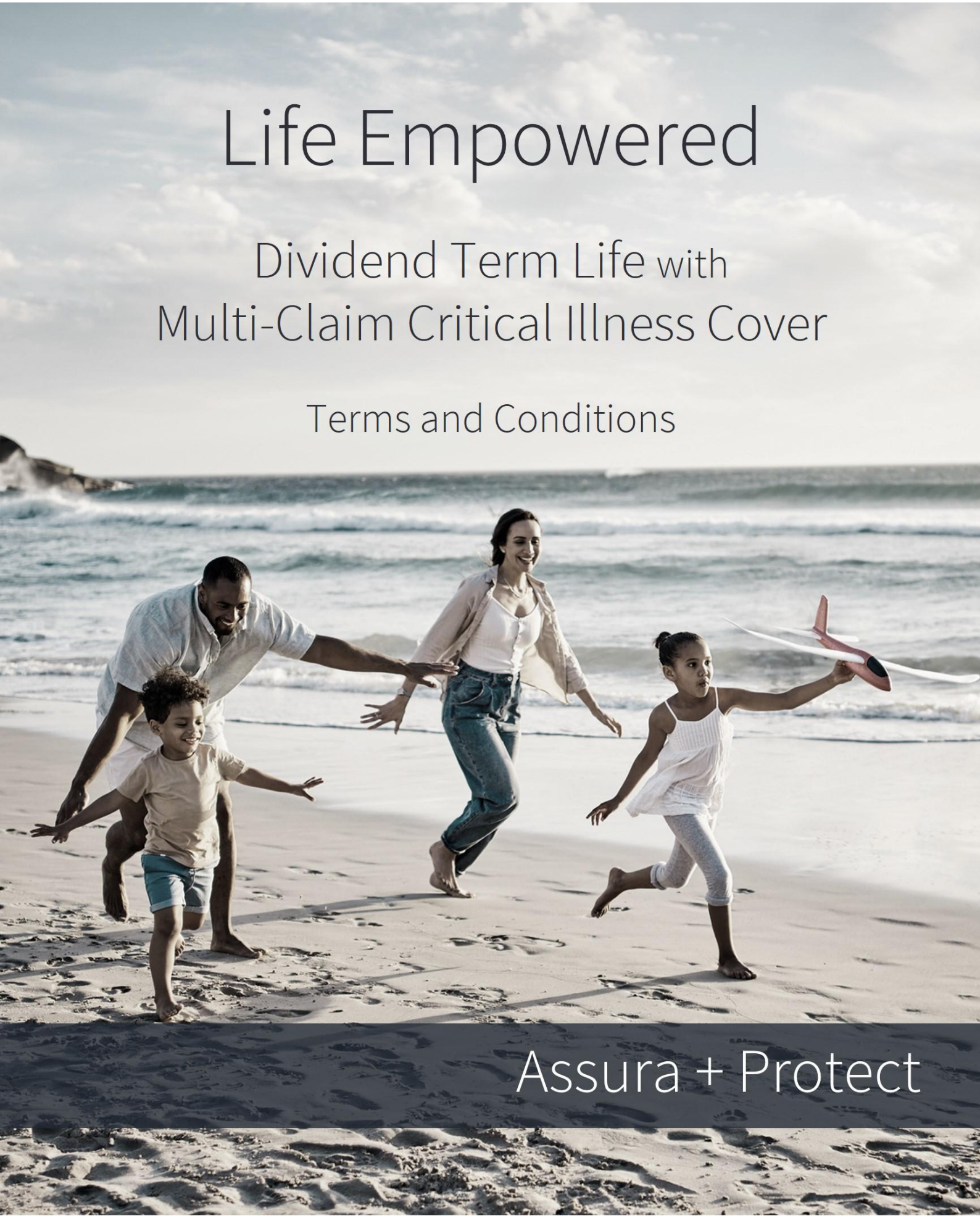
Life Empowered

Dividend Term Life with Multi-Claim Critical Illness Cover

Terms and Conditions



Assura + Protect

About this document

We have created this document to outline the primary considerations you will need to think about when deciding if an Assura Protect Dividend Term Life with Multi-Claim Critical Illness policy is right for you and your protection needs.

This document forms part of your contract with Assura Protect. The additional parts are the Policy Summary, your application, statement of facts and the policy schedule. We would be happy to explain anything that isn't sufficiently clear or to answer any questions. Please contact us on 0330 010 0210.

These documents are important. Please keep them safe and tell someone you trust where they are.

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Terms & Conditions for Assura Protect
Dividend Term Life with Multi-Claim Critical Illness Cover

DIVIDEND TERM LIFE WITH CRITICAL ILLNESS COVER INTRODUCTION

+ These are the terms and conditions and exclusions of a Assura Dividend Term Life with **Multi-Claim** Critical Illness **Cover** policy.
+ These Terms and Conditions should be read and reviewed in conjunction with the Policy Summary document.
+ Words that appear in **bold** are defined and explained within the Definitions in the last section of this document.

Policy eligibility

+ Anyone between 18 years of age and the day before their 65th birthday who has a UK bank account and resides in the UK (excepting residents of the Channel Islands or Isle of Man). **You** cannot apply if **you** reside outside of the UK.
+ **We** may need to ask your doctor for information to support or check the answers **you** give **us** in **your** application. If **we** do, **we** will need **your** consent under 'substantial public interest' (Part 2 of Schedule 1 of the Data Protection Act, 1988). If **you** do not give **your** consent, **we** may decline your application or cancel your policy. **We** may request this information up to 6 months after **your** policy is issued.

Policy age limits

Dividend Term Life with Critical Illness	
Minimum entry age	18 years old
Maximum entry age	64 years old
Minimum term	5 years
Maximum term	40 years
Minimum policy end age	23 years old
Maximum policy end age	70 years old

Important notice to policyholders

+ Please read this document thoroughly.
+ If **you** have any questions about **your** cover or **premiums**, please contact **us** directly and a consultant will review the terms and answer any questions **you** may have about **your** policy.
+ The performance of this policy is based on **you**:
  - answering applications questions fully, accurately, and truthfully.
  - paying **your premiums** by direct debit until the end of **your** policy's term.
+ Please store **your** policy documents securely. Copies of **your** Policy Documents can be found in **your** online Annabel account.

