

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 outstanding mortgage 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 or Critical Illness Extra 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 in full once. After this happens, the policy will end and you'll no longer have any cover.



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 or Critical Illness Extra 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.

Reviewable premiums

If you are given the option to choose reviewable premiums, your premiums are reviewed every five years and may go up, go down or stay the same. If you choose not to accept the new premium you can reduce the amount of cover to match what you wish to spend.

We'll assess any premium changes fairly every five years and we won't look at your personal circumstances. The factors we look at are:

- number, timing and cost of claims we've paid and claims we expect to pay in the future;
- insurance industry claims experience;
- expected impact of future medical advances; and
- changes to applicable laws, regulation or tax treatment.

If your premium is within 5% of your current premium we won't make any changes. However, any change in premium not taken into account at the review will be taken into account at future reviews. We'll write to you at least three months in advance of the change, explaining the outcome of the review and your options.

- If your premium changes your direct debit will automatically be updated.
- If your premium goes up, you may choose to keep your premiums the same by reducing your amount of cover. You must tell us within 30 days of receiving a review letter from us if you would like to do this. However, you should ensure that the new amount of cover still meets your needs.

Please see the Policy Booklet if you would like further information on how we review your premiums.

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
Life Insurance*	77	1 year	50 years	90
Decreasing Life Insurance*	74	5 years	50 years	90
Increasing Life Insurance*	77	2 years	50 years	90
Life Insurance with Critical Illness Cover/Critical Illness Extra*†	67	2 years	50 years	75
Decreasing Life Insurance with Critical Illness Cover/Critical Illness Extra*†	64	5 years	50 years	75
Increasing Life Insurance with Critical Illness Cover/Critical Illness Extra*†	67	2 years	50 years	75
Critical Illness Cover/Critical Illness Extra with Life Insurance†	64	5 years	50 years	75
Decreasing Critical Illness Cover/Critical Illness Extra with Life Insurance†	64	5 years	50 years	75
Increasing Critical Illness Cover/Critical Illness Extra with Life Insurance†	64	5 years	50 years	75

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

*Guaranteed premiums

†Reviewable premiums

YOUR COVER

Level cover

If you choose level cover, your amount of cover will stay the same unless you change it. If the policy is to help repay a mortgage, you need to ensure that your amount of cover matches your outstanding mortgage. The policy may not completely pay off your outstanding mortgage, if you change the mortgage you have in any way and you don't adjust your cover to match your new arrangements.

Decreasing cover

If you choose decreasing cover it is often used to help protect a repayment mortgage. Therefore the amount of cover reduces roughly in line with the way a repayment mortgage decreases.

You need to ensure that your amount of cover matches your outstanding mortgage. The policy may not completely pay off your outstanding mortgage, if:

- you change the mortgage you have in any way and you don't adjust your cover to match your new arrangements.
- the interest rate on your mortgage becomes higher than the rate applied to the policy. The rate will be shown in your Personal Quote or the Policy Booklet.

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 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, Free Life Cover or the policy itself.

FREE LIFE COVER

Included at no extra cost if you are moving home .



WHAT IS COVERED?

We'll cover you if you die between exchange of contracts and completion of your property purchase up to a maximum of 90 days, provided you are accepted on standard terms and we have everything we need to start your policy.

Your Free Life Cover will end as soon as the policy starts.

You'll be covered for the lower of your proposed amount of cover or the amount of your mortgage, up to a maximum of £300,000.

If you live in Scotland, you'll be covered between completion of missives and your date of entry.



WHAT IS NOT COVERED?

You won't be accepted for Free Life Cover if you are 55 years old or over. For joint life policies you both need to be under this age for Free Life Cover to apply.

We won't provide cover if you have another policy with any provider covering the same mortgage.

Your amount of cover will be paid only once either under Free Life Cover, Accidental Death Benefit or the policy itself.

FRACTURE COVER

Optional, must be chosen at the start of the policy, as long as this is before your 64th birthday, 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 claims processed by Trustedoctor and can be renewed by you every 12 months. Fracture Cover is arranged through Legal & General Partnership Services as agent of AXIS Speciality 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?

You will be covered for a specified diagnosed fracture, dislocated joint, ruptured tendon or ligament tear. The amount paid will vary depending on which part of the body is affected.

There is no limit to the number of claims you can make, however, the maximum amount paid will be no more than £7,500 in any policy year.



WHAT IS NOT COVERED?

- You will not be eligible for Fracture Cover if you are aged under 18 or over 70 at the date the injury occurs.
- You can't claim if the injury occurs within seven days of the policy start date.
- Fracture Cover will end if the policy is cancelled or the benefit is removed.
- You will not be eligible for Fracture Cover if you have osteoporosis or pseudarthrosis.
- Certain types of fractures, dislocated joints, ruptured tendons and ligament tears are not covered.

