of the cover* has available at the time of the claim. This may be less than the original *sum assured* if the *owner of the cover* has not chosen to accept the increased *premium* each year throughout the *term*.

What's shown in the <i>Cover Summary</i>	What we will base <i>benefit</i> payments on
Level lump sum	We will base <i>benefit</i> payments on the current <i>sum assured</i> , as shown in the <i>Cover Summary</i> .

How much we will pay

How much we will pay depends on:

- the cause of the claim;
- the *cover* shown in the *Cover Summary*, and
- any *benefit* payments we have already made for *Total Disability*.

Children's critical illness payments don't affect how much *benefit* we would pay for future claims under Critical Illness with Term Assurance.

If the person covered dies	
What's shown in the Cover Summary	How much we will pay
Critical Illness with Term Assurance	We will pay the current sum assured .
Critical Illness with Term Assurance and total permanent disability	
Critical Illness with Term Assurance and Total Disability	We will pay the current sum assured , less any benefit payments we have already made for Total Disability .

If the person covered is diagnosed with a critical illness , other than Angioplasty, Carcinoma in situ of the breast, Carotid artery stenosis, Cerebral aneurysm, Cerebral arteriovenous malformation, Diabetes mellitus Type 1, Low grade prostate cancer or Testicular carcinoma in situ.	
What's shown in the Cover Summary	How much we will pay
Critical Illness with Term Assurance	We will pay the current sum assured
Critical Illness with Term Assurance and total permanent disability	We will pay the current sum assured
Critical Illness with Term Assurance and Total Disability	We will pay the current sum assured , less any benefit payments we have already made for Total Disability .

Anything we've written in **orange** and **italics** is explained in section E.

If a person covered meets our definition for any of the following additional conditions we will pay:	
Angioplasty - <i>requiring treatment to multiple coronary vessels</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Carcinoma in situ of the breast - <i>with surgery to remove the tumour</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower.
Carotid artery stenosis - <i>treated by endarterectomy or angioplasty</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Cerebral aneurysm - <i>treated by craniotomy or endovascular repair</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
Cerebral arteriovenous malformation - <i>treated by craniotomy or endovascular repair</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
Diabetes mellitus Type 1 – <i>requiring permanent insulin injections</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Low grade prostate cancer - <i>requiring surgical removal of the prostate or specified radiotherapy</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Testicular carcinoma in situ - <i>requiring surgery to remove one or both testicles</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
The above additional payments do not affect the amount of benefit we pay for subsequent claims under the plan. However they do not apply if the person covered meets any of the critical illness definitions listed in the full sum assured payments section. Each of the above additional payments will only be made once per person covered regardless of how many Low Start - Critical Illness with Term Assurance plans they are covered under.	

If a child of the person covered is diagnosed with a children's critical illness. How much we will pay:	
If the child is diagnosed with a children's critical illness , other than Angioplasty, Carcinoma in situ of the breast, Carotid artery stenosis, Cerebral aneurysm, Cerebral arteriovenous malformation, Low grade prostate cancer or Testicular carcinoma in situ we will pay an amount equal to 50% of the sum assured or £25,000 - whichever is the lower. If the claim is for a critical illness listed under the additional payments, the maximum payments may be lower. Diabetes mellitus Type 1 is not covered under children's critical illness . Please refer to the additional payments to see the limits that apply.	
If the child meets any of the additional payment definitions listed below and does not meet any of the full payment definitions, we pay the following amounts:	
Angioplasty - <i>requiring treatment to multiple coronary vessels</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Carcinoma in situ of the breast - <i>with surgery to remove the tumour</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower.
Carotid artery stenosis - <i>treated by endarterectomy or angioplasty</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Cerebral aneurysm - <i>treated by craniotomy or endovascular repair</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
Cerebral arteriovenous malformation - <i>treated by craniotomy or endovascular repair</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
Low grade prostate cancer - <i>requiring surgical removal of the prostate or specified radiotherapy</i>	We will pay 25% of the sum assured or £25,000 - whichever is the lower.
Testicular carcinoma in situ - <i>requiring surgery to remove one or both testicles</i>	We will pay 12.5% of the sum assured or £12,500 - whichever is the lower
We will pay double the amounts above if, in the opinion of the treating consultant and our Consultant Medical Officer:	
<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 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 Cover Summary	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 current sum assured .
Critical Illness with Term Assurance and Total Disability	We will pay the current sum assured , less any benefit payments we have already made for 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 Cover Summary	How much we will pay
Critical Illness with Term Assurance	We will pay nothing.
Critical Illness with Term Assurance and total permanent disability	
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 their 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 the higher of:</p> <ul style="list-style-type: none"> • 50% of their 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, or • £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 • the total of these payments, plus any previous payments for Total Disability, is equal to 100% of what the sum assured was when the person covered became incapacitated.

Children's critical illness payments don't affect how much **benefit** we may pay for future claims under Critical Illness with Term Assurance.

Anything we've written in **orange** and **italics** is explained in section E.

How we will pay the **benefit**

We will pay the **benefit** directly into a UK, **Channel Islands** or Isle of Man bank account that the **owner of the cover** or their legal personal representative has nominated.

If the Critical Illness with Term Assurance **cover** has been written in trust, we will pay the **benefit** to the trustees.

If the **owner of the cover** has instructed us to pay the **benefit** to someone else by a deed of assignment, we will pay this assignee.

If the **cover** includes Waiver of Premium, we will waive the Critical Illness with Term Assurance **premium** if the person covered is **incapacitated** for more than 26 weeks.

When we will not pay the **benefit**

We will not pay the **benefit** if any of the following apply:

- the person covered, the **owner of the cover** or their legal representatives do not give us medical or other evidence that we ask for, or
- the person covered is 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
- the 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 or the **owner of the cover** has given us inaccurate, incomplete or false information on the application which would have affected our decision to offer this **cover**, or would have led us to offer it with different conditions, or
- the cover is no longer active, or **Total Disability** or **total permanent disability** is no longer **active** as shown on the **Cover Summary**, or
- the claim is caused by something that we have specifically excluded from this **cover** - this will be shown in the **Cover Summary**.

We will not pay any of the additional **benefits** to the **owner of the cover** if the person covered meets any of the **critical illness** definitions listed in the full **sum assured** section.

In addition to the above, we will not pay a **benefit** for **children's critical illness** if:

- **the owner of the cover** 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** dies within 10 days of being diagnosed with a **children's critical illness**, or
- the **child** is 22 or older when they suffer or undergo a **critical illness**; or
- the **child** is diagnosed with a **children's critical illness** but the diagnosis does not meet our definition of that **critical illness**, or
- the **child** is diagnosed with Diabetes mellitus Type 1; 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** was born after the **cover** started and suffered a **children's critical illness** where either **parent** was aware of the increased risk of the **child** suffering the **children's critical illness** or had received counselling or medical advice in relation to the condition before the **cover** started; or
- the **child** was born before the **cover** started and had already suffered a **children's critical illness** unless:
 - treatment for the condition has been completed; and
 - the **child** has been discharged from follow-up for the condition; and
 - the **child** has not consulted any medical practitioner or received further treatment or advice for the condition within the last 5 years; or
- the **child** was born before the **cover** started and subsequently suffered a **children's critical illness** where either **parent** was aware of the increased risk of the **child** suffering the **children's critical illness** or had received counselling or medical advice in relation to the condition before the **cover** started.