If **you** cancel within 30 days of receiving **your** Policy documents, **we** will refund any **premiums you** have paid.

Who we are

+ Your Assura policy will be arranged by Assura Financial Ltd. Assura Financial Limited is entered on the FCA Financial Services register under reference number 795982.
+ Assura Financial Ltd. is registered in England and Wales under number 10781585. Registered office: First Floor, 86 Gloucester Place W1U 6HP.
+ Your policy will be underwritten and issued by Family Assurance Friendly Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
+ Family Assurance Friendly Society Limited is entered on the Financial Services register under reference number 110067.

Premiums

+ UK residents can pay their premiums monthly, by direct debit from a bank or building society in the U.K. (excepting Channel Islands and Isle of Man).
+ Your premiums are guaranteed, calculated from the policy start date and will not change unless you change your policy cover.
+ If premiums are not paid within 60 days of their due date your cover will cease immediately and your policy will end.
+ If a policy is cancelled, no further premiums shall be due.
+ Previously paid premiums will not be repaid or returned.
+ The policy can be reinstated up to 180 days after the due date of the missed premium subject to a Declaration of Continuing Good Health (up to the 90th day after the due date of the missed premium a declaration is not required) and payment of all outstanding premiums. After 180 days the policy cannot be reinstated. If any insurable event occurs after the policy has lapsed, the policy cannot be reinstated.

What would prevent a benefit being paid?

+ Your policy has been cancelled.
+ Your policy has lapsed.
+ Your claim does not meet the policy definitions shown in your policy.
+ Your claim is subject to any exclusions shown on your cover summary.
+ You have not answered the questions in your application honestly, accurately, and reasonably.

Cancelling your policy

+ You have 30 days from the date you receive your policy, or the policy start date whichever is later, to change your mind and cancel your policy.
+ If you tell us within that time that you want to cancel, we will refund any premiums you have paid and terminate your cover.
+ After 30 days, you can cancel your policy at any time by letting us know or cancelling your direct debit mandate. If you cancel after 30 days, you will not get any money back.
+ Your policy has no investment or cash value.

Dual plan policies

+ Your policy can cover two people, usually you and a spouse or partner, if you select the dual life option.
+ Each life insured will receive the same type of cover and sum assured for the same amount of time.

+ A claim made by one **life insured** will not impact the cover of the other **life insured**. For example, if one **life insured** died, the other will still have cover in place and their **premium** will be adjusted accordingly.
+ If **you** separate from your partner, **you** can split **your** dual plan into two single policies and the **premium** for each policy will be adjusted accordingly.
+ Dual plan polices, while documented in combination with one another, are separate and independent of each other.

Changing covers

+ **You** can reduce the amount **you** are covered for at any time, subject to policy minimums. For Term Life with **Multi-Claim** Critical Illness, **you** are not able to reduce **your** cover after **your** first claim.
+ Please contact **us** and **we** will adjust **your premiums** and issue a new policy schedule showing **your** new cover. Previous **premiums** paid will not be returned.
+ While **you** may not increase **your benefit** directly on an existing policy, **you** can increase **your** cover if **you** qualify under Guaranteed insurability options (below).
+ Any new applications may be subject to underwriting and/or additional disclosure requirements. New **premiums** will be applied to any new policies.

Guaranteed insurability option

+ **You** can increase the amount of cover without answering any more medical information if any one of the following occurs within the lifetime of the product:
    i. **You** get married or enter a registered civil partnership.
    ii. Birth of **your child.**
    iii. **Your** legal adoption of a **child**.
    iv. **Your** earnings increase due to a new job or promotion.
    v. **You** increase **your** mortgage because **you** are moving home or undertaking major home improvements.
+ This option may be used up to a maximum of three times over the policy term, within six months of the event, and, if **we** request relevant documents in relation to the events, **you** must provide them to **us**.
+ For all events, the amount of cover may only be increased up to 50% of the original **sum assured**, up to a maximum of £150,000.
+ In the event of an increase in **your** earnings, **you** can increase **your sum assured** with the amount equal to the original **sum assured** multiplied by the percentage increase in earnings.
+ In the event **you** increase **your** mortgage because **you** are moving home or undertaking major home improvements, **you** can increase **your sum assured** with the amount of the increase in the mortgage.
+ **Your premiums** will be adjusted accordingly.
+ If **you** have more than one policy with Assura these limits apply across all these policies and not separately to each of them.
+ This option will not be available to **you**:
    i. If either **you** or **your** partner, in the case of a **dual life** plan, is aged 55 or older.
    ii. In the last five years of the policy term.
    iii. If either **you** or **your** partner, in the case of a **dual life** plan, have been diagnosed with or are receiving or have received medical treatment for a **terminal illness**.
    iv. If **you** or **your** partner, in the case of a **dual life** plan, have been diagnosed with a Critical Illness that meets our **major condition** definition, or we have paid any Critical Illness claim that meets our **major condition** definition.

Making a claim

+ If either you, a policy trustee or estate executor need to make a claim please contact Family Assurance Friendly Society's Claims Team directly by:
    i. Phone on 0808 196 5861
    ii. Email at claims@assuraprotect.com
    iii. Post at Dividend Life Claims, 16-17 West Street, Brighton BN1 2RL

What if I want to complain?

+ To find out how to make a complaint, please follow our step-by-step process at wwww.assuraprotect.com.
+ Alternatively, you can contact us directly by:
    i. Phone: 0330 010 0210
    ii. Email: complaints@assuraprotect.com
    iii. Post: Assura Protect Ltd. 86 Gloucester Place, First Floor London W1U 6HP
+ Complaints relating to sales or administration will be handled by Assura. Those relating to the product, pricing, underwriting or claims will be passed to the product provider, Family Assurance Friendly Society.
+ If we have not been able to resolve your complaint or if we have not sent you a final response within 8 weeks, you can ask for help from the Financial Ombudsman.
+ You can contact the Financial Ombudsman by:
    i. Phone: 0800 0234 567 (free from UK landlines and mobiles) or 0300 123 9123 (calls cost no more than 01 and 02 calls)
    ii. Email: complaint.info@financial-ombudsman.org.uk
    iii. Post: Financial Ombudsman Service, Exchange Tower, London E14 9SR
+ If you contact us or the Ombudsman to complain, it will not affect your right to take legal action.

