AIG

Individual Protection

# Business Protection Critical Illness with Term Assurance

## Cover Details

Chosen partner of

NFU Mutual

# Contents

# Welcome to AIG

Thanks for choosing Business Protection from AIG.

Business Protection is designed to protect a company financially when its owners or employees are affected by illness or death.

## Who are we?

We're AIG Life Limited (AIG for short). We specialise in insurance in the UK that help people experiencing tough times in life – such as life insurance, critical illness and income protection cover.

## AIG is the chosen partner of NFU Mutual

AIG is working with NFU Mutual Select Investments Limited, a company offering pension and investments to its customers. NFU Mutual Select Investments Limited can provide this product to customers in the UK.

## How to use this document

This document is the Business Protection Critical Illness with Term Assurance Cover Details. It explains how your cover works. Please read this document carefully and keep it in a safe place in case you need to make a claim.

There are three important documents to keep safe together, as they form your policy with us:

- the Cover Details (this document)
- the Cover Summary, and
- the Application Details

You'll find these in your policy pack when you took out your cover.

If there's anything that isn't clear about the insurance you've purchased from us or if you have any questions, please speak to your NFU Mutual financial adviser or contact us.

## The language we use in the Cover Details

'We', 'us' or 'our' means AIG Life Limited. 'You' or 'your' means the person covered or, where appropriate, anyone legally entitled to the policy payout – unless a different meaning is given in a particular paragraph of this document.

Some words in this document are bold. These are words that we provide an extra definition of. They're all explained in section 5.

## How to contact us

### Call us on:

0330 123 4467

If calling from outside the UK, please call:

+44 330 123 4467

Email us at:
nfumutual@aiglife.co.uk

Write to us at:
AIG Life Limited,
PO Box 12010,
Harlow CM20 9LG

We're open Monday to Thursday, 8.30am to 6.00pm and Friday, 8.30am to 5.30pm, except bank holidays.

Please note these opening hours are UK local time. To make sure we have an accurate record of the instructions, we may record or monitor phone calls.

This document is available in other formats. If you'd like a Braille, large print or audio version, please let us know.

Section 1

# Setting up the cover

## 1.1 The owner of the cover

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

If you apply for Business Protection Critical Illness with Term Assurance on your own life – in a personal capacity – you'll be the **owner of the cover**.

If two people apply for **joint life cover** on both of their own lives, they'll be joint **owners of the cover**.

If you apply for Business Protection Critical Illness with Term Assurance on the life of another person or persons, you'll be the **owner of the cover**. This means you'll be the beneficiary of the **cover** in the event of a claim, unless you chose to assign the **benefit** or place it in trust.

If a **business** applies for Business Protection Critical Illness with Term Assurance on your life or the life of another person or persons, the **business** will be the **owner of the cover**. This means they'll be the beneficiary of the **cover** in the event of a claim, unless they chose to assign the **benefit** or place it in trust.

Special conditions apply when you wish to take out Business Protection Critical Illness with Term Assurance to **cover** another person. If there is a difference between the conditions detailed in sections 2 to 4 and the conditions in this section, the conditions in this section will apply.

## 1.2 Who can take out Business Protection Critical Illness with Term Assurance?

If the **owner of the cover** is a **business**, that business must be registered in the **UK**, **Channel Islands**, Isle of Man or Gibraltar.

If the **owner of the cover** is a person, they must either be a British citizen or resident in the **UK**, **Channel Islands**, Isle of Man or Gibraltar when they apply for the **cover**.

The person whose life is being covered must be either a British citizen, resident in the **UK**, **Channel Islands**, Isle of Man or Gibraltar or otherwise fulfil our overseas residency criteria when **cover** is applied for.

You're considered resident if:

- You have indefinite leave to remain in the **UK**, **Channel Islands**, Isle of Man or Gibraltar
- You're an EU or EEA national living permanently, and have settled status, in the **UK**, **Channel Islands**, Isle of Man or Gibraltar, or
- You've resided in the **UK**, **Channel Islands**, Isle of Man or Gibraltar for the last 12 months, have a **UK**, **Channel Islands**, Isle of Man or Gibraltar bank account, live there permanently and will continue to do so.

The person covered will be asked for the details of the doctor they're registered with as part of the application.

You or the **business** must have an insurable interest in the person covered at the time Business Protection Critical Illness with Term Assurance is taken out. You'll always have an insurable interest in your own life.

It's possible to have an insurable interest in another person if you have a reasonable expectation of suffering a financial loss upon their death or illness. If you're not sure if you have an insurable interest in a particular person, 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 2

# The cover

## 2.1 Business Protection Critical Illness with Term Assurance

### When we'll pay the **benefit**

When we will pay the **benefit** depends on the **cover** shown in the **Cover Summary**.

### We'll pay the **benefit** if:

- any of the persons covered die or are diagnosed with a **terminal illness** or a **critical illness**
- a born **child** of the person covered is diagnosed with a **children's critical illness** and they survive for 10 days after they're diagnosed. Where a **child** is diagnosed with a **children's critical illness** before they're born, they must survive 10 days following birth. There are some other restrictions attached to **children's critical illness** – these are explained further in the section under 'When we won't pay the benefit'
- a **child** of the person covered is diagnosed with a **terminal illness**
- a **child** of the person covered dies during the **term of the cover**. There are some other restrictions attached to **child life cover** – these are explained further in the section under `When we won't pay the benefit'
- any of the persons covered suffer a specified complication of pregnancy under **pregnancy cover**. There are some restrictions attached – these are explained further in the section 'When we won't pay the **benefit**'
- the cover includes **Total Permanent Disability** and 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've paid the full **sum assured**.

For a **single life** policy, the **cover** stops after we've paid the full **sum assured**.

For a **joint life** policy, the **cover** stops after we've paid the full **sum assured** for one of the persons covered.

### What we'll base **benefit** payments on

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

If you've chosen a level lump sum or **renewable cover**, we'll base **benefit** payments on the **sum assured** as shown in the **Cover Summary**.

If you've chosen an increasing lump sum, we'll base **benefit** payments on the current **sum assured**. For the first year of the **cover**, this will be the initial **sum assured**. This amount is shown in the **Cover Summary**.

After a year, the **sum assured** will increase by 5%. Every year after that, the **sum assured** will increase by 5% of the current **sum assured**.

We'll write to you each year to tell you the new **sum assured** and the new **premium** that you'll be paying.

If you've chosen a decreasing lump sum, we'll base **benefit** payments on the current **sum assured**. The **sum assured** will reduce each month after the first month of **cover** in line with the capital outstanding on a repayment **business** loan with:

- an annual interest rate as chosen by the **owner of the cover**. The **Cover Summary** will show which interest rate has been chosen. The interest rate is fixed and won't vary during the **term of the cover**, and
- a term equal to the remaining **term of the cover**.

### How much we'll pay

How much we'll pay depends on:

- the cause of the claim, and
- the **cover** shown in the **Cover Summary**.

The conditions we cover fall within three groups – Group I, Group II and Group III **critical illness** conditions. For more details and for the full list of conditions in each group, please check out section 2.2.

- Group I – These are **critical illness** conditions that pay the full **sum assured** to the **owner of the cover**
- Group II – These are additional payment conditions that pay a proportion of the **sum assured**
- Group III – These are additional payment conditions specifically covering **children** that pay a proportion of the **sum assured**
- **Child life cover** and **pregnancy cover** – These are additional payment conditions that pay a specified amount.

The payments for any Group II **critical illness** conditions, **children's critical illness**, **child life cover** or **pregnancy cover** don't affect the amount of **benefit** we pay for subsequent claims under Group I **critical illness** conditions.

| How much we'll pay | If the claim is being made because the person covered dies or is diagnosed with a **terminal illness, critical illness** or **Total Permanent Disability** or suffers a specified complication of pregnancy | If the claim is being made because a **child** of the person covered dies or is diagnosed with a **terminal illness,** or a **children's critical illness** |
|---|---|---|
| Group I **critical illness** | The full **sum assured** | 50% of the **sum assured** or £35,000 – whichever is the lower |
| Group II **critical illness** | 50% of the **sum assured** or £35,000 – whichever is the lower | 50% of the **sum assured** or £35,000 – whichever is the lower |
| Group III **critical illness** | Not applicable | 50% of the **sum assured** or £35,000 – whichever is the lower |
| **Terminal illness** | The full **sum assured** | 50% of the **sum assured** or £35,000 – whichever is the lower<br><br>We'll also pay the **child life cover benefit** of £10,000 early. |
| Death | The full **sum assured** | **Child life cover** of £10,000 (unless we have already paid the **child life cover benefit** for **terminal illness**) |
| **Pregnancy cover** | **Pregnancy cover** of £5,000 | Not applicable |
| If the **cover** includes **Total Permanent Disability** | The full **sum assured** | Not applicable |

There is a maximum cumulative **benefit** of £35,000 per person covered for each Group II **critical illness** condition regardless of how many **covers** they are covered under. This maximum doesn't include **children's critical illness** claims for Group II **critical illness** conditions.