We will not pay any of the additional **benefits** for **children's critical illness** if the **child** meets any of the **critical illness** definitions listed in the full **sum assured** section.

B2a Critical illness definitions

This section lists the critical illnesses that we cover, and their definitions. Each definition sets out the exact diagnosis that must be given for us to accept a claim for a **critical illness**.

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**.

It will also show whether **total permanent disability** or **Total Disability** are included in the **cover** and the date these **covers** end.

Where do these definitions come from?

For many illnesses and conditions, the Association of British Insurers (ABI) and the British Medical Association (BMA) have agreed a definition. For all of these illnesses and conditions we use the definition that applied on 1st March 2011, or one which gives you additional cover. If we use the ABI and BMA agreed definition, we have written 'ABI' above the definition. If we use a definition that gives you additional cover, we have written 'ABI+' above the definition. For illnesses where no ABI definition exists, we provide our own definition and have written 'Ageas' above it. The definitions used will not change during the **term of the cover**.

Critical illnesses which pay the full sum assured

Alzheimer's disease - *resulting in permanent symptoms*

Definition - ABI

A definite diagnosis of Alzheimer's disease by a **Consultant** Neurologist, Psychiatrist or Geriatrician. There must be **permanent** clinical loss of the ability to do all of the following:

- remember
- reason, and
- perceive, understand, express and give effect to ideas.

For the above definition the following are not covered:

- Other types of dementia.

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

Definition - ABI+

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 undergoing of surgery for traumatic injury to the aorta with excision and surgical replacement of a portion of the aorta with a graft.

The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, any other surgical procedure, for example the insertion of stents or endovascular repair is not covered.

Aplastic anaemia - *with permanent bone marrow failure*

Definition - Ageas

Permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplant.

For the above definition, the following are not covered:

- other forms of anaemia.

Bacterial meningitis - *resulting in permanent symptoms*

Definition - Ageas

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.

For the above definition the following are not covered:

- All other forms of meningitis including viral meningitis.

Benign brain tumour - *resulting in permanent symptoms*

Definition - ABI+

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**.

For the above definition, the following are not covered:

- tumours in the pituitary gland
- angiomas.

In addition, the requirement for **permanent neurological deficit with persisting clinical symptoms** will be waived if the benign brain tumour is surgically removed.

Blindness - *permanent and irreversible*

Definition - ABI+

Permanent and **irreversible** loss of sight to the extent that, even when tested with the use of corrective visual aids (with glasses or lenses), it is measured by a certified ophthalmologist as follows:

- visual acuity of less than 3/60 in the better eye using a Snellen eye chart, or
- visual acuity of 3/60 or more but less than 6/60 in the better eye, together with a complete loss of peripheral visual field and a central visual field of no more than 10 degrees in total.

Cancer - *excluding less advanced cases*

Definition - ABI+

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

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 (including cutaneous lymphoma) other than:
 - malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin); or
 - basal cell carcinoma or squamous cell carcinoma that has invaded and spread into lymph nodes or metastasised to distant organs.

Cardiac Arrest - *requiring implantable cardiac defibrillator*

Definition - Ageas

Confirmation by a **consultant** medical specialist of a definite diagnosis of cardiac arrest with the permanent insertion of an implantable cardiac defibrillator. Cardiac arrest is defined as sudden cessation of cardiac activity leading to unresponsiveness, with no normal breathing and no signs of circulation: if corrective measures are not taken rapidly, this condition progresses to sudden death.

Cardiomyopathy - *of specified severity*

Definition - Ageas

A definite diagnosis of cardiomyopathy made by a **Consultant** Cardiologist. There must be **permanent** clinical impairment of heart function resulting in the loss of ability to perform physical activities to at least class 3 of the New York Heart Association classification of functional capacity.

For the purpose of this definition, NYHA Class III is defined as where even minor activity causes severe fatigue, palpitation, severe shortness of breath, or anginal pain. The person affected is only comfortable at rest.

For the above definition the following are not covered:

- All other forms of heart disease, heart enlargement and myocarditis
- Cardiomyopathy related to alcohol or drug misuse.

Coma - *resulting in permanent symptoms*

Definition - ABI+

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

- requires the use of life support systems, and
- results in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following is not covered:

- coma secondary to alcohol or drug abuse.

Coronary artery bypass grafts - *with surgery*

Definition - ABI+

The undergoing of surgery on the advice of a **Consultant** Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For the above definition, the following are not covered:

- balloon angioplasty
- atherectomy
- rotablation
- insertion of stents
- laser treatment.

Creutzfeldt-Jakob disease - *resulting in permanent symptoms*

Definition - Ageas

Diagnosis of Creutzfeldt-Jakob disease or New Variant CJD made by a **Consultant** Neurologist, evidenced by a significant reduction in mental and social functioning so that **permanent** supervision or assistance by a third party is required.

Deafness - *permanent and irreversible*

Definition - ABI

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

Encephalitis - *resulting in permanent symptoms*

Definition - Ageas

A definite diagnosis of encephalitis by a **Consultant** Neurologist resulting in **permanent neurological deficit with persisting clinical symptoms**.

Heart attack - *of specified severity*

Definition - ABI+

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.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina.

Heart surgery - *with surgery to divide the breastbone*

Definition - Ageas

The undergoing of open heart surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a **Consultant** Cardiologist to correct a structural abnormality of the heart.

Heart valve replacement or repair - *with surgery*

Definition - ABI+

The undergoing of surgery on the advice of a **Consultant** Cardiologist to replace or repair one or more heart valves.

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

Definition - ABI+

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment, after the start of the **cover** 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.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within five 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 incident causing the infection must have occurred in an **eligible country**.

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

If the claimant does not live in an **eligible country**, we reserve the right to decline their claim.

Kidney failure - *requiring dialysis*

Definition - ABI

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

Liver failure - *end stage*

Definition - Ageas

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

- **permanent** jaundice
- **permanent** ascites
- encephalopathy.

For the above definition, the following is not covered:

- Liver disease secondary to alcohol or drug misuse.

Loss of hands or feet - *permanent physical severance*

Definition - ABI+

Permanent physical severance of one or more hands or feet at or above the wrists or ankle joints.

Loss of independence - *of specified severity*

Definition - Ageas

Confirmation by a **Consultant** Physician of the **permanent** loss of the ability to live independently which meets the following criteria:

Either

- Mental failure: The diagnosis by a **Consultant** Neurologist or Psychiatrist, of an **irreversible** and **permanent** mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:
 - remember
 - reason, and
 - perceive, understand and give effect to ideas which causes a significant reduction in mental and social functioning, requiring continuous supervision

Or

- The life assured is unable to perform two out of the following five activities without the help of another person, even with the use of appropriate assistive aids.