Permitted information usage

+ Your information will be held by Family Assurance Friendly Society Limited, Assura Financial Limited, and our reinsurers in accordance with the requirements of the Data Protection Act 2018.
+ Your information and personal data will be used for providing insurance and/or handling claims or complaints.
+ You can find more information about this and our privacy policy at assuraprotect.com/privacy-policy.

The Financial Services Compensation Scheme (FSCS)

+ This policy is covered by the Financial Services Compensation Scheme (FSCS).
+ The FSCS will pay 100% of the value of the claim. The payment amount has no upper limit. You can find out more about the FSCS, including eligibility to claim, by visiting its website.
+ The FSCS is designed to pay compensation if a firm is unable to pay claims because it has stopped trading or been declared in default.
+ You may be entitled to compensation from the scheme if Family Assurance Friendly Society Limited cannot meet their 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 by:

i. Telephone: 0800 678 1100
ii. Email: through their website at www.fscs.org.uk/contact-us/
iii. Post: Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY

Applicable law

+ This policy is governed by the laws of England and Wales and are based on current law and precedent, which may change in the future.

A. TERM LIFE INSURANCE

Who is covered?

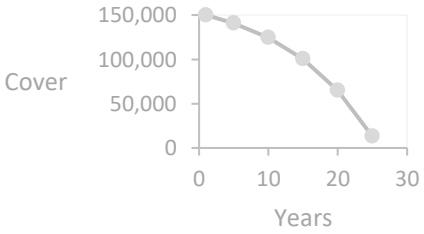
+ The **life insured** is covered.

Level term cover

+ If **you** choose **Level Term Insurance** the policy **benefit** (cover amount) will remain the same over the life of the policy unless **you** choose to change your **benefit** level.

Decreasing term cover

+ If **you** choose **Decreasing Term Insurance**, the policy **benefit** (cover amount) will reduce each year in a similar way to the balance of a repayment mortgage with an 8% interest rate the Decreasing Term Insurance. **Your** current policy **benefit** will be updated monthly, and the current level can be checked at any time in your online Annabel account. Below chart illustrates an example of how the policy **benefit** would reduce for an initial **sum assured** of £150,000 and 25 years term.



+ When **you** make a claim under this type of cover, we will pay 100% of the **sum assured** as at the **claimable event date**.

Term of cover

+ **You** are covered from the **policy start date** until the **policy end date** unless one of the following occurs:
  i. **You** die.
  ii. **You** are diagnosed with a **terminal illness.**
  iii. **You** or **we** cancel the policy.
  iv. Cover ceases due to non-payment of **premiums**.
+ **Your** cover will stop when the policy ends.
+ **You** will be covered and will receive the prescribed **benefit** if, before the end of the policy:
  i. **You** die.
  ii. **You** are diagnosed with a **terminal illness.**

Terminal illness cover

+ No **terminal illness** claim can be made after the death of the **life insured**.
+ For Decreasing Term policies, the **benefit** amount payable will be the amount of cover **we** calculate on the date when a terminal illness that meets **our** definition was diagnosed.

What you are not covered for

+ A Life Insurance **benefit** will not be paid if:
    i. 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.
    ii. Some elements of cover are restricted based on the information **you** provided. **We** will detail any exclusions applied within **your** Policy Schedule.

Claim waiting periods

+ There is no **waiting period** for a claim on the policy, meaning **you** are able to make a claim any time from the **policy start date.**

Risks to your policy cover and benefit

+ It is important that the information **you** give **us** in **your** application is accurate and complete, as **we** rely on it to set the policy terms and conditions. If it is not:
    i. **We** may reduce the amount **we** pay on a claim **you** make or not make any payment at all.
    ii. **We** may amend the terms of **your** cover.
    iii. **We** may cancel **your** policy completely.
+ Where **we** cancel **your** policy, **we** may not refund the **premiums you** have paid.
+ If **you** become aware that information **you** have given **us** is inaccurate, **you** must let **us** know as soon as **you** can.
+ If **you** stop paying **your premiums** for any reason, **your** policy will **lapse**. This means **you** will no longer be insured.
+ If **your** policy **lapse**s, **your** cover will also end.
+ For the avoidance of doubt, our policy has no cash-in value and there is no savings element built into this policy. Due to inflation, any amount paid out may not buy as much in the future as it would now.

B. CRITICAL ILLNESS COVER

Who is covered

+ The **life insured** is covered. There will be two lives insured in the case of a **dual life** plan.

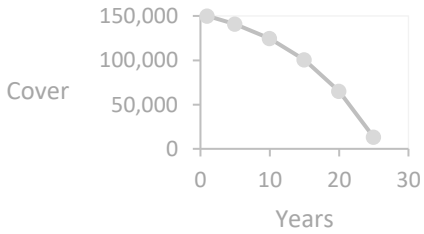
Level term cover

+ If **you** choose **Level Term Insurance,** the policy **benefit** (cover amount) will remain the same over the life of the policy unless **you** choose to change **your benefit** level.

Decreasing term cover

+ If **you** choose **Decreasing Term Insurance**, the policy **benefit** (cover amount) will reduce each year in a

similar way to the balance of a repayment mortgage with an 8% interest rate the Decreasing Term Insurance. Your current policy benefit will be updated monthly, and the current level can be checked at any time in your online Annabel account. Below chart illustrates an example of how the policy benefit would reduce for an initial sum assured of £150,000 and 25 years term.



When you make a claim under this type of cover, we will pay 100% of the sum assured as at the claimable event date.

Term of cover

+ You are covered from the policy start date until the policy expiry date, unless any of the following occurs:
    i. You die.
    ii. You have successfully claimed for three available conditions in three different major condition groups listed on your policy.
    iii. You make a successful terminal illness claim.
    iv. You make a successful total permanent disability claim.
    v. You or we cancel the policy.
    vi. Your policy lapses.
+ When the policy ends your cover will also end.

