

Policy Summary



Illness and Injury Insurance

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

The Policy Summary provides a brief guide to the cover and exclusions that relate to this policy. You will find full details in the Policy Booklet which forms the basis of our contract with you.



About your policy

Overview

The policy is designed to meet the demands and needs of people who wish to help protect against the financial impact of incapacity. This policy could be used to help with everyday living expenses.

Illness and Injury Insurance is designed to protect you if you can't work due to illness or injury resulting in a loss of earnings or are unable to carry out at least 3 daily living activities, if you are not in paid employment or are not working at the time of claim.

If you return to work after a claim, your cover will continue until the policy ends or you die, whichever comes first.

When you become incapacitated there is an initial period of time when we don't pay a monthly benefit which we call the waiting period.

If you don't review your policy regularly, there could come a time when your cover is not enough to meet your needs.

The monthly benefit may affect your claim to some means-tested State benefits. Your entitlement to employment related non-means tested State benefits (such as contributory Employment and Support Allowance) shouldn't be affected. However, State benefit rules may change.

The monthly benefit we pay out under your policy may affect your claim to benefits paid out under other income protection policies.

You cannot take this policy out if you have not been registered with a GP in the United Kingdom for at least the last two years or if you already have income replacement insurance in place.



What is covered

You will be covered if you meet our definition of incapacity. We'll pay your monthly benefit for the duration of a valid claim until:

- you recover and are no longer incapacitated
- we have paid the claim for 12 months
- your policy ends, or
- you die.

whichever happens first.

Own occupation

If you work more than 16 hours per week, and are paid for your work, your incapacity definition will be own occupation. This means if, due to illness or injury, you're unable to work in your own occupation and you're not following any other occupation, we'll consider you to be incapacitated.

Activities of daily living

If you are unemployed or a houseperson at the time of a claim, your incapacity definition will be Activities of Daily Living (ADL). This means if, due to illness or injury and in our opinion, you're unable to carry out at least three of the following activities, we'll consider you to be incapacitated.

Activity	Definition
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.



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 your policy starts. Please don't assume that we'll contact your doctor to find out your full medical details.

- 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 your Policy Booklet under the heading 'When we will not pay a claim'.
- This policy has no cash value and we will not pay out if you reach the end of your policy without making a valid claim.
- If you stop paying your premiums your cover will end 30 days after the first missed premium. This policy does not include unemployment cover, and therefore will not pay out if you become unemployed.

Your premiums

Your premiums will remain the same during the length of your policy unless you make any changes.

Age limits

You can take this policy out from your 18th birthday until your 55th birthday. The policy will end on your 60th birthday.

Your cover

Your amount of cover will stay the same unless you change it.

Monthly benefit

We do not cover 100% of your total gross earnings because currently UK Income Tax and National Insurance are not deducted from your monthly benefit.

Remember that if you need to claim we'll calculate the maximum monthly benefit at claim based on your earnings immediately before you are incapacitated.

Maximum monthly benefit

We will cover up to 60% of your gross income. The maximum monthly benefit we allow is £2,000 per month (£24,000 a year), less any deductions we may apply.

The maximum monthly benefit if you are:

- Unemployed or a houseperson and not in paid employment or working at the time of a claim, is £1,000 a month (£12,000 a year).
- Self-employed for less than 12 months is 35% of your gross earnings, up to £24,000 a year.

How does my employment status affect me?

Employed

If you're employed when claiming we will pay your monthly benefit based on your pre-tax earnings for PAYE assessment purposes (including P11D benefits, benefits in kind and any dividends from a private limited company) in the 12 months before you become unable to work.

Self-employed

If you're self-employed when claiming we will pay your monthly benefit based on your share of the annual pre-tax profits. This is the total income from the business less any allowable expenses as permitted under HM Revenue & Customs (HMRC) guidelines.

If you are self-employed for more than 36 months prior to a claim, we'll calculate your yearly earnings based on your average yearly pre-tax profit over three completed years prior to incapacity. If you're self-employed for less than 36 months before a claim we'll calculate your yearly earnings based on your average yearly pre-tax profit during the period of self-employment prior to incapacity.

We will ask for evidence of your earnings if you claim.

Taxation

Any monthly benefits that we make should be free from UK Income Tax or National Insurance contributions. The Government may change this tax position at any time, which could affect the monthly benefit your policy pays out.