Anything we've written in **orange** and **italics** is explained in section E.

Activity	Definition
Washing	The ability to wash in the bath or shower (including getting into and out of the bath or shower).
Dressing	The ability to put on and take off, secure and unfasten all garments.
Getting between rooms	The ability to get from room to room on a level floor.
Feeding yourself	The ability to feed yourself when food and drink has been prepared.
Maintaining personal hygiene	The ability to maintain a satisfactory level by using the toilet or otherwise managing bowel and bladder functions.

Loss of speech - permanent and irreversible

Definition - ABI

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

Lung disease - of specified severity

Definition - Ageas

Confirmation by a **Consultant** Physician of chronic 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
- Forced expiratory volume (FEV1) being less than 40% of normal
- Vital Capacity less than 50% of normal.

Major organ transplant

Definition - ABI+

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

For the above definition, the following is not covered:

- Transplant of any other organs (other than those specified above), parts of organs, tissues or cells.

Motor neurone disease - resulting in permanent symptoms

Definition - ABI

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

Multiple sclerosis (MS) - with persisting symptoms

Definition - ABI+

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 three months.

Multiple system atrophy - resulting in permanent symptoms

Definition – Ageas

A definite diagnosis of multiple system atrophy confirmed by a **Consultant** Neurologist. There must be evidence of **permanent** clinical impairment of either:

- motor function with associated rigidity of movement or
- the ability to coordinate muscle movement or
- bladder control and postural hypotension.

Paralysis of limbs - total and irreversible

Definition - ABI+

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

Parkinson's disease (Idiopathic) - resulting in permanent symptoms

Definition - ABI+

A definite diagnosis of Idiopathic Parkinson's disease by a **Consultant** Neurologist. There must also be **permanent** clinical impairment that includes bradykinesia (slowness of movement) and at least one of the following:

- tremor; or
- muscle rigidity; or
- postural instability.

For the above definition, the following are not covered:

- Parkinsonian syndromes including but not limited to those caused by alcohol or drugs.

Pre-senile dementia - resulting in permanent symptoms

Definition - Ageas

A definite diagnosis of pre-senile dementia by a **Consultant** Neurologist. There must be **permanent** and **progressive** clinical loss of the ability to do all of the following:

- remember
- reason, and
- perceive, understand, express and give effect to ideas.

For the above definition the following are not covered:

- Other types of dementia.

Primary pulmonary arterial hypertension - of specified severity

Definition - Ageas

Idiopathic pulmonary arterial hypertension that has caused **permanent** and **irreversible** impairment of heart function which is classified by a **Consultant** Cardiologist as at least Class III on the New York Heart Association (NYHA) scale of functional capacity.

For the purpose of this definition, NYHA Class III is defined as where even minor activity causes severe fatigue, palpitation, severe shortness of breath, or anginal pain. The person affected is only comfortable at rest.

For the above definition, the following are not covered:

- Other types of hypertension
- Pulmonary hypertension due to an established cause.

Progressive supranuclear palsy - resulting in permanent symptoms

Definition - Ageas

A definite diagnosis of progressive supranuclear palsy, confirmed by a **Consultant** Neurologist. There must be **permanent**:

- clinical impairment of motor function
- eye movement disorder, and
- postural instability.

Pulmonary artery replacement - with surgery

Definition - Ageas

The actual undergoing of surgery on the advice of a **Consultant** Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Stroke - of specified severity

Definition - ABI+

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull that has resulted in all of the following evidence of stroke:

- **neurological deficit with persisting clinical symptoms lasting at least 24 hours**; and
- definite evidence of death of tissue or haemorrhage on a brain scan.

For the above definition, the following is not covered:

- Transient ischaemic attack.

Systemic lupus erythematosus (SLE) - of specified severity

Definition - Ageas

A definite diagnosis of systemic lupus erythematosus by a **Consultant** Rheumatologist where either of the following are also present:

- SLE affecting the kidneys which has resulted in **permanent** impaired kidney function with a glomerular filtration rate (GFR) below 30ml/min, or

- SLE affecting the central nervous system which has caused **permanent neurological deficit with persisting clinical symptoms**.

Terminal illness - where life expectancy is less than 12 months

Definition - ABI+

A definite diagnosis by the attending **Consultant** of an illness which satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending **Consultant** the illness is expected to lead to death within 12 months.

A claim will be considered where **terminal illness** is diagnosed and this definition is met at any time up to the day **cover** ends.

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

Definition - ABI+

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue either:

- covering at least 20% of the surface area of the body; or
- covering at least 20% of the surface area of the face.

Traumatic head injury - resulting in permanent symptoms

Definition - ABI

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

Additional partial payment definitions

Please note, we will not pay any of the following additional benefits to the **owner of the cover** if the person covered meets any of the **critical illness** definitions listed in the full **sum assured** payments section above.

Angioplasty - *requiring treatment to multiple coronary vessels*

Definition - Ageas

Multi-vessel coronary artery disease treated by multi-vessel percutaneous coronary intervention (PCI) or a single coronary artery lesion of the left main stem treated by PCI. PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.

The PCI must have been carried out to treat a lesion in the left main stem or lesions in two or more of the main coronary arteries. Multiple vessels must be treated at the same time or as part of a planned stage procedure within 60 days of the first PCI.

For the purpose of this definition the main coronary arteries are:

1. right coronary artery or its branches
2. left anterior descending artery or its branches
3. circumflex artery or its branches

For the purpose of this definition diagnostic angiography is excluded.

The multi-vessel PCI benefit will only be paid under this cover once for each person covered.

Carcinoma in situ of the breast – *with surgery to remove the tumour*

Definition - Ageas

Breast cancer in situ, including ductal and lobular carcinoma in situ, positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.

For the above definition the following are not covered:

- other forms of treatment.

Carotid artery stenosis – *treated by endarterectomy or angioplasty*

Definition - Ageas

The undergoing of endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 70% narrowing or blockage of a carotid artery.

Angiographic evidence will be required.

Cerebral aneurysm - *treated by craniotomy or endovascular repair*

Definition - Ageas

The undergoing of craniotomy or endovascular repair to treat a cerebral aneurysm.

Cerebral arteriovenous malformation - *treated by craniotomy or endovascular repair*

Definition - Ageas

The undergoing of craniotomy or endovascular repair to treat a cerebral AV fistula or malformation.

Diabetes mellitus Type 1 – *requiring permanent insulin injections*

Definition - Ageas

A definite diagnosis of Type 1 insulin dependent diabetes mellitus by a **consultant**.

There must be abrupt onset, accompanied by ketonuria or other biochemical evidence of ketosis.

Permanent insulin injections must be the only effective treatment to prevent life threatening diabetic ketoacidosis and these must have continued for a period of at least 12 months.

The following are not covered:

- gestational diabetes unless the person covered has been on continuous insulin injections to prevent diabetic ketoacidosis for 12 months after delivery of a baby.
- Type 2 diabetes mellitus treated with oral medications or treated with insulin to improve diabetic control.