## Children's critical illness benefit

**Children's critical illness benefit** is the lower of 50% of the **sum assured** and £35,000.

The **children's critical illness benefit** will be payable once per **child**. The maximum **children's critical illness benefit** payable is the lower of 50% of the **sum assured** and £35,000, regardless of the number of **covers** held by you.

We'll pay double the amount of the **children's critical illness benefit** if in the opinion of the treating **consultant** and our Consultant Medical Officer:

- 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.

## Child life cover

If a **child** dies or is diagnosed with a **terminal illness** during the **term of the cover**, we'll pay a **child life cover benefit** of £10,000. This is the maximum amount we'd pay regardless of how many policies you hold with AIG.

If more than one **child** of the person covered dies or is diagnosed with a **terminal illness** during the **term of the cover**, a claim can be made for each **child**.

## Pregnancy cover

If the person covered meets the definition of **pregnancy cover** we'll pay £5,000. This is the maximum amount we'd pay regardless of how many policies you hold with AIG.

We'll pay £5,000 per pregnancy, unless the claim is because of foetal death in utero, neo-natal death or stillbirth, in which case we'll pay £5,000 per foetus or **child**.

## When we won't pay the **benefit**

We won't pay the **benefit** if any of the following apply:

- the person covered, the **owner of the cover** or their personal representatives don't give us medical or other evidence that we ask for
- the person covered as a key person or in connection with a **business** loan, leaves the **business** before a claim is payable
- the person covered is diagnosed with a **critical illness** that we don't cover or they're diagnosed with a **critical illness** but the diagnosis doesn't meet the criteria for our definition of that **critical illness**
- the diagnosis doesn't meet the criteria for our definition of **incapacitated** or **terminal illness** or for **terminal illness** the diagnosis isn't made by a **consultant** or isn't expected to lead to death within 12 months
- the person covered doesn't satisfy the geographical restrictions set out in the 'Claiming a **benefit**' section
- we find the person covered, the **owner of the cover** or any representative of the **business** which owns the **cover** has given us inaccurate, incomplete or false information, which would have affected our decision to offer this **cover** or would have led us to offer it with different conditions
- the **cover** is no longer active, or **Total Permanent Disability** is no longer **active** as shown in the **Cover Summary**
- the claim is caused by something that we've specifically excluded from this **cover** – this will be shown in the **Cover Summary**
- the **terminal illness** claim wasn't submitted while the **cover** was **active**, before the **cover** ended, or
- the person covered dies as a result of their own actions within one year of the **cover** start date or of them restarting the **cover**. Once the **cover** has been **active** for more than 12 months, if the person covered has asked us to increase the **sum assured** in the 12 months prior to them dying as a result of their own actions, no **benefit** will be payable in respect of this increase.

It's really important that you take sufficient care to provide us with information that's true, accurate and complete. If any of the information given to us is fraudulent, deliberately misleading or untrue, incomplete or inaccurate:

- the **cover** will be cancelled
- we won't pay any **benefit**

- any **benefit** that has already been paid under the **cover** must immediately be repaid to us, and
- any **premium** payments made for the **cover** won't be returned.

If you didn't purposely give us incomplete or inaccurate information, we may amend your **cover** to reflect the true, complete and accurate information had it been provided by you when you applied for the **cover**. We're entitled to do the following:

- If we wouldn't have offered you the **cover**, we'll cancel the **cover** and refund any payments you've already made.
- If we would have offered different terms and conditions for the **cover** (other than your payments), we'll change the terms and conditions and treat the cover as having had the different terms and conditions from the start of **cover**.
- If we would have offered the **cover** with higher payments from you, we may reduce the **benefit** to reflect the higher payments that would have applied. In these circumstances, we'll use this formula:

New **cover** = existing payments x original **cover**, divided by higher payments.

We won't 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 Group I **critical illness** conditons section.

In addition to the above, we won't pay the **benefit** for **children's critical illness** if:

- the **owner of the cover** is claiming a **benefit** for a **children's critical illness** but they've already received the maximum **children's critical illness benefit** available under the **cover**
- the **child** dies within 10 days of being diagnosed with a **children's critical illness**
- the **child** is diagnosed before birth with a **children's critical illness** and dies within 10 days of being born
- the **child** is 22 or older when they suffer or undergo a **critical illness**
- the **child** is diagnosed with a **children's critical illness** but the diagnosis doesn't meet the criteria for our definition of that **critical illness**
- the diagnosis doesn't meet the criteria for our definition of **terminal illness**, or for **terminal illness** the diagnosis isn't made by a **consultant**, or isn't expected to lead to **child's** death within 12 months
- the **child** of the person covered is **incapacitated** and meets our definition of **Total Permanent Disability** or **loss of independence** but doesn't meet the criteria for our definition of another **critical illness** that we cover
- the **child** was born or adopted after the **cover** started and suffered a **children's critical illness** or a **terminal illness** where either **parent** was aware of the increased risk of the **child** suffering a **children's critical illness** or a **terminal illness** or had received counselling or medical advice in relation to the condition before the **cover** started or before you last restarted the **cover**
- 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
  - the **child** has been discharged from follow-up for the condition, and
  - the **child** hasn't consulted any medical practitioner or received further treatment or advice for the condition within the last five years, or
- the **child** was born before the **cover** started and subsequently suffered a **children's critical illness** or a **terminal illness** where either **parent** was aware of the increased risk of the **child** suffering a **children's critical illness** or a **terminal illness** or had received counselling or medical advice in relation to the condition before the **cover** started or before you last restarted the **cover**.

We won't pay a **child life cover benefit** in the following circumstances:

- if the cause of death first arose before the **cover** started or before the **cover** was last restarted, or
- if the cause of death is miscarriage or stillbirth.

We won't pay a **pregnancy cover benefit** in the following circumstances:

- the person covered is diagnosed with a complication of pregnancy that doesn't meet the criteria for our definition of **pregnancy cover**
- if the person covered was aware of an increased risk of suffering from a complication of pregnancy before the **cover** started or restarted, or
- a pregnancy results in a **child life cover benefit** being paid.

## 2.2 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 **critical illness**.

Some people may not be covered by 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 haven't included any of these **critical illnesses** in the **cover**.

## Group I critical illness conditions

### Aorta graft surgery – for disease or following traumatic injury

The undergoing of surgery for disease or traumatic injury to the aorta with excision and surgical replacement of a portion of the diseased or traumatised aorta with a graft.

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

For the above definition, the following aren't covered:

- Any other surgery, for example the insertion of stents or endovascular repair.

### Aplastic anaemia – with permanent bone marrow failure

A definite diagnosis of aplastic anaemia by a **consultant** haematologist. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

### Bacterial meningitis – resulting in permanent symptoms

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 aren't covered:

- All other forms of meningitis including viral meningitis.

### Benign brain tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either:

- **permanent neurological deficit with persisting clinical symptoms**, or
- treatment of the tumour with surgery or stereotactic radiosurgery.

For the above definition, the following aren't covered:

- Tumours in the pituitary gland, and
- Angioma and cholesteatoma.

### Benign spinal cord tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms**
- surgical removal of part or all of the tumour, or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following aren't covered:

- Angiomas.

### Blindness – permanent and irreversible

**Permanent** and **irreversible** loss of sight to the extent that, even when tested with the use of visual aids, it's measured by an ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of:

- 6/60 or worse using a Snellen eye chart, or
- a loss of peripheral visual field and a central visual field of no more than 20 degrees in total.

### Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms.**

### Cancer – excluding less advanced cases

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:

- Essential thrombocythaemia
- Leukaemia
- Lymphoma (except cutaneous lymphoma – lymphoma arising from or confined to the skin)
- Merkel cell cancer
- Polycythaemia vera
- Primary myelofibrosis
- Pseudomyxoma peritonei, and
- Sarcoma (except cutaneous sarcoma – sarcoma arising from or confined to the skin).

The following aren't covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant
  - cancer in situ
  - having borderline malignancy, or
  - having low malignant potential,
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0
- Malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin)
- Any non-melanoma skin cancer (including cutaneous lymphoma and sarcoma) that arises from, or is confined to, one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin unless it has spread to lymph nodes or metastasised to distant organs
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0
- Neuroendocrine tumours that have not spread to lymph nodes or metastasised to distant organs unless classified as WHO Grade 2 or above
- Gastrointestinal stromal tumours that have not spread to lymph nodes or metastasised to distant organs unless classified by either AFIP/Lasota-Miettinen as having a moderate or high risk of progression, or as UICC TNM8 stage II or above, and
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).

For less advanced cancers please refer to Group II **critical illness** conditions.

### Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and either of the following devices being surgically implanted:

- implantable cardioverter-defibrillator (ICD), or
- cardiac resynchronisation therapy with defibrillator (CRT-D).

### Cardiomyopathy – of specified severity

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 (NYHA).

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 aren't covered:

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

### Coma – of specified severity

A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems for a period of 96 hours.

For the above definition, the following isn't covered:

- Coma secondary to alcohol or drug abuse.

### Coronary artery bypass grafts – with surgery

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.

### Creutzfeldt-Jakob disease

A definite diagnosis of Creutzfeldt-Jakob disease by a **consultant** neurologist.

### Deafness – permanent and irreversible

**Permanent** and **irreversible** loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

### Dementia including Alzheimer's disease – resulting in permanent symptoms

A definite diagnosis of dementia, including Alzheimer's disease, by a **consultant** neurologist, neuropsychologist, psychiatrist or geriatrician supported by evidence including neuropsychometric testing.

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 isn't covered:

- Mild cognitive impairment

### Encephalitis – resulting in permanent symptoms

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

### Heart attack – of specified severity

A definite diagnosis of acute myocardial infarction with death of heart muscle, as evidenced by all of the following:

- typical clinical symptoms (for example, characteristic chest pain)
- new characteristic electrocardiographic changes or new diagnostic imaging changes, and
- the characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

For the above definition, the following aren't covered:

- Myocardial injury without myocardial infarction, and
- Angina without myocardial infarction.

### Heart surgery – with thoracotomy

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

### Heart valve replacement or repair – with surgery

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

Infection by Human Immunodeficiency Virus resulting from:

- A blood transfusion given as part of medical treatment
- A physical assault
- 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, and
  - The incident causing the infection must have occurred in an **eligible country**.

For the above definition, the following isn't covered:
- HIV infection resulting from any other means, including sexual activity or drug abuse.

If the person covered doesn't live in an **eligible country**, we reserve the right to decline their claim.

### Intensive care – requiring mechanical ventilation for 7 consecutive days

Any sickness or injury resulting in the person covered requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) or more in an intensive care unit in a **UK** hospital.

For the above definition, the following isn't covered:
- Any claim for **children's critical illness benefit** as a result of a **child** being born prematurely (before 37 weeks).

### Kidney failure – requiring permanent dialysis

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

### Liver failure – end stage

Chronic liver disease, being end stage and **irreversible** liver failure resulting in all of the following:
- **permanent** jaundice,
- **permanent** ascites, and
- encephalopathy.

For the above definition, the following isn't covered:
- Liver disease secondary to alcohol or drug misuse.

### Loss of hands or feet – permanent physical severance

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

### Loss of independence – of specified severity

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 person covered 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.

| 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

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

### Lung disease – of specified severity

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, and
- Vital capacity less than 50% of normal.

### Major organ transplant – from another donor

The undergoing as a recipient of a transplant from either a human donor, animal or insertion of an artificial

device, or inclusion on an official **UK** waiting list for any of the following:

- transplant of a bone marrow
- haematopoietic stem cells preceded by total bone marrow ablation
- transplant of a complete heart, kidney, liver, lung or pancreas
- transplant of a lobe of liver, or
- transplant of a lobe of lung.

For the above definition, the following isn't covered:

- Transplant of any other organs, parts of organs, tissues or cells.

### Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a **consultant** neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA), or
- Spinal muscular atrophy (SMA).

There must be **permanent** clinical impairment of motor function.

### Multiple sclerosis – of specified severity

A definite diagnosis of multiple sclerosis by a **consultant** neurologist, that has resulted in either of the following:

- clinical impairment of motor or sensory function, which must have persisted from the time of diagnosis, or
- two or more attacks of impaired motor or sensory function together with findings of clinical objective evidence on Magnetic Resonance Imaging (MRI).

All of the evidence must be consistent with multiple sclerosis.

### Neuromyelitis optica (Devic's disease)

A definite diagnosis of neuromyelitis optica (Devic's disease) by a **consultant** neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.
The following isn't covered:

- neuromyelitis optica spectrum disorder.

### Paralysis of limbs – total and irreversible

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

### Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a **consultant** neurologist. There must also be **permanent** clinical impairment of motor function and at least one of the following:

- tremor, or
- muscle rigidity.

For the above definition, the following aren't covered:

- Parkinsonian syndromes/Parkinsonism.

### Parkinson plus syndromes – resulting in permanent symptoms

A definite diagnosis by a **consultant** neurologist of one of the following Parkinson Plus syndromes:

- multiple system atrophy
- progressive supranuclear palsy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- corticobasal ganglionic degeneration, or
- diffuse Lewy body disease.

There must be also **permanent** clinical impairment of at least one of the following:

- motor function
- eye movement disorder
- postural instability, or
- dementia.

### Primary pulmonary arterial hypertension – of specified severity

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 aren't covered:

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

### Pulmonary artery replacement – with surgery

The 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.

### Severe Crohn's disease

A definite diagnosis by a **consultant** gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions, or
- total colectomy (removal of entire large bowel).

### Severe mental illness – as specified

Any mental illness that has resulted in all of the following:

- an admission to a psychiatric ward where treatment was provided for at least 14 consecutive nights
- has chronic unremitting symptoms
- has not responded to comprehensive management and treatment which the person has completed based on best clinical practice for more than 1 year, and
- has resulted in the inability to perform any type of work for payment or reward for a period of at least 1 year.

For this definition, the following isn't covered:

- Conditions related to or exacerbated by alcohol or drug abuse.

### Spinal stroke – resulting in permanent symptoms

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

### Stroke – of specified severity

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 isn't covered:

- Transient ischaemic attack, and
- Death of tissue of the optic nerve or retina/eye stroke.

### Surgical removal of an eyeball

**Permanent** surgical removal of an eyeball as a result of injury or disease.

For the above definition, the following isn't covered:

- intentional self-inflicted injuries.

### Systemic lupus erythematosus (SLE) – of specified severity

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**.

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

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 brain injury – resulting in permanent symptoms

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

### Ulcerative colitis – treated with total colectomy

A definite diagnosis of ulcerative colitis confirmed by a **consultant** gastroenterologist which has been treated by removal of the entire colon (large bowel).

## Group II critical illness conditions

### Accidental hospitalisation

An accident that results in physical injury which requires the person covered to stay in hospital for 28 consecutive days or more on the advice of an appropriate **consultant**.

For the above definition the following isn't covered:
- an accident as a result of drug or alcohol intake or other self-inflicted means.

### Angioplasty – requiring treatment to multiple coronary vessels

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, or
3. circumflex artery or its branches.

For the above definition, the following aren't covered:
- Diagnostic angiography.

### Carotid artery stenosis – treated by endarterectomy or angioplasty

The undergoing of endarterectomy or therapeutic angioplasty with or without stent to correct symptomatic stenosis involving at least 50% narrowing or blockage of a carotid artery.

Angiographic evidence will be required.

### Central retinal artery or vein occlusion (eye stroke) – resulting in permanent visual loss

Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in **permanent** visual impairment of the affected eye.
For the above definition the following aren't covered:
- Branch retinal artery or vein occlusion or haemorrhage, and
- Traumatic injury to tissue of the optic nerve or retina.

### Cerebral or spinal aneurysm – with surgery or radiotherapy

The undergoing of craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal aneurysm.