Waiting period

A waiting period is an initial period of time when you're unable to work and we don't pay any monthly benefit. This policy will have a four week waiting period.

If your claim is accepted after we have assessed it both medically and financially your monthly benefit payments will start one month after your waiting period ends and then will be paid in monthly arrears.

You must tell us of any claim within two weeks of becoming incapacitated, if you don't do this we may not backdate your claim.

Premiums must continue to be paid during your waiting period and whilst your claim is being processed. We'll tell you when you no longer need to pay your premiums and we will suspend them while we pay your monthly benefit. Any overpaid premiums will be returned to you. When your claim ends, you'll need to start paying your premiums again to make sure your cover continues.

How long will the monthly benefit be paid?

The maximum benefit payment period for any individual claim is 12 months. Multiple claims can be made. Please see the Policy Booklet for more information.



Benefits

The following benefits are automatically included at no extra cost. The following benefits may have eligibility criteria and restrictions that apply.

Linked claims



What is covered

If you need to claim again for the same or a related cause of incapacity within 12 months of returning to your occupation, you are covered and the waiting period won't apply. There's no limit to the number of claims you can make.

A linked claim will only be possible if your most recent claim did not reach the maximum benefit payment period.



What is not covered?

You are not covered if you don't restart paying your premiums when your claim ends. You are not covered if you need to claim 12 months after returning to your occupation due to the same incapacity, you will have to wait until your waiting period ends.

Proportionate benefit



What is covered

We will pay you a proportion of your monthly benefit if you go back to work after claiming on reduced earnings as a result of your incapacity.

The monthly benefit we pay you will be reduced in proportion to the reduction in your earnings (from the 12 months before your incapacity). The proportionate benefit will end once your earnings return to your pre-incapacity level or your claim ends.

The proportionate benefit will only be payable if your most recent claim does not reach the maximum benefit payment period and will only be paid for the remainder of that period.



What is not covered?

We won't be able to pay you the proportionate benefit if you reduce your earnings due to incapacity before making a claim.

We won't pay you a higher monthly benefit than your chosen monthly benefit.

You won't be eligible to receive this benefit if:

- your most recent claim reaches the maximum benefit payment period.
- you're working less than 16 hours per week, are not in paid employment, or are not working at the time of claim, immediately before your incapacity.

Continuous cover



What is covered

If you're unemployed or on a career break and become incapacitated then:

- The definition of incapacity will be Activities of Daily Living (ADL). This means that you must be unable to carry out at least three of the activities as listed in the section headed "What is Covered?".
- The maximum monthly benefit we'll pay will drop to £1,000 per month.
- When you return to work the definition of incapacity in the event of a claim will be restored to that stated in your Policy Booklet.

If you're on maternity, paternity or adoption leave and become incapacitated then the definition of incapacity used will be own occupation.



What is not covered?

- You will not be covered if you do not continue to pay your premiums whilst you're unemployed, on a career break, or on maternity, paternity or adoption leave.
- You can't claim because you're made unemployed.



Changes to the policy

Can I make changes to my policy?

You can make changes to your 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 your policy then a new policy may be set up and different terms and conditions could apply.

Can I increase my monthly benefit?

You can apply to increase your monthly benefit at any time without the need to provide us with further medical information, if the section named 'Changing your policy' is shown in your Policy Booklet.

What happens if I move abroad?

Your policy will still pay out if you reside or travel in any of the countries of the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands.

The policy will remain in force if you reside or travel for up to 12 consecutive months in any other part of the world, but the monthly benefit will only be payable for up to six calendar months if you need to claim.

Do I need to tell you if my occupation changes?

You don't need to tell us if you change your occupation or employment status during the length of your policy. Your definition of incapacity will be based on your employment status and occupation immediately prior to becoming incapacitated.



Further information

What if I want to cancel or claim?

You can cancel your policy at any time. When you first take out your 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 your 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 Drove
Hove, East Sussex, BN3 7PY

Or call or email us:

For Claims: 0800 027 9830* health.claims@landg.com

For Cancellations: 0370 010 4080*

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
Telephone: 0370 010 4080*

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

Complaint.info@financial-ombudsman.org.uk
www.financial-ombudsman.org.uk

* We may monitor or record calls. Call charges will 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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Legal & General Assurance Society Limited

Registered in England and Wales No. 166055

Registered office: One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

LG1796 05/2021