

POLICY SUMMARY.

This policy is provided by Legal & General Assurance Society Limited.

OVERVIEW.

These policies are designed to meet the demands and needs of people who want to help protect against the impact of death or terminal illness or critical illness. The policy could be used to help pay your rent or to help protect your family's lifestyle and everyday living expenses. This Policy Summary is only a brief guide to the cover and exclusions. You will find full details in the Policy Booklet which will form the basis of our contract with you.



WHAT IS COVERED?

You will be covered if before the end of the policy:

- you die
- you choose a policy that includes Critical Illness Cover and you are diagnosed with or undergo a medical procedure for one of the critical illnesses we cover
- you are diagnosed as being terminally ill, and in the opinion of your hospital consultant and our medical officer, the illness is expected to lead to death within 12 months.

We'll pay out your amount of cover as a monthly benefit until the policy ends.



WHAT IS NOT COVERED?

You are not covered if you don't give us full and honest answers to the questions we ask you before the policy starts. Please don't assume that we'll contact your doctor to find out your full medical details.

- We won't pay out if, within the first year of the policy, your death is caused by suicide or, intentional and serious self-injury or an event where, in our reasonable opinion, you took your own life.
- We won't pay out your amount of cover if the policy includes Critical Illness Cover and you are diagnosed with or undergo a medical procedure for one of the critical illnesses we cover which doesn't meet our definition.
- We won't pay out your amount of cover if you are diagnosed with a terminal illness which doesn't meet our definition. Terminal Illness Cover can't be claimed:
 - after your death,
 - or if the length of the policy is less than two years.
- We may restrict some elements of cover based on the information that you give us. If we do this we'll tell you what we've excluded in the Policy Booklet under the heading 'What you are not covered for'.
- For a joint policy, we'll only pay the amount of cover once. This may be when the first person dies or has a valid claim. We have a replacement cover option which could allow the other person covered to take out a new single life policy, ensuring they still have some protection in place.
- Life cover policies have no cash value and we will not pay out if you reach the end of the policy without making a valid claim.
- If you stop paying your premiums your cover will end 30 days after the first missed premium.

ABOUT THE POLICY.

YOUR PREMIUMS

Guaranteed premiums

If you are given the option to choose guaranteed premiums, your premiums will remain the same during the length of the policy unless you make any changes.

Increasing cover

If you choose an increasing policy your premiums will increase in line with the change in the Retail Prices Index (RPI) multiplied by 1.5 subject to a maximum increase of 15% per annum. The RPI provides an indication of inflation on a monthly basis. The RPI measures and tracks the average change in the purchase price of goods and services such as housing expenses and mortgage interest payments.

If you choose to add Fracture Cover it will not be included as part of the review.

If you choose to add Private Diagnostics it will not be included as part of the review.

AGE LIMITS

Product	Maximum age for buying a policy	Minimum length of the policy	Maximum length of the policy	Your policy must end before age
Rental Life Insurance*	64	5 years	40 years	70
Increasing Rental Life Insurance*	64	5 years	40 years	70
Rental Life Insurance with Critical Illness Cover*	64	5 years	40 years	70
Increasing Rental Life Insurance with Critical Illness Cover*	64	5 years	40 years	70

The minimum age to take out a policy is 18. The policy must not end before your 29th birthday.

*Guaranteed premiums

YOUR COVER

Level cover

If you choose level cover, your amount of cover will stay the same unless you change it.

Increasing cover

If you choose increasing cover this is designed to protect the policy against inflation. Every year, we'll give you the option to increase the amount you're insured for by the changes in the Retail Prices Index (RPI) up to a maximum of 10% of your current amount of cover, without the need for further medical evidence. The RPI is a way of measuring the impact of inflation on family budgets and is set by the Government.

Your premium will increase at a different rate to your amount of cover because it's indexed by the change in the RPI multiplied by 1.5 up to a maximum of 15% of your current premium. This takes into account the fact that the likelihood of claiming increases as you get older.

If the change in the RPI is less than 1% then both your premium and amount of cover will stay the same until the next review.

If you decide not to increase the amount you're insured for, we won't offer you this option again.

If, after you have applied for the policy, we have to increase the premium, this type of policy will not be available to you and we may offer you an alternative.

If you choose to add Fracture Cover it will not be included as part of the review.

If you choose to add Private Diagnostics it will not be included as part of the review.

BENEFITS FOR ALL POLICIES.

The following benefit(s) may have eligibility criteria and restrictions that apply.

ACCIDENTAL DEATH BENEFIT

Included at no extra cost.



WHAT IS COVERED?