### Cerebral or spinal arteriovenous malformation – with surgery or radiotherapy

The undergoing of craniotomy, endovascular repair or stereotactic radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

### Crohn's disease – treated with intestinal resection

A definite diagnosis by a **consultant** gastroenterologist of Crohn's disease which has been treated with surgical intestinal resection.

### Diabetes mellitus Type 1 – requiring permanent insulin injections

A definite diagnosis of Type 1 diabetes mellitus, requiring the **permanent** use of insulin injections.
The following aren't covered:
- gestational diabetes, and
- Type 2 diabetes (including Type 2 diabetes treated with insulin).

### Gastrointestinal stromal tumour (GIST) – of specified severity with surgery

Histological diagnosis of a gastrointestinal stromal tumour (GIST) classified by either AFIP/Lasota-Miettinen as having no or a low risk of progression, or as UICC TNM8 stage 1, that has been treated by surgery to remove the tumour.

For the above definition, the following is not covered:
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment

### Less advanced cancers – of named sites and specified severity

If the person covered, or the **child** of the person covered, is diagnosed with a less advanced cancer of a named site and of specified severity requiring treatment as detailed below.

There must be a positive diagnosis confirmed with histological confirmation relating to any of the following:

### Anus
Cancer in situ of the anus with surgery to remove the tumour.

For the above definition, the following isn't covered:
- Anal intraepithelial neoplasia (AIN) grade 1 or 2.

### Bile ducts
Cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

### Breast
Breast cancer in situ, including ductal and lobular cancer 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 aren't covered:
- Other forms of treatment.

### Cervix
Cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

For the above definition, the following aren't covered:
- Loop excision, laser surgery, conisation and cryosurgery, and
- Cervical intraepithelial neoplasia(CIN) grade 1 or 2.

### Colon and rectum
Cancer in situ of the colon or rectum resulting in intestinal resection.

For the above definition, the following aren't covered:
- Local excision and polypectomy.

### Gallbladder
Cancer in situ of the gallbladder with surgery to remove the tumour.

### Larynx
Cancer in situ of the larynx treated with either surgery, laser or radiotherapy.

### Lung and bronchus
Cancer in situ of the lung or bronchus resulting in wedge resection or lobectomy.

### Oesophagus
Cancer in situ of the oesophagus with surgery to remove the tumour.

### Oral cavity or oropharynx
Cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour. Oropharynx includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

### Ovary
Ovarian tumour of borderline malignancy/low malignant potential and has resulted in surgical removal of an ovary.

For the above definition, the following isn't covered:
- Removal of an ovary due to a cyst.

### Pancreas
Cancer in situ of the pancreas with surgery to remove the tumour.

### Prostate
Diagnosis and specified treatment of a tumour of the prostate histologically classified as having a Gleason score of 6 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 or cryotherapy or hormone therapy or high intensity focused ultrasound.

For the above definition, the following aren't covered:
- Other less radical treatment (e.g. transurethral resection of the prostate), and
- Tumours treated with experimental treatments.

### Renal pelvis (of the kidney) and ureter
Cancer in situ of the renal pelvis or ureter.

For the above definition, the following aren't covered:
- Non-invasive papillary carcinoma and tumours of TNM classification stage Ta.

### Stomach
Cancer in situ of the stomach with surgery to remove the tumour.

### Testicle
Diagnosis and specified treatment of cancer 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).

### Thyroid
Diagnosis of a tumour of the thyroid following surgery to remove the tumour, which is histologically classified as having progressed to at least TNM classification T1N0M0.

### Urinary bladder
Cancer in situ of the urinary bladder.

For the above definition, the following aren't covered:
- Non-invasive papillary carcinoma and TNM classification stage Ta bladder cancer.

### Uterus
Cancer in situ of the lining of the uterus (endothelium) resulting in hysterectomy.

### Vagina
Cancer in situ of the vagina resulting in surgery to remove the tumour.

For the above definition, the following aren't covered:
- Laser surgery and diathermy, and
- Vaginal intraepithelial neoplasia (VAIN) grade 1 or 2.

### Vulva
Cancer in situ of the vulva resulting in surgery to remove the tumour.
For the above definition, the following aren't covered:
- Laser surgery and diathermy, and
- Vulval intraepithelial neoplasia (VIN) grade 1 or 2.

### Other cancer in situ – with surgery
Cancer in situ diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells that are confined to the epithelial linings of organs and that has been treated by surgery to remove the tumour.

For the above definition, the following aren't covered:
- Any skin cancer (including melanoma), and
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

### Neuroendocrine tumour (NET) – of specified severity with surgery
Histological diagnosis of a neuroendocrine tumour (including Merkel cell cancer of the skin) classified as WHO Grade 1, that has been treated by surgery to remove the tumour.

The following are not covered:
- Tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.

### Permanent pacemaker insertion – for heartbeat abnormalities
The **permanent** insertion of an artificial pacemaker to correct an abnormal rhythm of the heart. The abnormal rhythm of the heart must have been documented on an ECG and be available to the company.

### Pituitary gland tumours – with specified treatment
Pituitary gland tumours treated with either surgical removal or by radiotherapy.
For the above definition, the following aren't covered:
- Pituitary gland tumours treated by other methods.

### Severe sepsis – resulting in admission to a critical care unit for 3 days or more
A definite diagnosis of sepsis by a **consultant** physician resulting in admission to either an intensive care (ICU) or a high dependency unit (HDU) for at least 3 continuous days.

### Significant visual impairment – permanent and irreversible
**Permanent** and **irreversible** loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified ophthalmologist as follows:
- acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself, or
- acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia), or marked contraction of the visual field (i.e. in retinitis pigmentosa or glaucoma).

### Single lobectomy – the removal of a complete lobe of a lung
The undergoing of surgery for the removal of one or more lobes of the lung due to underlying disease or trauma.

The surgery must be carried out on the advice of a **consultant** physician.

### Skin cancer (not including melanoma) – advanced stage as specified

Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm)
- invasion into subcutaneous tissue (Clark level V)
- invasion into nerves in the skin (perineural invasion)
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope), or
- has recurred despite previous treatments.

### Syringomyelia or syringobulbia – treated by surgery

The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

## Group III critical illness conditions

### Cerebral palsy

We'll pay **children's critical illness benefit** if the **child** receives a definite diagnosis of cerebral palsy made by an attending **consultant**.

### Craniosynostosis – requiring surgery

We'll pay **children's critical illness benefit** on a definite diagnosis of craniosynostosis by a **consultant** neurosurgeon which has been treated surgically.

### Cystic fibrosis

We'll pay **children's critical illness benefit** if the **child** receives a definite diagnosis of cystic fibrosis made by an attending **consultant**.

### Down's syndrome

We'll pay **children's critical illness benefit** on a definite diagnosis of Down's syndrome by a paediatrician.

### Edwards' syndrome

We'll pay **children's critical illness benefit** on a definite diagnosis of Edwards syndrome by an attending **consultant**.

### Hydrocephalus – treated with the insertion of a shunt

We'll pay **children's critical illness benefit** on a definite diagnosis of hydrocephalus by an attending **consultant** which is treated by the insertion of a shunt.

### Muscular dystrophy

We'll pay **children's critical illness benefit** if the **child** receives a definite diagnosis of muscular dystrophy made by a **consultant** neurologist.

### Osteogenesis imperfecta

We'll pay **children's critical illness benefit** on a definite diagnosis of osteogenesis imperfecta by an attending **consultant**.

For the above definition the following isn't covered:

- Type 1 osteogenesis imperfecta.

### Patau syndrome

We'll pay **children's critical illness benefit** on a definite diagnosis of Patau syndrome by an attending **consultant**.

### Spina bifida

We'll pay **children's critical illness benefit** if the **child** receives a definite diagnosis of spina bifida myelomeningocele or rachischisis by a paediatrician.

For the above definition, the following aren't covered:

- Spina bifida occulta, and
- Spina bifida with meningocele.

## 2.3 Total Permanent Disability definitions

This section lists the definitions of **Total Permanent Disability** which we may offer.

The **Cover Summary** will show if **Total Permanent Disability** is included in the **cover**, and whether an **own occupation**, **suited occupation**, or **work tasks** (also known as **daily activities**) definition of incapacity applies to the person covered.