What is covered

+ You will be covered and will receive the prescribed benefit amount if before the end of the policy:
    i. You die.
    ii. You are diagnosed with a terminal illness
    iii. You are diagnosed with or undergo one of the listed Critical Illness conditions on page 16.
    iv. You are diagnosed as being totally and permanently disabled as defined on page 12.
    v. You are hospitalised due to an accident and meet the accidental hospitalisation benefit definition on page 14.
    vi. Your child is diagnosed with or undergoes one of the listed Critical Illness conditions listed on page 16.

HOW MULTI CONDITION INSURANCE WORKS

If your first claim is a Death, Terminal Illness or Total and Permanent Disability Claim

+ We will pay out 100% of the sum assured with effect from the claimable event date if any of the following occurs within the policy term:
    i. You are diagnosed with a terminal illness (as defined in these Terms and Conditions).
    ii. You are diagnosed as being Totally and Permanently Disabled (as defined in these Terms and Conditions).
    iii. You die.
+ All cover under this policy would then cease and no further claims would be payable.

If your first claim is a Critical Illness Claim

+ If, during **your** policy term, **you** make a successful claim under one of the Critical Illness conditions in a **Major Condition Group** Category listed in your policy, **we** will pay out 75% of **your sum assured** at the **claimable event date**.
+ The conditions in the **Major Condition Group** Category **you** have claimed under will thereafter be considered **Pre-paid Conditions.**
+ **You** will not be able to make another Critical Illness claim for any condition labelled as a **Pre-paid Condition** for the remaining term of the policy.
+ The Critical Illness conditions under the remaining four **Major Condition Group** Categories are labelled as your **Available Conditions**.
+ For example, if **you** suffer a **Heart attack** (which is in the Cardiovascular group category) no further Critical Illness claims for any condition listed in the Cardiovascular group category will be paid.
+ After **our** payment to **you**, **your premiums** will continue at the same level as before.

If you have made one successful Critical Illness claim, you can then submit a second Critical Illness OR one of the following claims:

i. **Terminal Illness**
ii. Total and Permanent Disability, or
iii. Death Claim

If your second claim is a Death, Terminal Illness or Total and Permanent Disability Claim

+ A second claim can be made if one of the following occurs during the remainder of the policy term:
    i. You are diagnosed with a **terminal illness** (as defined in these Terms and Conditions)
    ii. You are diagnosed as being Totally and Permanently Disabled (as defined in these Terms and Conditions)
    iii. You die.
+ If the cause(s) of **your** illness, disability or death is **related** to the condition or surgery from **your** first Critical Illness claim, in the event of a successful claim, **you** will receive 25% of **your sum assured** as at the **claimable event date**.
+ If the cause(s) of **your** illness, disability or death is not **related** to the condition or surgery from **your** first Critical Illness claim, in the event of a successful claim, **you** will receive 100% of **your sum assured** as at the **claimable event date**.
+ All cover under this policy would then cease and no further claims would be payable.

If your second claim is a Critical Illness Claim

+ Following the first successful Critical Illness claim, if **you** are diagnosed with or undergo surgery for an **Available Condition** within the remaining term of the policy (subject to the **waiting period** detailed in the Claims **waiting periods** section) **you** can make a second Critical Illness claim. In the event of a successful claim, **you** will receive a second payment equal to 75% of **your sum assured** as at the **claimable event date**.
+ The conditions in the second **Major Condition Group** Category **you** have claimed under will thereafter be labelled as **Pre-paid Conditions**.
+ **You** will not be able to make another Critical Illness claim for any condition labelled as a **Pre-paid Condition** for the remaining term of the policy. For example, if **you** are diagnosed and make a successful claim for **Cancer** after a successful claim for **Heart Attack**, no further Critical Illness claims for any condition

listed in the Cardiovascular group category or any condition in the Cancer and HIV group category will be paid.

+ After this payment, your premiums will continue at the same level as before.

If you have made two previous successful Critical Illness claims, you can then submit a third Critical Illness claim OR one of the following claims:

i. Terminal Illness
ii. Total and Permanent Disability, or
iii. Death Claim

If your third claim is a Terminal Illness, a Total and Permanent Disability, or a Death Claim

+ A third claim can be made if the following occurs during the remainder of the policy term:
    i. You are diagnosed with a terminal illness (as defined in these Terms and Conditions)
    ii. You are diagnosed as being Totally and Permanently Disabled (as defined in these Terms and Conditions).
    iii. You die.
+ If the cause(s) of your illness, disability or death is related to the condition or surgery from your first or second Critical Illness claim, in the event of a successful claim, you will receive 25% of your sum assured as at the claimable event date.
+ If the cause(s) of your illness, disability or death is not related to the condition or surgery from your first or second Critical Illness claim, in the event of a successful claim, you will receive 50% of your sum assured as at the claimable event date.
+ All cover under this policy would then cease and no further claims would be payable.

If your third claim is a Critical Illness Claim

+ If you submit a third Critical Illness claim, you are only eligible to do so for the Available conditions (subject to the waiting period detailed in the Claims waiting periods section) under the remaining three Major condition group categories.
+ The maximum payment for a third successful Critical Illness claim would be the 50% of the sum assured as at the claimable event date.
+ At this point, both your plan and the premiums you pay will end and no further claims can be made.