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

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 64 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 Illnesses Covered 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.

Total and Permanent Disability will end when the oldest person covered reaches the policy end date, or 70th birthday, whichever is earlier.

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.

CRITICAL ILLNESSES COVERED UNDER CRITICAL ILLNESS EXTRA.

If you choose Critical Illness Extra, you will be covered for the illnesses shown in this section and the section headed 'Critical Illnesses Covered'.

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 Illnesses Covered and Policy Booklet to make sure that you understand exactly what is covered.

- **Benign spinal cord tumour** – *resulting in either specified treatment or permanent symptoms*
- **Cauda equina syndrome** – *resulting in permanent symptoms*
- **Heart failure** – *of specified severity*
- **Intensive care** – *requiring mechanical ventilation for 7 days*
- **Interstitial lung disease** – *of specified severity*
- **Myasthenia gravis** – *with specified symptoms*
- **Necrotising fasciitis**
- **Neuromyelitis optica (formerly Devic's disease)** – *where there have been symptoms*
- **Parkinson plus syndromes** – *resulting in permanent symptoms*
- **Peripheral vascular disease** – *requiring bypass surgery*
- **Primary sclerosing cholangitis**
- **Pulmonary artery surgery** – *requiring surgical replacement*
- **Removal of an entire lung** – *due to injury or disease*
- **Removal of an eyeball** – *due to injury or disease*
- **Severe Crohn's disease** – *treated with two surgical intestinal resections or removal of entire large bowel*
- **Syringomyelia or syringobulbia** – *with surgery*
- **Ulcerative colitis** – *resulting in the removal of the entire large bowel*

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 following surgical treatments and meet the full definition:

- **aorta graft surgery** – *requiring surgical replacement*
- **heart valve replacement or repair** – *with surgery*
- **peripheral vascular disease** – *requiring bypass surgery*
- **pulmonary artery surgery** – *requiring surgical replacement*
- **severe Crohn's disease** – *treated with two surgical intestinal resections or removal of entire large bowel*
- **specified heart surgery**
- **syringomyelia or syringobulbia** – *with surgery*
- **ulcerative colitis** – *resulting in the removal of the entire large bowel*

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 amount of cover up to a maximum of £25,000. If decreasing cover is chosen we'll pay 25% of the decreasing amount 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 Illnesses Covered and Policy Booklet to make sure you understand exactly what is not covered.

ADDITIONAL COVER IF CRITICAL ILLNESS EXTRA IS CHOSEN.

- **Aortic aneurysm** – *with endovascular repair*
- **Aplastic anaemia** – *categorised as severe*
- **Brain abscess drained via craniotomy**
- **Carotid artery stenosis** – *of specified severity resulting in surgery*
- **Central retinal artery or vein occlusion** – *resulting in permanent symptoms*
- **Cerebral or spinal aneurysm** – *with specified treatment*
- **Cerebral or spinal arteriovenous malformation** – *with specified treatment*
- **Coronary angioplasty**
- **Crohn's disease** – *treated with one surgical intestinal resection*
- **Desmoid type fibromatosis** – *with specified treatment*
- **Diabetes mellitus type 1** – *requiring specified treatment*
- **Drug resistant epilepsy** – *requiring specified surgery*
- **Guillain-Barre syndrome** – *with persisting clinical symptoms*
- **Less advanced cancer** – *of named sites and specified severity*
- **Non-invasive gastro intestinal stromal tumour**
- **Other cancer in situ or neuroendocrine tumour (NET) of low malignant potential** – *with surgery*
- **Pituitary gland tumour** – *with specified treatment or resulting in permanent symptoms*
- **Removal of one or more lobe(s) of a lung** – *due to injury or disease*
- **Removal of urinary bladder** – *due to injury or disease*
- **Significant visual loss** – *permanent and irreversible*
- **Third degree burns** – *covering 10% of the surface area of the body or 10% of the face or head*



WHAT IS COVERED?

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

We'll pay out 50% of your amount of cover up to a maximum of £30,000. If decreasing cover is chosen we'll pay 50% of the decreasing amount up to a maximum of £30,000.

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, with the exception of 'Less advanced cancer' and 'Other cancer in situ or neuroendocrine tumour (NET) of low malignant potential'. Please see the Policy Booklet for full details.

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 Illnesses Covered and Policy Booklet to make sure you understand exactly what is not covered.

EXTRA BENEFITS INCLUDED IF CRITICAL ILLNESS COVER OR CRITICAL ILLNESS EXTRA 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

Included at no extra cost. If you would like more cover for your children, please see the section headed 'Children's Critical Illness Extra'.