Low grade prostate cancer - *requiring complete surgical removal of the prostate or specified radiotherapy*

Definition - Ageas

Diagnosis and specified treatment of a tumour of the prostate histologically classified as having a Gleason score between 2 and 6 inclusive provided:

- the tumour has progressed to at least clinical TNM classification T1N0M0; and
- treatment included the complete removal of the prostate or external beam or interstitial implant radiotherapy.

For the above definition the following are not covered:

- tumours treated with cryotherapy,
- other less radical treatment (e.g. transurethral resection of the prostate); and
- tumours treated with experimental treatments or hormone therapy.

Testicular carcinoma in situ - requiring surgical removal of one or both testicles

Definition - Ageas

Diagnosis and specified treatment of carcinoma in situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with an orchidectomy (complete surgical removal of the testicle). This benefit will be payable only once for each testicle.

B2b Total and total permanent disability definitions

This section lists the definitions of **Total Disability** and **total permanent disability** which we may offer.

The Cover Summary will show if **total permanent disability** or **Total Disability** are included in the **cover**, and whether an own occupation, suited occupation, or work task definition of incapacity applies to the person covered.

Total Disability

Definition - Ageas

The person covered meets the definition of **incapacitated** that applies to them. They need to be **incapacitated** for a continuous period longer than 26 weeks.

Total Disability is paid as a monthly **benefit** where the condition may improve to the extent that the person covered no longer meets the definition of **incapacitated** that applies to them. Where the person covered meets the definition of **incapacitated** that applies to them and the condition is, or becomes, a **total permanent disability**, the benefit will be payable to the **owner of the cover** as a lump sum – see the section *How much will we pay* in this document.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Total permanent disability -

The person covered is unable to do their own occupation ever again

Definition – ABI

Loss of the physical or mental ability through an illness or injury to the extent that the person covered is unable

to do the essential duties of their own occupation ever again. 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 the person covered's trade, profession or the type of **work** they do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant specialists must reasonably expect that the disability will last throughout the life of the person covered with no prospect of improvement, irrespective of when the cover ends or when the person covered expects to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Total permanent disability -

The person covered is unable to do a suited occupation ever again

Definition – ABI+

Loss of the physical or mental ability through an illness or injury to the extent that the person covered is unable to do the essential duties of a suited occupation ever again. The essential duties are those that normally required for, and/or form a significant and integral part of, the performance of a suited occupation that cannot be reasonably omitted or modified.

A suited occupation means any **work** the person covered could do for profit or pay, taking into account their employment history, knowledge, transferable skills, training, and experience, and is irrespective of location and availability.

The relevant specialists must reasonably expect that the disability will last throughout the life of the person covered with no prospect of improvement, irrespective of when the cover ends or the person covered expects to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Anything we've written in **orange** and *italics* is explained in section E.

Total permanent disability -

*The person covered is unable to do three specified **work tasks** ever again*

Definition – ABI+

Loss of the physical ability through an illness or injury to do at least three of the six **work tasks** listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout the life of the person covered with no prospect of improvement, irrespective of when **cover** ends or the person covered expects to retire.

For all of the **work tasks** and activities, the person covered must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and taking any appropriate prescribed medication.

The **work tasks** are:

Walking

The ability to walk more than 200 metres on a level surface.

Climbing

The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting

The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending

The ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car

The ability to get into a standard saloon car, and out again.

Writing

The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

In addition to the above, we will pay the benefit where the person covered meets the following definition:

Mental failure

A current mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:

- remember;
- reason, and
- perceive, understand and give effect to ideas, which causes a significant reduction in mental and social functioning, requiring continuous supervision. A Neurologist or Psychiatrist needs to make the diagnosis.

Or

Where the person covered is unable to meet both of the following definitions, or one of the following definitions and one **work task**:

Seeing

The ability to see well enough to read 16-point print using glasses or other reasonable aids

Communicating

The ability to:

- a) Clearly hear conversational speech in a quiet room in their first language; or
- b) Understand simple messages in their first language; or
- c) Speak with sufficient clarity to be clearly understood in their first language.

For the above definitions, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

B3 Waiver of Premium

For extra protection, the **owner of the cover** can ask us to include Waiver of Premium in a **cover**. If the person covered is **incapacitated** for more than 26 weeks, we will waive their **premiums** for that **cover**.

The **Cover Summary** will show if Waiver of Premium is included in a **cover** and when it ends.

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

When we will waive **premiums**

We will waive Term Assurance **premiums** if:

- the person covered is **incapacitated** for more than 26 weeks, and
- Waiver of Premium is included for the person covered. The **Cover Summary** shows if Waiver of Premium is included and when it ends.

How much we will waive

We will waive the cost of any **cover** that includes Waiver of Premium. The **Cover Summary** will show whether a **cover** includes Waiver of Premium.

If a person is covered by more than one **cover** with us, and they become **incapacitated** or receive Income Protection benefit, we will only waive the cost of those **covers** that include Waiver of Premium. This could mean that the **premium** reduces, rather than stops.

When we will stop waiving **premiums**

We will stop waiving **premiums** when the earliest of the following happens:

- the person covered no longer meets the definition of **incapacitated** as applied when they first claimed;
- they die;
- the earlier of the **cover** end date or the Waiver of Premium end date as shown in the **Cover Summary**.

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.

When we will not waive **premiums**

We will not waive **premiums** if any of the following apply:

- the person covered or their legal representatives do not give us medical or other evidence that we ask for;
- a diagnosis presented for the person covered does not meet our definition of **incapacitated**;
- a person covered is **incapacitated** but Waiver of Premium is not included in the **cover** for that person (this will be shown in the **Cover Summary**);
- the claim is caused by something that we have specifically excluded from this **cover** (this will be shown in the **Cover Summary**);
- the person covered is no longer **resident** in an **eligible country**;
- we find the person covered or the **owner of the cover** has given us inaccurate, incomplete or false information on the application which would have affected our decision to offer this **cover**, or would have led us to offer it with different conditions, or
- the **cover** is no longer **active**, or
- Waiver of Premium has ended as shown in the **Cover Summary**.

Section C:

Managing the cover

C1 Paying for the cover

When the policy covers the life of another person, the **owner of the cover** may choose whether they or the person covered pays the **premiums**.

When the **premium** is paid

First premium	We will collect this by Direct Debit on, or shortly after, the date the cover starts. The Direct Debit must be from a UK, Channel Islands or Isle of Man bank account. Premiums must be paid in sterling.
Regular premium	<p>If a monthly premium has been selected, we will collect the regular premium between 1st and 28th of the month. We will collect the premium on the same day each month. The person paying the premium can choose a date that suits them. They will pay the premium every month for the term of the cover, unless we accept a Waiver of Premium claim for the cover.</p> <p>If an annual premium has been selected, we will collect the premium on the same date each year. This date will be in the same month as the one in which the covers started.</p>
Final premium	The date of the final premium is shown in the Cover Summaries .