**Total Permanent Disability – own occupation**

The person covered is unable to do their **own occupation** ever again – the kind of job they did

before they had to stop **work**.

**Total Permanent Disability – suited occupation**
The person covered is unable to do a **suited occupation** ever again – the kind of job they could do based on their employment history, knowledge, transferable skills, training, education and experience.

**Total Permanent Disability – work tasks**
The person covered is unable to do three specified **work tasks** ever again – the things people need to do in everyday life.

## 2.4 Waiver of Premium

For extra protection, the **owner of the cover** can ask us to include Waiver of Premium in a **cover**. If Waiver of Premium is included in a **cover** and the person covered is **incapacitated** for more than 26 weeks, we'll waive the **premiums** due for that **cover**. Please note that **premiums** due in the first 26 weeks of being **incapacitated** won't be waived.

The **Cover Summary** will show if Waiver of Premium is included in a **cover** and when it ends. The remainder of this section only applies where Waiver of Premium is included in the **Cover Summary**.

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

### When we'll waive **premiums**

We'll waive the **premiums** if the person covered by Waiver of Premium is **incapacitated** for longer than 26 weeks. We'll continue to waive the **premiums** until they're no longer **incapacitated** or until the Waiver of Premium end date as shown in the **Cover Summary**.

### How much we'll waive

We'll waive the cost of any **cover** that includes Waiver of Premium.

If the person is covered by more than one **cover** with us, and they become **incapacitated**, we'll only waive the **premiums** of those **covers** that include Waiver of Premium. This could mean that the total of all **premiums** is reduced rather than stopped.

### When we'll stop waiving **premiums**

We'll 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
- we've paid the benefit for terminal illness or a Group I **critical illness**, or
- either the **cover** ends or the Waiver of Premium end date is reached, as shown in the **Cover Summary**.

While we're 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 won't waive **premiums**

We won't waive **premiums** if we're not able to pay a **benefit**, as described in section 2.1.

Section 3

# Managing the cover

## 3.1 Paying for the cover

When the **cover** is on the life of another person, the **owner of the cover** – whether they're a person or a **business** – may choose whether they or the person covered pays the **premiums**.

### When the **premium** is paid

#### First **premium**

We'll collect this by Direct Debit (via the **BACS** system) on, or shortly after, the date the **cover** starts. The Direct Debit must be from a **UK**, **Channel Islands**, Isle of Man or Gibraltar bank account. **Premiums** must be paid in sterling.

#### Regular **premium**

If a **monthly premium** has been selected, we'll collect the **premium** on the same date each month. The person paying can choose a date between the 1st and the 28th of the month that suits them. They'll pay the **premium** every month for the **term of the cover**, unless we accept a Waiver of Premium claim for the **cover**.

If an annual **premium** has been selected, we'll collect their **premium** on the same date each year.

When the **premium** collection falls on a weekend or bank holiday, we'll collect it on the next working day.

### What happens if the **premium** isn't paid?

If any **premium** remains unpaid for more than 30 days from the date it was due to be collected, we'll cancel the **cover**. We'll write to the **owner of the cover** and (if different) the person covered to tell them that the **cover** has been cancelled.

### Restarting a **cover**

If we cancel a **cover** because a **premium** isn't 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**. We'll have no obligation to restart a **cover** and if the **owner of the cover** asks us to do this, we'll decide at our discretion if we're willing to restart the **cover**. If we are, we'll tell them what we need in order to restart the **cover** and they must clear any **premium** arrears. There may be circumstances when we reserve the right not to restart a **cover**. If this happens, we'll explain our decision.

### When the **premium** could change

The **premium** could change if:

- the **owner of the cover** makes a change to the **cover**
- we accept a Waiver of Premium claim – see section 2.4
- a Waiver of Premium claim ends
- Waiver of Premium or **Total Permanent Disability** ends as shown in the **Cover Summary**, if these were selected when the **cover** started
- it becomes subject to tax, or
- any of the information provided as part of the application process is incorrect – for more details, check out sections 4.8 and 4.13.

If the **cover** has an increasing **sum assured**, the **premium** will be reviewed annually and will increase by a higher percentage than that of the **sum assured**, because the amount of the increase of the **premium** will depend on the age of the person covered and the remaining **term of the cover** at that time.

We'll write to the **owner of the cover** each year to tell them the new **sum assured** and the new **premium** that they'll be paying. They don't need to accept the increase, but must advise us if they don't.

If they don't accept the increase, we won't increase the **sum assured**. However, if the **owner of the cover** decides to decline the increase for three consecutive years, they'll no longer have the option of an increasing **sum assured** under the **cover** in future years.

If a **renewable cover** has been chosen, the **premium** will change when the **cover** renews. The new **premium** will be based on the **premium** rates at that time, the **sum assured** and the age of the person covered.

We'll write to the **owner of the cover** before the **cover** renews to tell them the new **premium** that they'll be paying and the new **cover** end date. They don't need to accept the renewal, and must advise us if they don't. If they don't accept the renewal, the **cover** will end.

## 3.2 Telling us about changes to personal details

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

- their name or the name of their **business**
- their contact details (postal address, telephone number, email address) or those of their **business**, or
- their bank account.

We need to be told if the person covered, as a key person or in connection with a **business** loan, leaves the **business** as we'll cancel the **cover** from that point.

We don't need to be told if the person covered changes their occupation within the same **business**.

Please contact us using the details on page 3.

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

## 3.3 Changing a cover

There are many ways that a **cover** can be changed to make sure that it's still meeting the needs of the **owner of the cover**. All of the changes that can be made are explained in section 3.4.

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

Those options that aren't 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 consider speaking to their financial adviser.

## 3.4 Changing your Business Protection Critical Illness with Term Assurance

The following sections explain how the **owner of the cover** can change their Business Protection Critical Illness with Term Assurance **cover**. Whenever a change is requested, we'll always send written confirmation once this has been processed.

### 1. Increasing the **sum assured** – limited

If this option is shown in the **Cover Summary**, the **owner of the cover** has the right to increase the amount of **cover** they have. When they can do this depends on the purpose of the original **cover**.

The relevant events applicable are:

- **business** loan protection: if the **owner of the cover** increases their **business** loan
- key person **cover**: if the value to the **business** of the key person covered increases
- shareholder protection: if the share, or shareholding, of the person covered in the **business** increases in value, or
- **business** partnership **cover**: if the value of the partnership share increases (for example, where the total number of partners has reduced).

In all circumstances they can only do this up to 13 weeks after the relevant event. We'll 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. Without it, we reserve the right to refuse to allow the increase.

The increase in **cover** can't be more than 50% of the original **sum assured** or £75,000, whichever is lower.

If the increase is for an increase in the value of the key person, **business** loan, or an increase in the value of a shareholding or **business** then the extra **sum assured** can't be more than this increase in value.

More than one increase can be requested but the total of all increases can't exceed the **sum assured** of the original **cover** or £150,000, whichever is lower.

This option can't be taken up:

- while we're waiving the **premiums**
- after the 55th birthday of the oldest person covered
- in the last five years of the **term of the cover** except where the **term of the cover** at the start date is five years or less, in which case we'll allow increases in the first two years of **cover**
- while we're paying a **benefit** under any **cover**
- 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** has received **benefit** payments under the **cover** in the last two years.

### 2. Increasing the **term of the cover** – limited

If this option is shown in the **Cover Summary** and the **owner of the cover** increases the term of the **business** loan for which the original **cover** was taken out, they have the right to increase the **term of the cover** they have. They must do this within 13 weeks of increasing the term of the **business** loan.

More than one increase can be requested but the total of all increases can't make the new term:

- more than 150% of the original term
- extend beyond the end of the term of the new **business** loan, or
- extend past the 65th birthday of the oldest person covered.

If your cover includes **Total Permanent Disability** or Waiver of Premium, we may have to restrict the increased term for these options. If this happens, we'll explain our decision.

We'll ask to see evidence of the event. Where the **owner of the cover** is different from the person covered, we may also ask for evidence of the insurable interest. Without this, we reserve the right to refuse to allow the increase.

This option can't be taken up:

- while we're waiving the **premiums**
- after the 55th birthday of the oldest person covered
- in the last five years of the **term of the cover** except where the **term of the cover** at the start date is five years or less, in which case we'll allow increases in the first two years of **cover**
- while we're paying a **benefit** under any **cover**
- 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** has received **benefit** payments under the **cover** in the last two years.