MAJOR CONDITION GROUP CATAGORIES

+ Your policy covers five major condition groups, each covering a number of critical illness conditions. There is a detailed definition of each condition on page 16.
    – Cancer & HIV
    – Cardiovascular Conditions
    – Organ Failure
    – Neurological Conditions
    – Disability

Benefit payout examples

The examples below illustrate the total payout for different scenarios for Level term:

Level Term life with Critical Illness										
Benefits Scenario(s)	Related Death/ TI[1]/ TPD[2] Claim	Policy Sum Assured	Term Years	Benefit				Total Policy Benefit(s) Paid (£)	Total Benefit (%) of Sum Assured	% of Benefit Paid
				Critical Illness 1	Critical Illness 2	Critical Illness 3	Death/ TI[1]/TPD[2]			
				Claim Date Year						
				Any	Any	Any	Any			
Scenario 1: 1 Critical Illness/1 Death **Benefit**	No	100,000	25	75,000			100,000	175,000	175%	2
Scenario 2: 1 Critical Illness/1 Death **Benefit**	Yes	100,000	25	75,000			25,000	100,000	100%	2
Scenario 3: 2 Critical Illnesses/ 1 Death **Benefit**	No	100,000	25	75,000	75,000		50,000	200,000	200%	3
Scenario 4: 2 Critical Illnesses/ 1 Death **Benefit**	Yes	100,000	25	75,000	75,000		25,000	175,000	175%	3
Scenario 5: 3 Critical Illnesses **Benefits**	No	100,000	25	75,000	75,000	50,000	0	200,000	200%	3

[1]*Terminal Illness* [2]*Total Permanent Disability*

Scenario 1 shows the total **benefit** for one Critical Illness listed in one of the categories of the **major condition group,** paid at 75% of the value of the **sum assured** followed by a death **benefit** or **terminal illness** or total permanent disability not **related** to a **pre-paid condition**, which pays out at 100% of the value of the **sum assured.**

Scenario 2 shows the total **benefit** for one Critical Illness listed in the **major condition group,** paid at 75% of the value of the **sum assured** followed by a death **benefit** or **terminal illness** or total permanent disability **related** to a **pre-paid condition**, which pays out at 25% of the value of the **sum assured.**

Scenario 3 shows the total **benefit** for two **unrelated** Critical Illnesses listed in two different categories from **major condition group,** both paid at 75% of the value of the **sum assured** followed by a death **benefit** or **terminal illness** or total permanent disability not **related** to any of the **pre-paid conditions**, which pays out at 50% of the value of the **sum assured.**

Scenario 4 shows the total **benefit** for two **unrelated** Critical Illnesses listed in two different categories from **major condition group,** both paid at 75% of the value of the **sum assured** followed by a death **benefit** or **terminal illness** or total permanent disability **related** to one of the **pre-paid conditions**, which pays out at 25% of the value of the **sum assured.**

Scenario 5 shows the total **benefit** for three **unrelated** Critical Illnesses listed in three different categories from **major condition group**, paid at 75%, 75% and 50% of the value of the **sum assured.** After three **major claims** are paid**, the cover** ends.

For **decreasing term insurance,** the **benefit** is calculated as per the **sum assured** at the **claimable event date**, please see the illustration below with examples of **major claims** being paid at different times during the lifetime of the policy: year 5, 10, 15 and 20.

Decreasing Term life with Critical Illness										
Benefits Scenario(s)	Related Death/ TI[1]/ TPD[2] Claim	Policy Sum Assured	Term Years	Benefit				Total Policy Benefit(s) Paid (£)	Total Benefit (%) of Sum Assured	% of Benefit Paid
				Critical Illness 1	Critical Illness 2	Critical Illness 3	Death/ TI[1]/TPD[2]			
				Claim Date Year						
				5	10	15	20			
Scenario 1: 1 Critical Illness/1 Death **Benefit**	No	100,000	25	70,377			43,307	113,864	114%	2
Scenario 2: 1 Critical Illness/1 Death **Benefit**	Yes	100,000	25	70,377			10,827	81,204	81%	2
Scenario 3: 2 Critical Illnesses/ 1 Death **Benefit**	No	100,000	25	70,377	62,189		21,653	154,219	154%	3
Scenario 4: 2 Critical Illnesses/ 1 Death **Benefit**	Yes	100,000	25	70,377	62,189		10,827	143,393	143%	3
Scenario 5: 3 Critical Illnesses **Benefits**	No	100,000	25	70,377	62,189	33,438	0	166,005	166%	3

[1]*Terminal Illness* [2]*Total Permanent Disability*

Total Permanent Disability

+ Total Permanent Disability will be offered either on an "Own Occupation" basis, if at the time **you** apply for cover **you** are in paid employment or self-employed working for a minimum of 16 hours/week or otherwise on "Specified Work Tasks".
+ Own occupation will be assessed when **you** are unable to do **your** own occupation permanently. This means the Loss of the physical or mental ability through an illness or injury to the extent that the **life insured** is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the **life insured**'s own occupation that cannot reasonably be omitted or modified.
+ 'Own Occupation' means **your** trade, profession or type of work **you** do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends, or when the **life insured** expects to retire.
+ For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.
+ The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcome of the illness, condition or disease.
+ If **you** are in more than one paid employment at the time of the claim, **we** will assess **your** claim considering **your main occupation**.
+ If **you** are not in paid employment at the time of a claim for a minimum 16 hours per week contract, **your** claim will be assessed under the Specified Work Tasks definition described below:

i. Loss of the physical ability through an illness or injury to do at least three of the six work tasks listed below ever again.
ii. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the life insured expects to retire.
iii. The life insured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

+ The Specified Work Tasks are:
    i. Walking: The ability to walk more than 200 metres on a level surface.
    ii. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
    iii. 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.
    iv. Bending: The ability to bend or kneel to touch the floor and straighten up again.
    v. Getting in and out of a car: The ability to get into a standard saloon car, and out again.
    vi. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

+ For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.
+ The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcome of the illness, condition or disease.

Claim waiting periods

+ There is no waiting period for an initial claim on the policy.
+ However, if you are making a second or third Critical Illness claim on the policy, you are subject to a 90 day waiting period as follows.
+ Where an eligible Critical Illness claim has been paid under this policy no further Critical Illness claim will be paid unless there is at least 90 days between the previous claimable event date and the earlier of
    i. The onset of symptoms of the subsequent claimable event
    ii. The diagnosis of the subsequent claimable event or the undergoing of a listed surgery

Premium payments after a claim

+ Whenever a claim has been made, your policy will continue with your current premium for the remainder of your policy term (or until your maximum payout is reached) as long as you continue to pay your monthly premiums.

Partial built-in covers

+ Dividend Term life with Multi-Claim Critical Illness Cover also provides further benefits that do not count towards your maximum payout or impact on your available conditions.
+ The partial built-in covers are detailed in the table below and in the following sections: Accidental hospitalisation benefit, Support cover (for partial conditions) and Children's Critical Illness cover.