Annual **premium** increases

The **premium** paid by the **owner of the cover** for this Low Start **cover** will increase annually on the anniversary of the start date of the **cover**. The amount of the increase is set by the age of the person covered at each anniversary and the remaining term of the **cover** at that time. We will write to the **owner of the cover** to tell them what their additional **premium** will be.

If at any stage during the **term** the **owner of the cover** does not want to accept the additional **premium**, they can either:

- reduce the **sum assured** to keep the **premium** the same for the following year only; or
- change to guaranteed level **premiums**. This will keep the **premium** the same for the remainder of the term but reduce the sum assured by a larger amount.

These options are explained in section C3.

The amount of the monthly or yearly **premium** for the first 10 years will be shown on the Low Start - Critical Illness with Term Assurance **Cover Summary** we send out when the **cover** starts. We will also show the total cost of **premiums** for the term the **owner of the cover** has chosen. Each year thereafter, we will send the **owner of the cover** details of the **premiums** due for the next year.

Other ways the **premium** could change

The **premium** that the **owner of the cover** pays for this **cover** will also change if:

- they make a change to the **cover**;
- we have accepted their Waiver of Premium claim - in which case they will pay nothing;
- the age of the person covered has been misstated - see section D8, or
- when Waiver of Premium, **Total Disability** or **total permanent disability** ends as shown in the **Cover Summary**, if these were selected when the **cover** started.

What happens if the **premium** is not paid?

The **cover** will not start if we do not have a valid Direct Debit instruction or if the first **premium** is not paid.

If a subsequent **premium** is missed, we will write to the person paying the **premium** and, where this is not the **owner of the cover**, the **owner of the cover** to let them know. If it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel their **cover**. We will write to tell the **owner of the cover** and the person covered that the **cover** has been cancelled.

Restarting a **cover**

If we cancel a **cover** because a **premium** is not paid, the **owner of the cover** can ask us to restart it. They can do this at any time up to six months after the date of the first missed **premium**. If they ask us to do this, we will tell them what we need in order to restart it and they must clear any **premium** arrears. There may be circumstances when we are not able to restart a **cover**. If this happens, we will explain our decision.

C2 Telling us about changes to personal details

The **owner of the cover** or the person covered need to tell us if they change:

- their name, or
- their address, or
- their bank account.

We will ask them for their **cover** number when they call us. We will also ask them some questions to confirm their identity.

We do not need to be told if the person covered changes their **occupation**. We will assess any claim based on their **occupation** immediately before the claim event happened.

C3 Changing the cover

There are lots of ways that a **cover** can be changed to make sure that it is still meeting the needs of the **owner of the cover**. All of the changes that can be made are explained below.

The options that increase the **sum assured** or the term of a **cover** are not available to everyone. This could be because, for example, the person covered has a particular medical condition when **cover** is taken out.

If the option isn't available, it doesn't mean that the **owner of the cover** 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.

Those options that are not automatically available to everyone have limited after the heading. The **Cover Summary** will show whether these options are available. Before taking up any of these options, the **owner of the cover** should speak to their financial adviser.

Changing Low Start - Critical Illness with Term Assurance

The following tables explain how the **owner of the cover** can change their Critical Illness with Term Assurance **cover**.

Increasing the **sum assured** - limited

If this option is shown in the **Cover Summary**, the **owner of the cover** has the right to take out an additional **cover** of the same type and with the same end date as the current **cover**. They can do this up to 13 weeks after the person covered:

- marries or enters into a civil partnership with their **partner**, or
- has a **child** or legally adopts one, or
- increases the amount of their mortgage to buy a new home or to pay for home improvements.

When the **owner of the cover** asks for the increase, we will ask to see evidence of the event and, where the **owner of the cover** is different to the person covered, we may also ask for evidence of the insurable interest.

The additional **cover** will be on the terms and conditions that we apply at the time it is taken out. We will send a new **Cover Summary** which gives the details of the additional **cover**.

The additional **cover** won't include any 'limited' options, however, the **owner of the cover** will be able to take up any options that were in the original **cover** but have not been fully used. 

There is a limit to the **sum assured** of this new **cover**. It can't be more than the lower of:

- 50% of the current **sum assured** of the original **cover**, or
- £75,000.

If the additional **cover** is taken out following an increase to a mortgage, there is an additional limit to the **sum assured** of the new **cover**. It can't be more than the amount that the mortgage has been increased by.

More than one new **cover** can be taken out under this option, but when the **sums assured** of all the new **covers** are added together, it mustn't come to more than the lower of:

- the current **sum assured** of the original **cover**, or
- £150,000.

If the person covered has more than one **cover** with us there is a limit to the increase which can be made under this option across all those covers. The limit is that the total of:

- the overall increase to monthly **benefit** payments under Family Income Benefit multiplied by the **term of the cover** (in months), added to
- the overall increase to the **sum assured**, cannot exceed £150,000.

This option cannot be taken up:

- after the 55th birthday of the person covered, or
- in the last five years of the **term of the cover**, or
- while we are paying a **benefit** under the **cover**, or
- while the **owner of the cover** is in a position to make a claim under the **cover**, or
- if the person covered or the **owner of the cover** received **benefit** payments under the **cover** in the last two years.

Increasing the term of the cover - limited

If this option is shown in the **Cover Summary** and the person covered increases the term of their mortgage, the **owner of the cover** can change the **cover** for a new **cover** with a term that better meets their needs. This new **cover** must be of the same type. They must do this within 13 weeks of increasing their mortgage term.

The **owner of the cover** can extend the **term of the cover** more than once but there is a limit to the total amount that the term can be extended. When they add the number of years that they are increasing their term to the number of years they have already been covered, the total mustn't come to more than 150% of the term of the original **cover**.

In addition, the new **cover** can't run beyond the earlier of:

- the end of the term of the new mortgage, or
- the 65th birthday of the person covered.

When the **owner of the cover** asks us for the increase we will ask to see evidence of the event, and where the **owner of the cover** is different from the person covered we may also ask for evidence of the insurable interest.

The option cannot be taken up:

- after the 55th birthday of the person covered, or
- in the last five years of the **term of the cover**, or
- while we are paying a **benefit** under the cover, or
- while the **owner of the cover** is in a position to make a claim under the **cover**, or
- if the person covered or the **owner of the cover** have received **benefit** payments under the **cover** in the last two years.

The new **cover** will be on the terms and conditions that we apply at the time it is taken out. We will send a new **Cover Summary** which gives the details of the new **cover**. The new **cover** won't include any 'limited' options but the **owner of the cover** will be able to take up any options that were in the original **cover** but have not been fully used.

Reducing the **sum assured**

The **owner of the cover** can reduce the **sum assured** at any time. They can reduce the **sum assured** by as much as they want, as long as the reduction doesn't mean that they would be paying a **premium** that's below the minimum **premium** at the time of the reduction. If they later want to increase the **sum assured**, the amount by which they'll be able to do it will be based on the new, lower **sum assured**, not the initial one. We will send a new **Cover Summary** which gives the details of the new **cover**.