We'll cover you from when we receive your application, for up to 90 days or until we accept, postpone or decline your application. This means that if you die due to an accident during this time, we'll pay out the amount you've asked to be insured for, up to a maximum of £300,000 for all applications.

The benefit will be paid out if the person covered, or one of the persons covered, sustains a bodily injury caused by accidental, violent, external and visible means, which solely and independently of any other cause results in death within 90 days of the accident.



WHAT IS NOT COVERED?

We won't pay out if death occurs from:

- Suicide, intentional and serious self-injury or an event where, in our reasonable opinion, you took your own life.
- Taking part or attempting to take part in a dangerous sport or pastime.
- Taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline.
- Committing, attempting or provoking an assault or criminal offence.
- War (whether declared or not), riot or civil commotion.
- Taking alcohol or drugs (unless these drugs were prescribed by a registered doctor in the United Kingdom).
- Accidents that happened before you applied.

We don't provide this benefit:

- If we have been told that the application is to replace an existing policy with us while cover is still provided under the existing policy.
- From the date you tell us that you no longer want the application to proceed.

Your lump sum will be paid only once either under the Accidental Death Benefit or the policy itself.

PRIVATE DIAGNOSTICS

Optional, must be chosen at the start of the policy and will be an additional cost. If you choose a joint life policy you can add this for one or both lives insured.

This benefit is insured by AXIS Specialty Europe SE with all services provided by Trustedoctor and can be renewed by you every 12 months. Private Diagnostics is arranged through Legal & General Partnership Services Limited as agent of AXIS Specialty Europe SE.

You can't choose this benefit if you already have it on any other Legal & General policy. You can cancel this benefit at any time and if you do the premium for your policy will be recalculated. This benefit cannot be reapplied to your policy.



WHAT IS COVERED?

Private Diagnostics allows you access to a Specialist via the Trustedoctor portal, in order to speed up specialist consultations and diagnostic testing for Oncology, Cardiology or Neurosurgery.

- For each person that takes out the benefit, in any benefit renewal period, the cost of up to three primary virtual consultations will be covered, as long as each separate primary virtual consultation is for a different symptom. If your child has a primary virtual consultation this will count towards the limit mentioned above.
- The cost of one follow up virtual consultation for each primary virtual consultation will be covered.
- The cost of all non-invasive diagnostic tests that your specialist recommends will be covered.

This benefit also covers any of your children, provided the virtual consultation process starts before their 22nd birthday.



WHAT IS NOT COVERED?

- The cost of any virtual consultation or non-invasive diagnostic test that has not been arranged and authorised through the Trusteddoctor portal and recommended by a specialist.
- The cost of any expenses for accommodation, travel or taking time off work to attend the virtual consultation or complete the approved non-invasive diagnostic tests.
- The cost of all invasive diagnostic tests even if recommended by a specialist.
- Any primary virtual consultation where symptoms began before the policy start date.
- Diagnostic tests for your child if before the policy start date:
 - Their symptoms existed; or
 - The illness or condition had occurred; or
 - Either parent received counselling or medical advice in relation to the condition or have been aware of the increased risk of the condition before the policy start date or before the legal adoption of the child.

Please see the Policy Booklet for full details of what is and is not covered.

WAIVER OF PREMIUM

Optional, must be chosen at the start of the policy and will be an additional cost.



WHAT IS COVERED?

You won't have to pay your premiums after 26 weeks if you're too ill or incapacitated due to sickness or injury to do your normal job. If you're not in work, we'll use Specified Work Tasks (see section headed Specified Work Tasks) to see whether or not you have to pay your premiums.



WHEN IS IT NOT AVAILABLE?

You won't be able to include Waiver of Premium if:

- You are 55 years old or older when your application is accepted.
- After assessment, we have had to increase your premium.
- We've applied an exclusion (something we'll not cover you for).

Please see the Policy Booklet for further information.

CRITICAL ILLNESSES COVERED.

If you choose Critical Illness Cover, you will be covered for the illnesses shown below. For a claim to pay out, your illness must meet Legal & General's definition. It must also be verified by a consultant at a hospital in the UK, who is a specialist in an area of medicine appropriate to the cause of your claim as in some instances cover may be limited. For example:

- some types of cancer are not covered
- to make a claim for some illnesses, you need to have permanent symptoms.

Please check the full definitions found in the Guide to Critical Illness Cover and Policy Booklet to make sure that you understand exactly what is covered.