Built-in Covers		Benefit Amount
Support cover (Partial Conditions)	**Carcinoma in situ of the breast** – treated by surgery **Low grade prostate cancer** – requiring treatment **Low grade thyroid cancer**	Lower of £25,000 or 50% of the **Benefit** as at the **claimable event date** Maximum of 1 claim.
Accident Hospitalisation Benefit		**Benefit** of £ 5,000 paid once
Children's Critical Illness (as per Critical Illness conditions defined in **Major Condition Groups**)		Lower of £25,000 or 50% of the **Benefit** as at the **claimable event date**

Support cover (for partial conditions)

+ This is a single payment of the lower of £25,000 or 25% of the value of **your sum assured** as at the **claimable event date**, should **you** require surgery for carcinoma in situ of the breast, be treated for low grade prostate cancer or are diagnosed by a medical professional with low grade thyroid cancer. The partial conditions listed above are defined in this document in the Partial Conditions Definitions section.

Accidental hospitalisation benefit

+ Provides for a one-off payment of £5,000.
+ If **you** are **hospitalised** with physical injuries for a minimum of 28 consecutive days immediately following an accident. Physical injury must have resulted solely and directly from unforeseen, external, violent and visible means and must be independent from any other cause. **You** can only claim once for this **benefit** during **your** policy term, or twice for dual plans, once for each **life insured**. This **benefit** is not payable if a valid claim has been made for:
    i. A terminal illness
    ii. A critical illness

CHILDREN'S CRITICAL ILLNESS COVER

+ **Children's** Critical Illness cover pays a one-off lump sum of the lower of £25,000 or 50% of **your sum assured** as at the **claimable event date,** should any of **your children** be diagnosed by a medical professional with any of the critical illness condition**s** covered under **your** policy. Any payment made under **Children's** Critical Illness cover does not affect the **life insured** (s) **benefit** amount.
+ **Children** must be aged 30 days old to 18 years old or age 21 in **full time education** at the **claimable event date**. Cover stops on the day before the eligible **child**'s 18th birthday or 21st if in **full time education**.
+ **Children's** Critical Illness Cover protects any natural **child** or adopted **child** of **you** or **your** spouse or civil partner or any **child** for which either **you** or **your** spouse, partner or civil partner are the legal guardian of. As well as any **children** the **life insured** may have in the future. The **benefit** can be claimed for up to 2 eligible **children**, or 4 eligible **children** for dual plans, two for each **life insured.**
+ **Children** must survive for 10 days after the **claimable event** date.
+ The **benefit** can only be claimed once for an eligible **child** and is payable only once per **child** regardless of

how many policies are held with Assura. This includes the dual plans where two **lives insured** can only claim once for the same **child**.

+ There is no impact on the other policy **benefit**s should a successful claim be paid under **Children's** Critical Illness.

Children's critical illness cover exclusions

+ We will not pay **Children's** Critical Illness Cover if:
    i. Prior to the **policy start date**, the eligible **child** was already suffering from symptoms of, or had been diagnosed with, the condition being claimed for.
    ii. Prior to the eligible **child** reaching 30 days of age, they were suffering from symptoms of, or had been diagnosed with, the condition being claimed for.
    iii. The **child** dies within 10 days of the **claimable event date.**
    iv. Prior to the **policy start date** or the **child's** age of 30 days, either parent was aware of an increased risk of the **child** being affected by the condition being claimed for.

MAJOR CRITICAL ILLNESS CONDITION DEFINITIONS

Major Group	Illness / Condition	Definition
Cancer & HIV	Aplastic anaemia - categorised as very severe	A definite diagnosis of very severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology. There must be permanent bone marrow failure with: anaemia, thrombocytopenia and an absolute neutrophil count of less than 0.2 x 109 /L.
Cancer & HIV	Benign brain tumour - resulting in either specified treatment or permanent symptoms	A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either: · surgical removal, or · permanent neurological deficit with persisting clinical symptoms. For the above definition, the following are not covered: · tumours in the pituitary gland, · tumours originating from bone tissue, or · angioma and cholesteatoma.
Cancer & HIV	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 leukaemia, sarcoma, pseudomyxoma peritonei, merkel cell cancer and lymphoma except cutaneous lymphoma (lymphoma confined to the skin). For the above definition, the following are not covered: · All cancers which are histologically classified as any of the following: – pre-malignant, – non-invasive, – cancer in situ, – having either borderline malignancy, or – having low malignant potential. All tumours of the prostate, unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification T2bN0M0. · All tumours of the thyroid, unless histologically classified as having progressed to at least clinical TNM classification T2N0M0. · Malignant melanoma, unless it has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin). · Any other skin cancer (including cutaneous lymphoma), unless it has been histologically classified as having caused invasion in the lymph glands or spread to distant organs.

Cancer & HIV	HIV infection - caught from a blood transfusion, physical assault or accident at work	Infection by Human Immunodeficiency Virus resulting from: · a blood transfusion given as part of medical treatment, · a physical assault, or · an incident occurring during the course of performing normal duties of employment, after the start of the policy 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 5 days of the incident. ·there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus. The incident causing infection must have occurred in one of the following countries: Australia, Austria, Belgium, Bulgaria, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America. For the above definition, the following is not covered: · HIV infection resulting from any other means, including sexual activity or drug intake.
Cardiovascular Conditions	Aorta graft surgery - requiring surgical replacement	The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. For the above definition, the following are not covered: - Any other surgical procedure, for example the insertion of stents or endovascular repair. - Surgery following traumatic injury to the aorta.
Cardiovascular Conditions	Cardiac arrest - with insertion of a defibrillator	Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness, requiring resuscitation and resulting in either of the following devices being surgically implanted: · implantable cardioverter-defibrillator (ICD),or · cardiac resynchronisation therapy with defibrillator (CRT-D). For the above definition, the following are not covered: · insertion of a pacemaker, · insertion of a defibrillator without cardiac arrest, or · cardiac arrest secondary to drug intake.