Reducing the term of the **cover**

The **owner of the cover** can reduce the **term of the cover** at any time. They can reduce the term by as much as they want, as long as the reduction doesn't mean:

- the term is lower than our minimum term at the time of the reduction, or
- the cost of the **premium** falls below our minimum level at the time of the reduction.

We will send a new **Cover Summary** which gives the details of the new **cover**.

If they later want to take up the option to increase the term, the amount by which they will be able to do it will be based on the new, lower term, not the original one.

Adding another person to the **cover**

The **owner of the cover** can ask us to change a **single life cover** to **joint life cover** if they are also the person covered. We will need information about the new person so we can decide whether to add them to the **cover**, and on what terms. The **premium** will increase if this change is made, and the person will become a joint **owner of the cover**. We will send a new **Cover Summary** which gives the details of the new **cover**.

Changing a joint life cover to two single **covers** - limited

Where the lives covered are also the **owners of the cover**, either of the people covered can ask us to change the **cover** from **joint life** to two **single life covers** within 13 weeks of separating from their **partner** and taking out a new mortgage but their **partner** must agree to this change. When they ask for the change, we will ask to see evidence of the separation and new mortgage. We will send a new **Cover Summary** which gives the details of the new **cover**. This option is only available where the **owner of the cover** is also a person covered.

Changing how often a **premium** is paid

The **owner of the cover** can change from monthly **premiums** to annual **premiums** and vice versa. If they make this change, it will start from the date that their next **premium** is due to be collected.

Changing from Low Start **premiums** to guaranteed level premiums

If the **owner of the cover** wishes to keep the **premium** at the same level as it is currently for the remainder of the **term**, the **sum assured** will be reduced. To find out what the reduced **sum assured** will be, contact us using the details below.

Alternatively, the **owner of the cover** can choose to keep the same **sum assured** but the **premium** will increase. The new increased **premium** will then be guaranteed not to increase again for the remainder of the **term**.

If the **sum assured** or term of a **cover** increases, the **premium** of the **cover** will increase.

The amount that the **premium** increases depends on:

- how much the **sum assured** increases
- the age of the person covered at the date of the increase
- the **term of the cover**, and
- the premium rates we charge at the time of the increase.

If the **sum assured** or term of a **cover** reduces, it may reduce the **premium**. The amount of this reduction will depend on:

- how much the **sum assured** reduces
- the age of the person covered at the date of the reduction
- the **term of the cover**, and
- the **premium** rates we charged at the date the **cover** first started.

Asking us to change the cover

To ask us to change their **cover**, the **owner of the cover** can:

- phone us on 0845 600 6820 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks)
- email us at enquiries@ageasprotect.co.uk
- write to us at Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

We are open Monday – Thursday 8.30am – 8.00pm and Friday 8.30am – 5.30pm except bank holidays. To make sure we have an accurate record of their instructions, we may record or monitor phone calls.

C4 Claiming a benefit

When to claim

We ask the person claiming to contact us as soon as possible.

For Waiver of Premium and **Total Disability** claims, we ask the **owner of the cover** to contact us within eight weeks of the person covered stopping **work**. The **owner of the cover** should let us know within two weeks if the person covered returns to **work** and is then absent again.

How to make a claim

The person claiming can:

- phone us on 0845 600 6815 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks)
- email us at claims@ageasprotect.co.uk
- write to us at Claims Team, Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

We are open Monday – Thursday 8.30am – 8.00pm and Friday 8.30am – 5.30pm, except bank holidays.

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

Once the person claiming has told us that they want to make a claim, a claims adviser will contact them to explain the process and what information we'll need.

If the person claiming, the **owner of the cover** or the person covered does not give us the evidence we ask for, or the information they do give us is inaccurate or incomplete, we reserve the right to decline a claim or stop paying one. We will pay the reasonable cost of all medical reports or evidence we ask for.

Geographical restrictions

For Critical Illness with Term Assurance claims the person covered must be diagnosed by a **consultant** in an **eligible country**.

For Waiver of Premium claims, the person covered must be **resident** in an **eligible country** when they become **incapacitated**. If they are travelling outside an **eligible country** when they become **incapacitated**, they must return to an **eligible country** before the end of the **deferred period**. In both cases, they must return to the UK, **Channel Islands** or Isle of Man within 26 weeks of becoming **incapacitated** and remain in the UK, **Channel Islands** or Isle of Man to continue receiving the **benefit**.

Our definition of **eligible country** is in section E.

We will continue to collect **premiums** while we are assessing claims. We will refund **premiums** paid while we were assessing a claim, if we have agreed to pay the **benefit**.

Support during a claim

If we have agreed that the person claiming may have a valid claim for Critical Illness with Term Assurance, we may pay up to £300 for services that support the person covered or their family. What services might help them will depend on their situation. The services could range from physiotherapy or counselling to the cost of taking taxis to hospital appointments.

We need to approve the services, and agree their cost, before they are used. Whether we approve the service depends on the situation of the person covered and the advice of their doctor. We will refund the cost as soon as we have received the receipts for the services that we agreed.

The claims adviser will explain the services that we can pay for.

Please remember that if we pay for support services, it does not necessarily mean we will approve a claim for **benefit**.

Who we will pay the benefit to

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.

We will pay the **benefit** to the **owner of the cover** or their personal representatives if the **owner of the cover** 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 **owner of the cover** 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.

Anything we've written in **orange** and *italics* is explained in section E.

Section D:

General terms and conditions

All communication relating to the **cover** will be written in English. We also produce large print, Braille and audio versions of all our documents. If the **owner of the cover** would like any of these, please let us know.

D1 Cancelling a cover

When the **cover** starts, we send the **owner of the cover** information about their right to change their mind and cancel their **cover**. They have 30 days from the date they receive this information to cancel their **cover**. If they cancel their **cover** in this time we will refund any **premiums** paid, unless we have paid them a **benefit** before they cancel.

They can stop their **cover** at any other time. Once they tell us, the **cover** will end on the day before their next monthly **premium** to us is due. If annual **premiums** have been selected, the **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 their next annual **premium** is due.

D2 Cash value

The **cover** does not have any cash value at any time.

D3 Payment of benefits

We will pay all benefits by direct credit to a UK, **Channel Islands** or Isle of Man bank account or another method we agree with the **owner of the cover**.

D4 Interest

If we start paying the **benefit** any later than eight weeks after we receive all the information we need, we will pay them interest on the overdue amount from the date payment should have started. This will be at the Bank of England base rate at the time.

D5 Data protection

What we will use personal information for

We will only use personal information about the **owner of the cover** and 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 Group**, unless they have asked us not to in the application.

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

Each person has 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 or the **owner of the cover** 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 false 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 (including medical information) about the person covered or the **owner of the cover** solely for the purposes listed above 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 or the **owner of the cover** 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 **owner of the cover** or the person covered where appropriate 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 **owner of the cover** or 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 contact us as outlined on page two.

D6 Taxation, laws and regulations

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

The benefits under this **cover** are free from income tax and capital gains tax for UK **residents**. This may change if the law changes. Claimants who are **resident** outside of the UK at the point of claim should seek appropriate tax advice from a local specialist.