- **Aorta graft surgery** – *requiring surgical replacement*
- **Aplastic anaemia** – *categorised as very severe*
- **Bacterial meningitis** – *resulting in permanent symptoms*
- **Benign brain tumour** – *resulting in either specified treatment or permanent symptoms*
- **Blindness** – *permanent and irreversible*
- **Brain injury due to trauma, anoxia or hypoxia** – *resulting in permanent symptoms*
- **Cancer** – *excluding less advanced cases*
- **Cardiac arrest** – *with insertion of a defibrillator*
- **Cardiomyopathy** – *of specified severity or resulting in specified treatment*
- **Coma** – *of specified severity*
- **Creutzfeldt-Jakob disease (CJD)**
- **Deafness** – *permanent and irreversible*
- **Dementia including Alzheimer's disease** – *resulting in permanent symptoms*
- **Encephalitis** – *resulting in permanent symptoms*
- **Heart attack** – *of specified severity*
- **Heart valve replacement or repair** – *with surgery*
- **Kidney failure** – *requiring permanent dialysis*
- **Liver failure** – *of advanced stage*
- **Loss of use of hand or foot**
- **Loss of speech** – *total permanent and irreversible*
- **Major organ transplant**
- **Motor neurone disease** – *resulting in permanent symptoms*
- **Multiple sclerosis** – *where there have been symptoms*
- **Parkinson's disease** – *resulting in permanent symptoms*
- **Pulmonary hypertension** – *of specified severity*
- **Respiratory failure** – *of advanced stage*

- **Specified heart surgery**
- **Spinal stroke** – *resulting in symptoms lasting at least 24 hours*
- **Stroke** – *resulting in symptoms lasting at least 24 hours*
- **Systemic Lupus Erythematosus** – *with severe complications*
- **Third degree burns** – *covering 20% of the surface area of the body or 20% of the face or head*
- **Total and Permanent Disability** – *of specified severity*

We'll cover you for the loss of physical or mental ability, due to an illness or injury, to do either your own occupation or at least three of the six Specified Work Tasks (see section headed Specified Work Tasks).

The definition that applies to you will be shown in the Policy Booklet and will depend on your occupation, employment status and whether you are paid for your work.

SPECIFIED WORK TASKS

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

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

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

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

Getting in and out of a car – The ability to get into a standard saloon car, and out again.

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

SURGICAL TREATMENT

We will make an advance payment of the amount of cover if the life insured is placed on an NHS waiting list for one of the specified surgical treatments and meet the full definition:

- **aorta graft surgery** – *requiring surgical replacement*
- **heart valve replacement or repair** – *with surgery*
- **specified heart surgery**

Full definitions for these surgical treatments are detailed in the Policy Booklet.

ADDITIONAL COVER IF CRITICAL ILLNESS COVER IS CHOSEN.

- **Carcinoma in situ of the breast** – *treated by surgery.*
- **Low grade prostate cancer** – *requiring treatment.*



WHAT IS COVERED?

Unless specifically excluded in the Policy Booklet under the heading 'What you are not covered for':

We'll pay out 25% of your chosen monthly benefit times the remaining length of the policy up to a maximum of £25,000.

Your amount of cover and premiums will not be affected if we make an additional payment to you and we'll still pay out the amount you are covered for under the main policy in case of a terminal illness or critical illness or death.

We'll only pay out once for each definition shown above.

If joint life cover is chosen both lives insured will be able to claim.



WHAT IS NOT COVERED?

Please check the full definitions found in the Guide to Critical Illness Cover and Policy Booklet to make sure you understand exactly what is not covered.

EXTRA BENEFITS INCLUDED IF CRITICAL ILLNESS COVER IS CHOSEN.

ACCIDENT HOSPITALISATION BENEFIT



WHAT IS COVERED?

We'll pay £5,000 if you are in hospital with physical injuries for a minimum of 28 consecutive days, immediately following an accident.



WHAT IS NOT COVERED?

This benefit will not be payable if a valid claim has been made for Critical Illness Cover. We'll only pay one claim for each person covered

CHILDREN'S CRITICAL ILLNESS COVER



WHAT IS COVERED?

We'll cover a relevant child* or any children you have in the future if, before the end of your policy, they're diagnosed with one of the critical illnesses we cover, including Additional Cover (except for Total and Permanent Disability). They are covered from when they're 30 days old to their 22nd birthday.

We'll pay out 60 times the amount of your monthly benefit to a maximum of £25,000 for a valid claim.

Your amount of cover and premiums will not be affected if we make an additional payment to you.

We'll pay out one claim per relevant child* under the policy. Once two claims in total have been made, children's cover will end. If the same relevant child* is covered by more than one policy issued by us, we'll pay out a maximum of £50,000 for that relevant child*.