This option isn't available on a **renewable cover**.

### 3. Reducing the **sum assured**

The **owner of the cover** can reduce the **sum assured** at any time, as long as the reduction doesn't mean that the **sum assured** falls below the minimum allowed. If they later want to increase the **sum assured**, the amount by which they'll be able to do so

will be based on the new, lower **sum assured**, not the initial one.

### 4. Reducing the **term of the cover**

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

- the new term is lower than our minimum term, or
- the **premium** would fall below our minimum level.

If they later want to take up the option to increase the **term of the cover**, the amount by which they'll be able to do so will be based on the new, lower term, not the original one. This option isn't available on a **renewable cover**.

### 5. Stopping and restarting the annual increase – limited

If the **owner of the cover** has an increasing **sum assured**, we'll write to them each year to tell them the new **sum assured** and the new **premium** that they'll pay.

They can ask for the increases to stop at any time, and if they do, the **sum assured** will be frozen at the level it has reached when they ask us to stop the increase. They can ask us to start increasing it again. But we can't do this if:

- we're waiving the **premiums**
- the **sum assured** has been frozen for three consecutive years
- we're paying a **benefit** under any **cover**
- the **owner of the cover** is in a position to make a claim under the **cover**, or
- the person covered or the **owner of the cover** has received **benefit** payments under the **cover** in the last two years.

### 6. 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.

### How these changes affect the cost of the **cover**

If you change your **cover**, the **premium** may change. Please contact us for details about how your **premium** may change.

### Asking us to change the **cover**

To ask us to change their **cover**, the **owner of the cover** can contact us using the details on page 3.

## 3.5 Claiming a benefit

### When to claim

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

For Waiver of Premium claims, we ask that we're notified within eight weeks of the person covered becoming **incapacitated**.

### How to make a claim

The person claiming can:

- phone us on 0345 600 6815. If calling from outside the **UK**, please call +44 1737 441 815
- email us at claimsteam@aiglife.co.uk
- write to us at Claims Team, AIG Life Limited, PO Box 12010, Harlow CM20 9LG

We're open Monday to Thursday, 8.30am to 6.00pm and Friday, 8.30am to 5.30pm, except for bank holidays. Please note these opening hours are **UK** local time.

If we're considering a death claim, we'll stop collecting **premiums**. If we're considering any other type of claim, **premiums** must be paid while it's being assessed. If the claim is paid, we'll advise you if we can refund any of the **premiums** paid while we assessed the claim.

If the person claiming, the **owner of the cover** or the person covered doesn't 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 waiving **premiums**. We'll pay the reasonable cost of all medical reports or evidence we ask for.

### Geographical restrictions

Some types of **cover** require the person covered, or the doctor that diagnoses them, to be in a particular part of the world when a claim is made or when we're paying the **benefit**.

For a death claim, the person covered or the **child** of the person covered can be anywhere in the world.

For **terminal illness** (where life expectancy is less than 12 months) and **critical illness** claims, the person covered or the **child** of the person covered can be residing anywhere in the world, however the **consultant** must be in an **eligible country.**

For Waiver of Premium and **Total Permanent Disability** claims, the person covered must be living in an **eligible country** when they become **incapacitated**. They must return to and remain in the **UK, Channel Islands**, Isle of Man or Gibraltar within 26 weeks of becoming **incapacitated** in order to receive the **benefit**.

We may consider claims that fall outside our geographical restrictions if we're satisfied that we're able to obtain sufficient and reliable information to allow us to fully assess the claim.

### Support during a claim – Claims Support Fund

If we've agreed that the person claiming may have a valid claim, we may pay up to £500 from our Claims Support Fund for services that support the person covered or their family. The services that are covered by this support payment will depend on the circumstances but 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're used. Whether we approve the service depends on the situation of the person covered and the advice of their doctor. We'll refund the cost as soon as we've 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 doesn't necessarily mean we'll approve a claim on your **cover**.

We won't pay for support services in relation to a Waiver of Premium claim. This is an additional payment. This means that any payments made won't affect other **benefits** we pay for any subsequent claim.

### Who we'll pay the **benefit** to

We'll pay the **benefit** to the person or **business** 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.

During the course of the claim assessment, we'll establish and confirm who we identify as legally entitled to receive the **benefit**.

We'll normally 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'll pay this **assignee**. **Assignee(s)** need to send us the original deed of assignment before we can pay any **benefit** to them.

If the **cover** is under trust, we'll pay the **benefit** to the **trustee(s)**. The **trustee(s)** must then follow the terms of the trust to distribute the money to the chosen beneficiaries. **Trustee(s)** need to send us the original Trust Deed and any deeds altering the trust before we can pay any **benefit** to them. We'll return these when we pay the claim.

### How we'll pay the **benefit**

We'll pay any **benefit(s)** due under the **cover** in pounds sterling by direct credit (via the **BACS** system) into a **UK**, **Channel Islands**, Isle of Man or Gibraltar bank account nominated by the **owner of the cover**, the **trustee(s)**, the **assignee(s)** or their personal representative.

If the **claimant** wishes to receive the **benefit(s)** outside of the **UK**, **Channel Islands**, Isle of Man or Gibraltar, then arrangements for such transfer from the **claimant's UK, Channel Islands,** Isle of Man or Gibraltar bank account must be made at the **claimant's** own expense.

The **claimant** will bear the risk of any difference due to the currency exchange rates.

Section 4

# General terms and conditions

## 4.1 Cancelling a cover

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

If you don't cancel your **cover** within this time period, your **cover** will remain **active** as set out in your **Cover Summary**.

You can stop your **cover** at any other time. Once you tell us, your **cover** will end on the day before your next monthly **premium** is due to be collected. Any **premiums** paid to date won't be refunded. If you're paying annual **premiums**, your **cover** will end on the day before the next monthly anniversary of the **cover**. We'll retain the cost of any full (or partial) months of **cover** up to the date of cancellation and will refund any balance of the annual **premium**.

## 4.2 Cash value

The **cover** doesn't have any cash value at any time unless a valid claim is made.

## 4.3 Inflation

The purchasing power of the **benefit(s)** paid out may be reduced in real terms, due to the effects of **inflation**. If the **cover** has an increasing **sum assured**, this may provide some protection against the effects of **inflation**, however this isn't guaranteed. For more information on the effects of **inflation**, please speak to your financial adviser.

## 4.4 Interest

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

## 4.5 Data protection

We're committed to protecting the privacy of customers, claimants and other business contacts.

In order to provide our products and services and to run our business, we'll collect, use and disclose your

personal information, including sensitive personal data (health information). Where we do this, we'll rely either on your consent, or on a combination of the following justifications: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

"Personal information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide personal information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their personal information with us.

### Personal information we collect

Personal information we may collect about the **owner of the cover** or the person covered and their dependants includes:

- General identification and contact information
- Family details
- Sensitive information such as health and lifestyle details
- Other sensitive information such as racial/ethnic origin, religious or other beliefs, sexual life, criminal proceedings – outcomes and sentences, offences/alleged offences, and
- Financial details: bank account details and other financial information.

### How we use your personal information

We may use the personal information provided to us to:

- Make decisions about whether to provide insurance and assistance services (such as claim assessment, claim processing and claim settlement)
- Administer the policy, assess and pay claims and general customer service activities (including complaint resolution and claims disputes)
- Detect, investigate and prevent crime, including fraud and money laundering
- Carry out market research and analysis
- Comply with applicable laws and regulatory obligations (including those outside your country of residence), and
- Market products and services of the **AIG Group**, unless you've specifically asked us not to in the application.

Sometimes, as part of our business operations, decisions are taken about you using automated computer software and systems. These decisions don't involve human input. For example, we use automated decision-making to assess your eligibility for insurance and to determine the **premium** amount.

To opt-out of any marketing communications that we may send you, contact us by email at DataProtectionOfficer@aiglife.co.uk or by writing to The Data Protection Officer, AIG Life, 58 Fenchurch Street, London, EC3M 4AB. If you opt-out, we may still send you other important service and administration communications relating to the services which we provide to you from which you can't opt-out.

### 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've been given incomplete, inaccurate or false information, we don't receive the report from their doctor or they're unavailable for interview, we reserve the right to cancel the **cover** within 13 weeks.