If there is any change to tax laws, other laws, or State Benefits, the terms and conditions set out in the **owner of the cover's** documents may change.

By taking out this contract, the **owner of the cover** agrees to submit to the exclusive jurisdiction of the courts relevant to the law of the contract if there is ever a dispute between them and Ageas Protect Limited.

D7 Contract

The contract between the **owner of the cover** and Ageas Protect Limited consists of:

- any information provided by the person covered or the **owner of the cover** in their application and any subsequent information they have provided
- these terms and conditions, which we may amend from time to time
- any additional terms and conditions detailed in the **Cover Summary** that we send when the **cover** starts, and
- the additional terms and conditions detailed in any subsequent **Cover Summary**, Key Facts or Annual Statements that we send.

If there is a conflict between these terms and any of the terms set out in the **Cover Summary**, the terms set out in the **Cover Summary** will take precedence.

D8 Misstatement of age

If, when the **cover** was taken out, the **owner of the cover** or person covered told us that the person covered was older than they really were, we will reduce the **premium** they pay to the right level for someone of their age. We will also refund any overpaid **premiums**.

If they told us that the person covered was younger than they really were, we will reduce the amount of **benefit**. This means that, if they claim, we will pay an amount that is lower than the amount shown in the **Cover Summary**.

In some cases, this may affect their right to the **cover**. We are unable to offer **cover**, for instance, if the person covered is aged under 17 or over 59 when the **cover** is taken out. It may also affect how we have interpreted medical evidence, which may result in a claim not being paid.

D9 Complaints

If the **owner of the cover**, the person covered or any person to whom the **benefit** has been assigned has a complaint, they can contact our customer care team as detailed on page two.

We will try to resolve complaints as quickly as possible. If we can't deal with their complaint promptly, we will send them a letter to acknowledge it and then give them 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, they may be able to refer their 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 anything. They can decide if we have acted wrongly and if the person with a complaint has 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 the person covered compensation.

If a complaint is made, we will send a leaflet explaining more about the Financial Ombudsman Service. This leaflet is also available at any time on request. Alternatively, the Ombudsman can be contacted at the following address: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR

Telephone 0800 023 4567 (calls to this number are normally free for people ringing from a "fixed line" phone – but charges may apply if you call from a mobile phone) or 0300 123 9123 (calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs)

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

Website: www.financial-ombudsman.org.uk

If a complaint is made, it will not affect their right to take legal proceedings.

D10 If we cannot meet our liabilities

This **cover** is covered by the Financial Services Compensation Scheme. The Scheme provides some protection to the **owner of the cover** if we are unable to meet our liabilities.

The **owner of the cover** can get more information about compensation scheme arrangements from Ageas Protect Limited - our contact details are on page two of this booklet. Alternatively, they 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

D11 Assignment

If the **owner of the cover** assigns any of their legal rights under the **cover** to someone else, we must see notice of the assignment. This notice must be sent to: Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

An assignment could take place when they are using the **cover** as security for a loan or the **cover** is put under trust.

D12 Rights of third parties

No term of this contract is enforceable under the Contracts (Right of Third Parties) Act 1999 by a person who is not party to this contract. This does not affect any right or remedy of a third party which may exist or be available otherwise than under that Act. The **owner of the cover** and Ageas Protect Limited are the parties to the contract.

D13 Disclosure confirmation and verification

The person covered will be asked to provide details of their health and personal circumstances. This information is confidential and we will not disclose it to the **owner of the cover** without their permission. We will send to the person covered details of their answers and a copy of their **Application Details**, and ask them to advise us of any corrections or additions they wish to make. If they do not answer our questions fully and honestly, this may result in us refusing any future claim.

We will provide the **owner of the cover** and the person covered with a **Cover Summary** which will include information on any exclusions made as a result of the health information provided by the person covered.

We may select the application for a disclosure check. To complete the check, we will either obtain a report from the doctor of the person covered, or call them for further information or perform data checks. If we have selected it for a check, the person covered must give permission for us to contact their doctor if required, and use all reasonable endeavours to ensure we are able to complete the check. If we have requested any additional information from the **owner of the cover** or person covered they must provide it within 30 days.

If they do not respond to a request from us within 13 weeks for medical evidence or 30 days for other information, we will cancel the **cover**.

D14 The limits of the cover

Maximum or minimum	Critical Illness with Term Assurance
Maximum sum assured	No maximum
Minimum term (years)	3
Maximum term (years)	40
Minimum age when the cover starts	17
Maximum age when the cover starts	59
Maximum age when the cover ends	69
Maximum age when the Waiver of Premium starts	54
Maximum age when Waiver of Premium ends	69

Section E:

Definitions

An explanation of the terms we use across Low Start Critical Illness with Term Assurance.

Active

The **cover** has started, is within its term, **premiums** are up-to-date and we have not written to the person covered or the **owner of the cover** to tell them that they are no longer covered.

Ageas Group

Any wholly or partly owned, direct or indirect subsidiary of either Ageas SA/NV or Ageas NV.

Application Details

A copy of all the information provided by the person covered and (if applicable) the **owner of the cover** in the application. **We must be told immediately if the information in the Application Details is not correct as this may affect your cover.**

Benefit

Any payments the **owner of the cover** receives from Ageas Protect Limited.

Channel Islands

The Island of Jersey and the Island of Guernsey.

Child

Anybody aged younger than 22 years who is:

- a natural child of a person covered or their **partner**, or
- legally adopted by a person covered or their **partner**, or
- a legal stepchild of a person covered following their marriage or civil partnership.

Children's critical illness

An illness that:

- we cover under Critical Illness with Term Assurance (see section B2), except **Total Disability, total permanent disability** or **Loss of Independence**;
- meets our definition of that critical illness in section B2, except **Total Disability, total permanent disability** or **loss of independence**;
- is diagnosed by a **consultant**;
- is diagnosed by a specialist in an area of medicine appropriate to the cause of the claim;
- is the first and unequivocal diagnosis of the illness, and
- is confirmed by our Consultant Medical Officer.

Consultant

A consultant doctor who:

- specialises in an area of medicine appropriate to the cause of the claim;
- is employed at a hospital in an **eligible country**, and
- is treating the person covered for their condition.

All diagnoses made by a consultant must be confirmed by our Consultant Medical Officer.

Cover/covers

One of either:

- Term Assurance, or
- Critical Illness with Term Assurance, or
- Family Income Benefit, or
- Income Protection

Cover Summary

This is a document we send to the person covered or to the **owner of the cover** once we have agreed to offer them a **cover**. It explains any special conditions which apply to the **cover**, for example if there are any illnesses which are usually part of the **cover** but which we can't cover them for, and whether or not they have the automatic right to ask for an increase in the **sum assured** or monthly **benefit** should their circumstances change.