Cardiovascular Conditions	Cardiomyopathy - of specified severity or resulting in specified treatment	A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in at least one of the following: · permanent and irreversible ejection fraction of 39% or less, · permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity*, or · implantable cardioverter-defibrillator (ICD). For the above definition, the following are not covered: · cardiomyopathy secondary to alcohol or drug intake, · all other forms of heart disease, heart enlargement and myocarditis. * NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.
Cardiovascular Conditions	Coronary artery bypass grafts - with surgery to divide the breastbone or thoracotomy	The undergoing of surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts. For the above definition, the following is not covered: - any other surgical procedure or treatment.
Cardiovascular Conditions	Heart attack - of specified severity	Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: · new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests, · the characteristic rise of biochemical cardiac specific markers such as troponins or enzymes. The evidence must show a definite acute myocardial infarction. For the above definition, the following are not covered: · other acute coronary syndromes, · angina without myocardial infarction.
Cardiovascular Conditions	Heart valve replacement or repair - with surgery	The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.
Cardiovascular Conditions	Open heart surgery - with surgery to divide the breastbone or thoracotomy	The undergoing of surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart. For the above definition, the following is not covered: · any other surgical procedure or treatment.

Cardiovascular Conditions	Primary pulmonary hypertension - of specified severity	A definite diagnosis of primary pulmonary hypertension. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association's classification of functional capacity. * For the above definition, the following is not covered: · pulmonary hypertension secondary to any other known cause i.e., not primary. * NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.
Organ Failure	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.
Organ Failure	Liver failure - of advanced stage	Liver failure due to cirrhosis and resulting in all of the following: · permanent jaundice, · ascites, and · encephalopathy. For the above definition, the following is not covered: · liver disease secondary to alcohol or drug intake.
Organ Failure	Major organ transplant - from another donor	The undergoing as a recipient of a transplant from another person, of bone marrow or of a complete heart, kidney, lung, pancreas, liver or a lobe of liver, or inclusion on an official UK, Channel Islands or Isle of Man waiting list for such a procedure. For the above definition, the following is not covered: · transplant of any other organs, parts of organs, tissues or cells.
Organ Failure	Respiratory failure - of advanced stage	Advanced stage emphysema or other chronic lung disease, resulting in all of the following: · The need for regular oxygen treatment on a permanent basis, and · The permanent impairment of lung function tests as follows: – Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) being less than 50% of normal.
Neurological Conditions	Bacterial meningitis - resulting in permanent symptoms	A definite diagnosis of bacterial meningitis by a hospital consultant resulting in permanent neurological deficit with persisting clinical symptoms. For the above definition, the following is not covered: · all other forms of meningitis other than those caused by bacterial infection.

Neurological Condition	Creutzfeldt-Jakob Disease (CJD) - resulting in permanent symptoms	A definite diagnosis of Creutzfeldt-Jakob disease made by a Consultant Neurologist. There must be permanent clinical loss of the ability in mental and social functioning to the extent that permanent supervision or assistance by a third party is required.
Neurological Condition	Dementia including Alzheimer's disease - resulting in permanent symptoms	A definite diagnosis of Dementia, including Alzheimer's disease, by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following: - remember, - reason, and - perceive, understand, express and give effect to ideas.
Neurological Condition	Encephalitis - resulting in permanent symptoms	A definite diagnosis of encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms. For this definition the following are not covered: - chronic fatigue syndrome and myalgic encephalitis.
Neurological Condition	Motor neurone disease - resulting in permanent symptoms	A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist: · amyotrophic lateral sclerosis (ALS), · Kennedy's disease, · primary lateral sclerosis (PLS), · progressive bulbar palsy (PBP), · progressive muscular atrophy (PMA), or · spinal muscular atrophy (SMA). There must also be permanent clinical impairment of motor function.
	Kennedy's disease - resulting in permanent symptoms	Covered under motor neurone disease
Neurological Condition	Multiple sclerosis - where there have been symptoms	A definite diagnosis of multiple sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.
Neurological Condition	Parkinson's disease - resulting in permanent symptoms	A definite diagnosis of Parkinson's disease by a consultant neurologist or consultant geriatrician. There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity. For the above definition, the following are not covered: · other Parkinsonian syndromes, · Parkinsonism.
Neurological Condition	Spinal Stroke - resulting in symptoms lasting at least 24 hours	Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal canal resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.

Neurological Condition	Stroke - resulting in symptoms lasting at least 24 hours	Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours. For the above definition, the following are not covered: · transient ischaemic attack. · death of tissue of the optic nerve or retina/eye stroke.
Neurological Condition	Systemic lupus erythematosus - with severe complications	A definite diagnosis of Systemic Lupus Erythematosus by a consultant rheumatologist resulting in either of the following: · permanent neurological deficit with persisting clinical symptoms, or · the permanent impairment of kidney function tests as follows: - Glomerular Filtration Rate (GFR) below 30 ml/min.
Disability	Blindness - permanent and irreversible	Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart or visual field is reduced to 20 degrees or less of an arc, as measured by an ophthalmologist.
Disability	Coma - with associated permanent symptoms	A state of unconsciousness with no reaction to external stimuli or internal needs which: · requires the use of life support systems, and · has associated permanent neurological deficit with persisting clinical symptoms. For the above definition, the following are not covered: · medically induced coma, · coma secondary to alcohol or drug intake.
Disability	Deafness - permanent and irreversible	Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.
Disability	Loss of hand or foot - permanent physical severance	Permanent physical severance of a hand or foot at or above the wrist or ankle joints.
Disability	Loss of speech - total permanent and irreversible	Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.
Disability	Paralysis of limb - total and irreversible	Total and irreversible loss of muscle function to the whole of any limb.
Disability	Third degree burns - covering 20% of the surface area of the body or 20% of the face or head	Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 20% of the area of the face or head.
Disability	Traumatic brain injury - resulting in permanent symptoms	Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

PARTIAL CONDITIONS DEFINITIONS	
Condition	Definition
Carcinoma in situ of the breast - treated by surgery	Breast cancer in situ positively diagnosed with histological confirmation by biopsy together with the undergoing of surgery to remove the tumour.
Low grade prostate cancer - requiring treatment	Undergoing treatment on the advice of **your** hospital consultant in respect of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification between T1N0M0 and T2aN0M0. For the above definition, the following are not covered: - prostatic intraepithelial neoplasia (PIN). - observation or surveillance. - surgical biopsy.
Low grade thyroid cancer	A definite diagnosis by a consultant of invasive thyroid cancer which has been histologically classified as having progressed to TNM classification T1N0M0. Non-invasive follicular thyroid neoplasm with papillary like features (NIFTP) are specifically excluded.