### Who we'll share personal information with

We may share personal information about the person covered or **owner of the cover** solely for the purposes listed above in 'How we use your personal information' with certain named third parties. These third parties are:

- **AIG Group** companies: AIG Life Limited is a member company of American International Group, Inc. As such, we have group companies throughout the world, both inside and outside Europe (for example, in the USA)
- Our reinsurers (a list of these reinsurers can be provided on request)
- Our external third party service providers (including medical screening service providers)
- Their financial adviser
- Their own doctor and other medical consultants
- Legal and regulatory bodies

- Law enforcement and fraud prevention agencies, and
- Other insurance companies or organisations.

### International Transfer of personal information

Due to the global nature of our business, personal information may be transferred to parties located in other countries (including the USA, China, Mexico, Malaysia, Philippines and Bermuda) that have data protection regimes that are different to those in the country where you're based, including countries which haven't been found to provide adequate protection for personal information by the **UK Government**.

When making these transfers, we'll take steps to ensure that your personal information is adequately protected and transferred in accordance with the requirements of data protection law.

### Security of personal information

Appropriate technical and physical security measures are used to keep your personal information safe and secure. When we provide personal information to a third party (including our service providers) or engage a third party to collect personal information on our behalf, the third party will be selected carefully and required to use appropriate security measures to protect the confidentiality and security of personal information.

### Your rights

You have a number of rights under data protection law in connection with our use of your personal information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access personal information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your personal information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator.

Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

### Privacy notice

For full details on how we use personal information, how we maintain the security of personal information, who we share personal information with, the data protection rights available to individuals in the **UK**, and who to contact in the event of any queries, please refer to our full privacy notice which can be found on our website (www.aiglife.co.uk/privacy-policy).

Alternatively, you may request a copy by writing to The Data Protection Officer, AIG Life, 58 Fenchurch Street, London, EC3M 4AB or by email at DataProtectionOfficer@aiglife.co.uk

## 4.6 Taxation, laws and regulations

This contract between you and AIG Life Limited, and any dispute or claim arising out of or in accordance with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by and interpreted in accordance with the **laws**.

By taking out this contract, the **owner of the cover** agrees to submit to the exclusive jurisdiction of the courts of England and Wales if there is ever a dispute between them and AIG Life Limited. **Laws** may change in future and AIG Life Limited cannot be held responsible for any information given or any changes in tax provisions or legislation.

**Benefit(s)** payable may be subject to corporation tax, income tax or capital gains tax, however any tax payable depends on the legal structure of the **business** and the need for which the **cover** is taken out.

Professional guidance should be sought before any type of assignment or changed ownership is undertaken.

We can't advise whether a trust is suitable in any particular circumstances or give tax advice in relation to the use of trusts and would recommend that you take professional advice before setting up a trust.

**Cover** held by the **trustee(s)** of a trust shouldn't normally form part of the estate of the person covered for Inheritance Tax purposes. There is a potential Inheritance Tax charge when **benefit(s)** are paid out of a trust

(known as 'exit charges') or on every tenth anniversary of the creation of the trust (known as 'periodic charges'). This applies to **UK** residents only.

**Claimant(s)** who are outside of the **UK** when **benefit(s)** are received may also be subject to additional taxation in the local jurisdiction. Please consult your tax adviser or local tax inspector for clarification. If there is any change to tax and, other **laws**, or **State Benefits**, AIG Life Limited may change the terms and conditions set out in the **cover** documents in order to comply with such **laws**.

## 4.7 Contract

The contract between the **owner of the cover** and AIG Life Limited consists of:

- any information provided by the person covered or the **owner of the cover** in their application and any subsequent information they've 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
- any additional terms and conditions detailed in any subsequent **Cover Summary**.

The contract between the **owner of the cover** and AIG Life Limited as described above constitutes the entire agreement and understanding between the parties and supersedes and extinguishes all previous drafts, agreements, arrangements and understandings between them, whether written or oral, relating to its subject matter.

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.

If any court finds that any provision of the **Cover Summary** or any other document embodying the contract between the **owner of the cover** and AIG Life Limited (or part thereof) is invalid, illegal or unenforceable that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the **Cover Summary** or any other document embodying the contract between the **owner of the cover** and AIG Life Limited won't be affected.

## 4.8 Misstatement of age

If, after the **cover** is taken out, we learn that the person covered has a different date of birth than the one originally stated by you, this will impact on the **premium** and/or **sum assured** of their **cover**.

In some cases, this may affect their right to the **cover** and your **cover** may be cancelled. It may also affect how we've interpreted medical evidence, which may result in a claim not being paid or the **sum assured** being reduced.

## 4.9 Complaints

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

We'll try to resolve complaints as quickly as possible. If we can't deal with their complaint promptly, we'll send them a letter to acknowledge it and then give them regular updates until it's resolved.

We're committed to resolving complaints through our own complaints procedures. However, if a matter can't 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 doesn't cost anything. They can decide if we've acted wrongly and if the person with

the complaint has lost out as a result. If this is the case, they'll tell us how to put things right and whether we have to pay compensation.

Some businesses may not be eligible to complain to the Financial Ombudsman Service if they exceed a certain number of employees or have an annual turnover in excess of the Ombudsman's limits. If a complaint is made, we'll send a leaflet explaining more about the Financial Ombudsman Service which includes information on the current eligibility requirements. The leaflet is also available at any time on request.

Alternatively, the Financial Ombudsman Service can be contacted at the following address:

Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR.

Telephone 0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers). If calling from outside the **UK**, please call +44 20 7964 0500.

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

If a complaint is made, it won't affect their right to take legal proceedings.

## 4.10 If we can't meet our liabilities

Most of AIG's customers, including most individuals and small businesses, are covered by the Financial Services Compensation Scheme (FCSC), which is designed to pay compensation if a firm is unable to pay claims because it has gone out of business.

Before looking to pay compensation, the FSCS will first see if they can arrange for your current insurance to be replaced by a new policy with a different insurer. If this isn't possible, the FSCS aims to provide compensation.

For policyholders who have a valid claim under an insurance policy with a failed insurer, the FSCS will look to pay 100% of the claim value.

You can find out more about the FSCS, including your eligibility to claim and the options available to you, by visiting its website fscs.org.uk. Alternatively, you can contact them at the following address:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL17 1DY

Telephone: 0800 678 1100

If calling from outside the **UK**, please call +44 20 7741 4100.

Email: enquiries@fscs.org.uk

Please be aware that the rules of the FSCS may change in the future, or FSCS may take a different approach on their application of the above, depending on the circumstances.

## 4.11 Assignment

If the **owner of the cover** assigns any of their legal rights under the **cover** to someone else (including any assignment to the **trustee(s)** of a trust), we must see notice of the assignment when a claim is made. This notice must be sent to: AIG Life Limited, PO Box 12010, Harlow CM20 9LG.

An assignment could take place when they're using the **cover** as security for a loan.

## 4.12 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 doesn't 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 AIG Life Limited are the parties to the contract.

## 4.13 Disclosure confirmation and verification

The person covered will be asked to provide details of their health and personal circumstances. The person covered and the **owner of the cover** must provide full, honest and accurate answers to all questions asked. Furthermore, subject to what we say in section 3.2: 'Telling us about changes to personal details' we must be told immediately if the information in the **Application Details** isn't correct as this may affect the **cover**.

The information provided to us by the person covered is confidential and we won't disclose it to the **owner of the cover** without their permission. We'll send a copy of the **Application Details** to the person covered and ask them to advise us of any corrections or additions they wish to make. If they don't answer our questions fully and honestly, this may result in us refusing any future claim.

The **owner of the cover** will be asked to provide details of their finances. We'll send the **owner of the cover** details of their initial answers and ask them to advise us of any corrections or additions they wish to make. If they don't answer our questions fully and honestly, it could result in us refusing any future claim.

We'll 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 information provided.

We may select the application for a disclosure check. To complete the check, we'll either obtain a report from the doctor of the person covered or call them for further information or perform data checks. If we've 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've requested any additional information from the **owner of the cover** or person covered they must provide it within 30 days.

If they don't respond to a request from us within 13 weeks for medical evidence or 30 days for other information, we'll cancel the **cover**.