Critical illness

An illness excluding **Total Disability** and **total permanent disability** that:

- we cover under Critical Illness with Term Assurance (see section B2);
- meets our definition of that critical illness in section B2;
- is diagnosed by a **consultant**;
- is the first and unequivocal diagnosis of the illness, and
- is confirmed by our Consultant Medical Officer.

For a full list of the critical illnesses we cover along with definitions of each illness, please see section B2.

Daily Activities

See **Incapacitated**

Deferred period

The period during which the person covered must be **incapacitated** before we will pay any **benefit**.

If the **cover** starts on a date after the person covered becomes **incapacitated**, the start date of the **cover** is the start of the deferred period. The deferred periods for each type of **cover** are shown in the **Cover Summaries**.

Eligible country

An eligible country is one of the following:
Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, USA.

Employed

Paid **work** under a contract of employment paying Class 1 National Insurance contributions.

Full-time employment

Working for one employer for more than 30 hours a week.

Full-time care

Caring for one person for more than 35 hours a week.

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, and
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 the person covered when the **cover** was taken out. If their circumstances change, a different definition may apply. For instance, if the person covered is aged under 70 and not in paid **work** when they become incapacitated, a daily activities definition will apply. 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 the trade, profession or the type of **work** done 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 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 the trade, profession or type of **work** done 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**.

The person covered must need the help or supervision of another person for all of the **work tasks** and activities and be unable to perform the task on their own, even with the use of special equipment routinely available to help and take any appropriate prescribed medication.

The **work tasks** are:

Walking

The ability to walk more than 200 metres on a level surface.

Climbing

The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting

The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending

The ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car

The ability to get into a standard saloon car, and out again.

Writing

The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

In addition to the above, we will pay the benefit where the person covered meets the following definition:

Mental failure

A current mental impairment because of an organic brain disease or brain injury supported by evidence of the loss of ability to:

- remember, and
- reason, and
- perceive, understand and give effect to ideas, which causes a significant reduction in mental and social functioning, requiring continuous supervision. A **Consultant** Neurologist or Psychiatrist needs to make the diagnosis.

Or

Where the person covered is unable to meet both of the following definitions, or one of the following definitions and one **work** task:

Seeing

The ability to see well enough to read 16-point print using glasses or other reasonable aids

Communicating

The ability to:

- a) Clearly hear conversational speech in a quiet room in their first language; or
- b) Understand simple messages in their first language; or
- c) Speak with sufficient clarity to be clearly understood in their first language.

For the above definitions, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Income

Income before the person covered had to stop **work**.

If the person covered is **employed**, this means their total pre-tax earnings as applicable for PAYE, ITIS, ETI or ITIP assessment purposes (excluding benefits in kind) in the 12 months before the claim.

This may include:

- regular bonuses;
- commission;
- overtime, and
- shift allowances.

We will also take into account any dividends from a private limited company in which they and no more than three other shareholders are **employed** as full-time working directors.

The dividend amount must:

- represent their share in the net trading profit of that company from its normal regular business;
- be consistent with the trading position of the company, and
- stop being paid as a result of their incapacity.

If the person covered is **self-employed**, this means their total share of pre-tax profit from their trade profession or vocation for the 12 months before they became **incapacitated**. If they are resident in the UK this will be the pre-tax profit used for the purposes of Schedule D Case I and II of the Income and Corporation Taxes Act 1988.

If their earnings vary from one year to another, for example because they are made up mainly of commission or bonuses, we will use their average earnings over the last three years before the claim. We will not include any income from savings and investments.

Income while we are paying a benefit

While we are paying a **benefit**, we work out the income of the person covered by taking into account:

- **benefit** payments from any Low Start **covers**;
- payments from other insurance benefits, including other income protection policies as well as accident and sickness cover;
- any income the person covered still receives from their employer;
- income they are still receiving from their business, and
- pension payments.

We don't take into account any State Benefits, including statutory sick pay, State Pensions and incapacity benefit.

Irreversible

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

Joint life

Cover for two people with the **benefit** payable once.

Loss of independence

This is a **critical illness** that we cover under Critical Illness with Term Assurance. For a list of all the illnesses that we cover, and definitions, please see section B2a.

Neurological deficit with persisting clinical symptoms lasting at least 24 hours

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last at least 24 hours.

Symptoms that are covered include:

- numbness
- hyperaesthesia (increased sensitivity)
- paralysis
- localised weakness
- dysarthria (difficulty with speech)
- aphasia (inability to speak)
- dysphagia (difficulty in swallowing)
- visual impairment
- difficulty in walking
- lack of co-ordination
- tremor
- seizures
- dementia
- delirium
- 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.

Occupation

A trade, profession or the type of **work** undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location and availability.

Own occupation

See **Incapacitated**

Owner(s) of the cover

A person or two persons that enter into a contract for cover to insure their lives or the life of another person on the basis of an insurable financial interest in that person.

Parent

Anybody who:

- is a biological mother or father of a **child**;
- has legally adopted a **child**, or
- is a legal step-parent of a **child** following marriage or civil partnership to the **child's** biological parent.

Partner

Someone the person covered is married to or in a civil partnership with, or someone they have been living with for a minimum of two years as if they were married or in a civil partnership.

Permanent

Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the person covered expects to retire.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life of the person covered.

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 co-ordination
- tremor
- seizures
- dementia
- delirium
- 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.

Premium/premiums

The monthly or annual payment to Ageas Protect Limited for a Low Start **cover**.

Resident

Living in the country for at least 10 months in any 12-month period.

Self-employed

- Actively working alone or with others in a partnership, and
- paying Class 2 National Insurance contributions, and
- if resident in the UK, being assessed for Income tax under Schedule D Case I or II of the Income and Corporation Taxes Act 1988.

Single life

Cover for one person.

Suited occupation

See **Incapacitated**

Sum assured

The amount we would pay for a successful claim on Term Assurance or Critical Illness with Term Assurance. We would either pay this amount or a percentage of this amount, depending on the kind of **cover** and the options that are included in the **cover**. The ways that the **owner of the cover** can change the **sum assured** are explained in section C3.

Total Disability

If the **owner of the cover** has Critical Illness with Term Assurance, they can choose whether the person covered is also covered for an illness or injury that temporarily or permanently stops the person covered from working. For a definition of Total Disability, please see section B2b.

Term of the cover

How long the **cover** lasts. In other words, the period between the date **cover** starts and the date it ends as shown in the **Cover Summary**. Section C3 explains how the term of the **cover** can be changed.

Terminal illness - where life expectancy is less than 12 months

This is a critical illness that we cover under Critical Illness with Term Assurance. For a list of all the illnesses that we cover, and definitions, please see section B2a.

Total permanent disability

If the **owner of the cover** has Critical Illness with Term Assurance, they can choose the life of another person to be covered for an illness or injury that causes them to be totally and permanently disabled. For a definition of **total permanent disability**, please see section B2b.

Work

Paid employment or self-employment.

Work Tasks

See **Incapacitated**



Ageas Protect Limited

Telephone 0845 600 6820

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Number 6367921

Ageas Protect is authorised by the Prudential Regulation Authority
and regulated by the Financial Conduct Authority and the Prudential
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