WHAT IS NOT COVERED?

Your children will not be covered:

- For Total and Permanent Disability.
- For Terminal Illness Cover.
- For any condition that was present at birth.
- Where the symptoms arose before the relevant child* was covered.
- If death occurs within 10 days of diagnosis of one of the critical illnesses we cover.

ADDITIONAL BENEFITS INCLUDED FOR CHILDREN'S CRITICAL ILLNESS COVER

Your amount of cover and premiums will not be affected if we make an additional benefit payment to you.

For further details, please read your Policy Booklet.

Child Accident Hospitalisation Benefit – pays £5,000 if a relevant child* is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident.

Child Funeral Benefit – contributes £5,000 towards the funeral of a relevant child*.

Childcare Benefit – if we have paid a claim for a critical illness under this policy, and you have a natural child, legally adopted child or stepchild under 5 years old, we'll pay up to £1,000 towards childcare with a registered childminder.

Family Accommodation Benefit – pays £100 for every night a relevant child* spends in hospital, in the three months immediately following diagnosis of one of the critical illnesses covered (up to a maximum of £1,000).

*Relevant child – a natural child, legally adopted child or stepchild of the person covered, who is at least 30 days old and younger than 22 years old.

FURTHER INFORMATION.

CAN I INCREASE MY COVER?

You can apply to increase your cover at anytime. Usually, changes to your amount of cover will be assessed at the time. However, if the 'Changing your policy' section is shown in your Policy Booklet then you can increase your cover, for certain life events, without the need to provide us with further medical information. Please see your Policy Booklet for further information. Eligibility criteria apply.

CAN I MAKE CHANGES?

You can make changes to the policy. Please talk to us and we'll consider your request and let you know if what you're asking for is possible and what your new premium will be. If you make any changes to the policy then a new policy may be set up and different terms and conditions could apply.

WHAT HAPPENS IF I MOVE ABROAD?

If you move abroad during the length of the policy, please check the Policy Booklet, as your policy may be affected.

ARE PAY OUTS TAXED?

Any pay outs we make should be free from UK Income Tax and Capital Gains Tax. The Government may change this tax position at any time. If the policy is written under a suitable trust, the amount of cover payable on death should not form part of the estate for Inheritance Tax purposes. If the policy is not written in trust, the amount of cover payable will normally go into the estate and Inheritance Tax may apply.

WHAT IF I WANT TO CANCEL OR CLAIM?

You can cancel the policy at any time. When you first take out the policy you will have the opportunity to cancel. If you cancel within 30 days, we'll refund any premiums you've paid. If you cancel the policy at a later stage, you will not get any money back.

To cancel or claim you can write to us at:

Claims or Cancellations Department, Legal & General Assurance Society Limited, City Park, The Droveaway, Hove, East Sussex BN3 7PY.

Or call or email us:

- **For Life claims:**
0800 137 101*
life.claims@landg.com
- **For critical illness claims:**
0800 068 0789*
health.claims@landg.com
- **For Waiver of Premium claims:**
0800 068 0789*
health.claims@landg.com
- **For Cancellations:**
0370 010 4080*

To make a claim for Fracture Cover or Private Diagnostics:

You need to register for and access the Trusteddoctor customer portal via the links below:

Fracture Cover: www.trusteddoctor.com/landg-fracture-cover

Private Diagnostics: www.trusteddoctor.com/landg-private-diagnostics

HOW DO I COMPLAIN?

If you have a complaint about our service or would like a copy of our internal complaint handling procedure, please contact us at:

Legal & General Assurance Society Limited, Knox Court, 10 Fitzalan Place, Cardiff, CF24 0TL

0370 010 4080*

Making a complaint doesn't affect your legal rights. If you're not happy with the way we handle your complaint, you can talk to the Financial Ombudsman Service at: Exchange Tower, London E14 9SR

0800 023 4567

0300 123 9123

complaint.info@financial-ombudsman.org.uk

www.financial-ombudsman.org.uk

To make a complaint about Fracture Cover or Private Diagnostics contact
AXIS Speciality Europe SE at:

Complaints

AXIS Specialty Europe SE

52 Lime Street

London

EC3V 9AH

Tel: 0207 050 9000

Fax: 0207 050 9001

Email: complaints@axiscapital.com

* Calls may be recorded and monitored. Call charges may vary.

THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. Whether or not you are able to claim and how much you may be entitled to will depend on the specific circumstances at the time. For further information about the scheme please contact the FSCS at: **www.fscs.org.uk** or call them on: **0800 678 1100**.



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