## 4.14 Economic sanctions

We won't be responsible or liable to provide **cover** (including payment of a claim or provision of any other **benefit**) under this policy if we're prevented from doing so by any economic sanction which prohibits us or our **Parent Company** (or our **Parent Company's** ultimate controlling entity) from providing **cover** or dealing with you under this policy.

Economic sanctions change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freezing the assets of a government, the corporate entities and residents of a sanctioned country, or freezing the assets of specific individuals or corporate entities. This means that if you, or any third party who has suffered a loss which would otherwise be covered under the **cover**, are the subject of an economic sanction we may not be able to provide **cover** under the policy.

## 4.15 Restricted persons

This **cover** won't cover any injury, loss or expense sustained directly or indirectly by any person covered who is a member of a terrorist organisation, narcotics trafficker, or seller of nuclear, chemical or biological weapons.

## 4.16 When we can make changes to your **cover**

We can make changes to the terms and conditions of your **cover** that we reasonably consider are appropriate if there is a request from any regulatory authority to do so, or there is a change in the law, applicable legislation, regulation, taxation, our expenses or recommendations or decisions of a regulator or similar body affecting us or your **cover**.

These changes could affect the amount and type of cover provided under the **cover**. If we do decide to make any changes to your **cover**, we'll write to tell you at least 28 days before the change takes effect. If you're not happy with the changes, you have the right to cancel the **cover** (see the section 4.1 Cancelling your cover).

## 4.17 About our business

American International Group (Inc.) is a leading international insurance organisation serving customers in more than 80 countries and jurisdictions. AIG is the marketing name for the world-wide property-casualty, life and retirement, and general insurance operations of AIG, Inc.

AIG Life Limited is the life insurance arm of AIG in the **UK, Channel Islands**, Isle of Man and Gibraltar.

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report available on our website www.aiglife.co.uk.

Section 5

# Definitions

An explanation of the terms we use across Business Protection Critical Illness with Term Assurance (please note these definitions aren't case sensitive).

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

### AIG Group
Any wholly or partly owned, direct or indirect subsidiary of American International Group, Inc.

### 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 isn't correct as this may affect your **cover**.

### Assignee
A person to whom this **benefit(s)** is legally transferred.

### BACS
A scheme for the electronic processing of direct debits and direct credits.

### Benefit
Any payments the **claimant** receives from AIG Life Limited.

### Business
Any of the following: sole trader or proprietorships, partnerships including limited liability partnerships, companies, charities, or corporations and any representative, employee or director providing information to us or authorised to contract with us on behalf of the business.

### Channel Islands
The Island of Jersey and the Island of Guernsey.

### Child/Children
Anybody from birth up to age 22 who is:
- a natural child of the person covered or their **partner**
- legally adopted by the person covered or their **partner**, or
- a legal stepchild of the person covered following their marriage or civil partnership.

### Children's critical illness
An illness that:
- we cover under Business Protection Critical Illness with Term Assurance (see section 2.2), except **Total Permanent Disability** or **loss of independence**
- meets our definition of that **critical illness** in section 2.2, except **Total Permanent Disability** or **loss of independence**
- meets our definition of a **terminal illness**
- is diagnosed by a **consultant**
- is the first and unequivocal diagnosis of the illness, and
- is confirmed by our Consultant Medical Officer.

## Child life cover

We'll pay £10,000 if during the **term of the cover**, a **child** dies. If the **child** is diagnosed with a **terminal illness**, we'll pay the **child life cover benefit** early. **Child life cover** is payable in addition to **children's critical illness benefit**. The **benefit** is payable once per **child**, regardless of the number of **covers** held.

## Claimant

The person(s) legally entitled to claim the **benefit(s)** under the **cover(s)**. This is may be the **owners(s) of the cover**, **trustee(s)** on behalf of the trust and for the benefit of the beneficiaries, **assignee(s)** or personal representatives of the cover **owner(s) of the cover's** estate.

## 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

Business Protection Critical Illness with Term Assurance policy provided by AIG Life Limited.

## Cover Summary

This is a document we send to the person covered or to the **owner of the cover** once we've 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** should their circumstances change.

## Critical Illness

An illness excluding **Total Permanent Disability** that:

- we cover under Business Protection Critical Illness with Term Assurance (see section 2.2)
- meets our definition of that critical illness in section 2.2
- 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, check out section 2.2.

## Daily Activities

These are the things people need to do in every day life. We refer to these as **work tasks**. See **work tasks** for further information.

## Eligible country

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

## Incapacitated

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

These are based on their ability to do:

- their **own** occupation – the kind of job they did before they had to stop **work**
- their **suited occupation** – the kind of job they could do, and
- their **work tasks** (also known as **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're 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 **work tasks** definition will apply.

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

## Inflation
Inflation is the rise in the general level of prices in goods and services over a period of time. As inflation rises, the real value of your money, and the **benefit(s)** provided by your **cover**, may fall because you may be able to afford less with the same amount.

## Irreversible
Can't 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 **sum assured** payable once.

## Laws
The law of England and Wales.

## Loss of independence
This is a **critical illness** that we cover under Business Protection Critical Illness with Term Assurance. For a list of all the illnesses that we cover, and definitions, please see section 2.2.

## 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, and
- coma

The following aren't 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, and
- Symptoms of psychological or psychiatric origin.

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

## Own occupation
The person covered isn't doing any paid **work** and has been diagnosed with an illness, injury or disability which 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 the type of **work** you do for profit or pay. It's not a specific job with any particular employer and is irrespective of location and availability.

## Owner(s) of the cover
A person or two persons or a **business** 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.

## Parent Company
The legal entity that owns or controls AIG Life Limited as defined by the **laws** applicable to the jurisdiction within which the legal entity resides.

## 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, and
- coma.

The following aren't 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, and
- Symptoms of psychological or psychiatric origin.

### Pregnancy cover – specified complications of pregnancy
We'll pay £5,000 upon a definite diagnosis by a **consultant** Obstetrician of one of the following conditions:
- Disseminated Intravascular Coagulation (DIC)
- Ectopic Pregnancy
- Hydatidiform Mole
- Placental Abruption
- Eclampsia (excluding Pre-eclampsia)
- Foetal death in utero after at least 20 weeks gestation
- Neo-natal death – giving birth to a **child** of at least 20 weeks gestation that doesn't survive 14 days, or
- Stillbirth (excluding elective pregnancy termination) after at least 24 weeks gestation.

A claim can't be made under this condition for pregnancies which result in a **child life cover benefit** being paid.

### Premium/premiums
The monthly or annual payment to AIG Life Limited for Business Protection Critical Illness with Term Assurance.

### Renewable cover
The **owner of the cover** chooses a term of 5 or 10 years. At the end of this term, they'll have the option to renew the **cover** for a further 5 or 10 years, depending on their initial term, without providing further medical information for the person covered. They can renew the **cover** until the 60th birthday of the person covered. If the **owner of the cover** chooses not to renew the **cover**, it will end.

### Single life
**Cover** for one person.

### State Benefits
A payment made by the government of the state where the **claimant** resides.

### 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 can't reasonably be omitted or modified, or
- after they've 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 could do for profit or pay taking into account their employment history, knowledge, transferable skills, training, education

and experience, and is irrespective of location and availability.

### Sum assured
The amount we'd pay for a successful claim on Business Protection Critical Illness with Term Assurance. We'd 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**.

### Term of the cover
How long the **cover** lasts. In other words, the period between the date the **cover** starts and the date it ends as shown in the **Cover Summary**.

### Terminal Illness – where death is expected within 12 months
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, provided a claim has been submitted while the **cover** is **active**, before the **cover** ends.

### Total Permanent Disability
For a definition of Total Permanent Disability, please see section 2.3.

### Trustee
A person, often one of a group, who becomes the legal owner of the trust assets (in this case, the policy and its proceeds) and who has powers to deal with the trust assets in accordance with the terms of the trust and the duties imposed by **law**.

### UK
The United Kingdom consisting of England, Wales, Scotland, and Northern Ireland.

### UK Government
The government of the **UK** or, upon the secession of Wales, Scotland and/or Northern Ireland from the **UK**, the government of the nation in which England remains.

### Work
Paid employment or self-employment.

### Work Tasks
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, also known as **daily activities**.
The person covered must need the help or supervision of another person and be unable to perform the work tasks 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 meters 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
- 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:

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

For the above definition, disabilities for which the relevant specialists can't give a clear prognosis aren't covered.

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