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. (except for Total and Permanent Disability).

If you choose Critical Illness Cover they will be covered for the illnesses shown in the sections headed 'Critical Illnesses Covered' (except Total and Permanent Disability) and 'Additional Cover If Critical Illness Cover Is Chosen'.

If you choose Critical Illness Extra they will be covered for the conditions shown in the section headed 'Critical Illnesses Covered' (except Total and Permanent Disability) and the following conditions, which are listed within the 'less advanced cancer – *of named sites and specified severity*' definition in the section headed 'Additional Cover If Critical Illness Extra Is Chosen' (see Policy Booklet for full definitions):

- carcinoma in situ of the breast – *treated by surgery*,
- low grade prostate cancer – *requiring treatment*.

They are covered from when they're 30 days old to their 22nd birthday.

We'll pay out 50% of your original amount of cover up 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.
- For any illnesses listed within the sections headed 'Critical Illnesses Covered Under Critical Illness Extra' and 'Additional Cover If Critical Illness Extra Is Chosen' with the exception of and 'carcinoma in situ of the breast - *treated by surgery*' and 'low grade prostate cancer - *requiring treatment*', listed within the 'less advanced cancer - *of named site and specified severity*' definition. Please see Policy Booklet for full definitions.

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.

OPTIONAL BENEFITS INCLUDED IF CRITICAL ILLNESS COVER OR CRITICAL ILLNESS EXTRA IS CHOSEN.

CHILDREN'S CRITICAL ILLNESS EXTRA

Optional, must be chosen at the start of the policy and will be an additional cost. This benefit can be removed at any time during the period of cover. Once removed, this benefit cannot be added back to your policy.



WHAT IS COVERED?

We'll cover a relevant child* or any children you have in the future from birth if, before the end of the policy, they're diagnosed with one of the critical illnesses we cover.

They will be covered for all of the conditions listed within this document, with the exception of Total and Permanent Disability and Terminal Illness Cover.

We'll pay out 50% of your original amount of cover up to a maximum of £30,000 for a valid claim.

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

There is no limit to the number of children covered under this policy. We'll pay out one claim per relevant child*.

If the same relevant child* is covered by more than one policy issued by us, we'll pay out a maximum of £60,000 for that relevant child*.



WHAT IS NOT COVERED?

Your children will not be covered:

- For Total and Permanent Disability.
- For Terminal Illness Cover.
- 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.
- If either parent was advised by a medical professional before the policy start date that the relevant child* already had, or had an increased risk of developing, the critical illness being claimed for. This includes advice which was received before the relevant child* was born.

ADDITIONAL BENEFITS INCLUDED FOR CHILDREN'S CRITICAL ILLNESS EXTRA

Your amount of cover and premiums will not be affected, if we make an additional benefit payment to you. For further details, please read the 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 the 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).

CHILDREN'S TERMINAL ILLNESS

We will pay £10,000 if the relevant child* is diagnosed by a hospital consultant with an advanced or rapidly progressing incurable condition with a life expectancy of less than 12 months during the period of cover, and survives for more than 10 days following the date of diagnosis.

We will accept one claim per relevant child*. Once we have accepted a claim, that relevant child* will no longer be covered for any other benefits in this policy, except for the benefits in the section headed 'Additional Benefits Included for Children's Critical Illness Extra'.

We won't pay a claim for Children's Terminal Illness if a claim has been paid on behalf of a relevant child* for any critical illness listed under the sections headed 'Critical Illnesses Covered', 'Critical Illnesses Covered Under Critical Illness Extra', 'Additional Cover if Critical Illness Cover is Chosen', 'Additional Cover if Critical Illness Extra is Chosen' and 'Additional Illnesses for Children's Critical Illness Extra'.

ADDITIONAL ILLNESSES FOR CHILDREN'S CRITICAL ILLNESS EXTRA.

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

We'll pay out 50% of your original amount of cover up to a maximum of £30,000 for a valid claim if a relevant child* is diagnosed with any of the following conditions.

- **Cerebral palsy**
- **Child's intensive care benefit** – *requiring mechanical ventilation for 7 days*
- **Craniosynostosis** – *treated by surgery*
- **Cystic fibrosis**
- **Down's syndrome**
- **Hydrocephalus** – *treated with invasive surgery to the brain tissue*
- **Muscular dystrophy**
- **Spina bifida meningocele and myelomeningocele**

Please check the full definitions found in the Policy Booklet to make sure you understand exactly what is covered. We'll only pay out once for each relevant child.

*Relevant child – a natural child, legally adopted child or stepchild of the person covered, who is 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 9 123

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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