Risks to your policy cover and benefit

+ It is important that the information **you** give **us** in **your** application is accurate and complete, as **we** rely on it to set **your** contract of insurance. If it is not:
    i. **We** may reduce the amount **we** pay on a claim **you** make or not make any payment at all.
    ii. **We** may amend the terms of **your** cover.
    iii. **We** may cancel **your** policy completely.
+ Where **we** cancel **your** policy, **we** may not refund the **premiums you** have paid.
+ If **you** become aware that information **you** have given **us** is inaccurate, **you** must let **us** know as soon as **you** can.
+ If **you** stop paying **your premiums** for any reason, **your** policy will **lapse**. This means **you** will no longer be insured.
+ If **your** policy **lapse**s, **your Children**'s Critical Illness cover will also **lapse**.
+ For the avoidance of doubt, our policy has no cash-in value and there is no savings element built into this policy.
+ Evidence for authorising a claim for **your** policy must come from a doctor / consultant legally practicing in one of the following countries: UK, any of the countries of the European Union, Switzerland, Iceland, Norway, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands.

Life insurance benefit will not be paid

+ 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.
+ If some elements of cover are restricted based on the information you provided, we will detail any exclusions applied to your policy within the Policy Schedule.
+ For a terminal illness which:
    i. Does not meet our definition(s)
    ii. Is claimed after the covered persons' death.

Critical illness benefit will not be paid

+ If you are diagnosed with or undergo a medical procedure for one of the critical illnesses we cover which does not meet our definition(s), or
+ You die within 14 days of diagnosis of one of the Critical Illnesses we cover, or
+ You die before being diagnosed with one of the Critical Illnesses we cover, or

If some elements of cover are restricted based on the information you give us. If we do this, we will tell you what we have excluded in your policy Schedule under 'What you are not covered for'.

DEFINITIONS

+ Available condition. A condition listed within a major condition group which has not been claimed against.
+ Benefit. The amount paid to you by us for each valid claim.
+ Child or Children. A natural child, legally adopted child (from the date of adoption) or stepchild (by marriage or registered civil partnership) of the life insured, where that child is:
    i. at least 30 days old, and
    ii. younger than 18 years, or
    iii. younger than 21 years if in full-time education, during the period of cover.
+ Claimable event date. The day on which you are diagnosed with one of the claimable conditions OR undergo one of the claimable procedures which are listed in Critical Illness definitions. In relation to a death claim, this is the date of death of a life insured.
+ Dual life. This insures two people, as opposed to just one, and can pay out separately for both lives insured. If one of the lives insured dies or has made successful critical illness claims for all available conditions, the policy continues to cover the survivor, or the life insured who hasn't claimed for all the available conditions.
+ Decreasing Term Insurance. Where your sum assured decreases each year in a similar way to the balance of the repayment mortgage with an 8 % interest rate.
+ Eligible. Being able to qualify for the cover and benefits detailed in the policy summary and terms and conditions documents.
+ Full-time education. Attendance at a full-time course at a school, college, or university or attendance at a work placement which is part of a full time course but excludes non-education breaks such as gap years.
+ Lapse(d). Refers to the period after the 60th day from your payment due date being missed, from when you are no longer covered.
+ Level Term Insurance. Where the sum assured remains the same for the whole of the policy term.
+ Life insured. The person whose life is covered under the policy.

+ **Main occupation. The life's insured** usual or principal paid work for a minimum of 16 hours/week.

+ **Major claim.** The Critical Illness conditions, **Terminal Illness**, Total and Permanent Disability and Death.
+ **Major condition group(s):** The Critical Illness conditions covered with this policy grouped in the following categories: Cancer and HIV, Cardiovascular Conditions, Organ Failure, Neurological Conditions, Disability.
+ **Multi-Claim Cover.** A feature which enables **you** to make up to three **major claims**.
+ **Our, us or we**. Family Assurance Friendly Society Limited.
+ **Partial Conditions.** The conditions listed in Section **Partial Conditions** Definitions.
+ **Policy expiry date**. The date that cover under the policy will terminate.
+ **Policy start date**. The start date of the policy.
+ **Premium(s)**. The monthly funds **you** pay **us** to effect **your** policy and provide **you** cover.
+ **Pre-paid condition.** A condition listed within a **major condition group**, where a successful claim has already been made against a condition in that group.
+ **Related:** Refers to <u>any</u> diagnosis, illness or surgery that:
    i. is directly or indirectly caused by a condition or surgery for which **you** have previously made a successful claim, or
    ii. shares the same underlying cause as a medical condition or surgery for which **you** have previously made a successful claim, or
    iii. is a complication or outcome of a condition for which **you** have previously made a valid claim, or
    iv. is a treatment for a condition or surgery for which **you** have previously made a valid claim.

+ **Sum assured**. The cover amount available at any moment during the lifetime of the policy. For Level Term Policies, the **sum assured** amount remains constant during the life of the policy. For Decreasing Term Policies, the **sum assured** decreases in each year in a similar way to the balance of a repayment mortgage with an 8 % interest rate.

+ **Terminal illness**. Where a definite diagnosis was made by **your** hospital consultant of an illness that satisfies each of the following:
    i. The illness either has no known cure or has progressed to the point where it cannot be cured,
    ii. In the opinion of **your** hospital consultant and **our** Medical Officer, the illness is expected to lead to death within 12 months.

+ **Waiting period.** A 90 day period as detailed in the Claim Waiting Period section where claims will not be considered.

+ **You or your**. The owner(s) and /or assigned trustees or personal representatives of the policy owner, who are legally entitled to receive the amount of cover when a valid claim is made.