

keyfacts[®]



Key features of the Family and Personal Income Plan

Life cover

Life and critical illness cover

Critical illness cover

This is an important document, which you should retain



About Legal & General

The Legal & General Group, established in 1836, is one of the UK's leading financial services companies. As at 30 June 2010, we were responsible for investing £331 billion worldwide on behalf of investors, policyholders and shareholders. We also had over 6.9 million customers in the UK for our life assurance, pensions, investments and general insurance plans.

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The Financial Services Authority is the independent financial services regulator. It requires us, Legal & General, to give you this important information to help you to decide whether our Family and Personal Income Plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

Introduction

We have designed our Family and Personal Income Plan to help protect you and your family financially if you die or are diagnosed with a terminal illness or a critical illness (if this cover is chosen).

You can choose various options to suit you, from specific benefits to full cover. Your Financial Adviser can explain all the options to you.

In this key features brochure we've tried to give you all the information about our products in clear and straightforward language. Where we've had to use a technical term we've highlighted this in blue and given a full explanation in our glossary on page 15.

Its aims

The plan aims to allow you to choose:

- the amount of cover;
- the period of cover; and
- the type of cover.

Your plan can include any of the following:

Life cover – pays out a monthly benefit if you die or are diagnosed with a terminal illness.

Critical illness cover or life and critical illness cover – pays out a monthly benefit if you die or are diagnosed with a terminal or critical illness. We only cover the critical illnesses we define in our policy. For more details on this type of cover, please see 'What is Legal & General's Family and Personal Income Plan?' on page 4.

Your commitment

For all types of cover

You must:

- Provide us with all the relevant information we ask for when you take out the plan. If you don't, your plan may not pay out, and we might have to cancel your policy. Please don't assume that we'll write to your doctor, it's your responsibility to fill in the application form accurately.
- Truthfully provide all the information we ask for when you or your representatives make a claim. If you don't, your plan may not pay out and we might have to cancel your policy.
- Pay your premium monthly or annually by direct debit.
- Tell us if any of the following change between completing your application and when your plan starts:
 - Medical disclosures
 - Family history
 - Occupation
 - Travel or residence
 - Pastimes
 - Alcohol consumption
 - Start smoking
 - Use of recreational drugs, for example cocaine or heroin. Please note that these examples are not intended as a complete list.

If you don't tell us about changes to any of the above, it could mean your plan won't pay out and we may have to cancel your policy.

We're here to help

If you've any queries, would like more information, or you would like this document in Braille, large print or audiotape, please contact our helpdesk on 0370 010 4080. We may record and monitor calls. Call charges will vary.

Risks

The plan carries the following risks:

All types of cover

- If you stop paying your premiums your cover will end 30 days after the first missed premium.
- If you don't truthfully provide all the information we request on your application or when you or your representatives make a claim, we won't pay out under the plan.
- There are some circumstances when your plan won't pay out. These are described under 'When won't the plan pay out?' on page 8.
- The plan has no **cash in value** at any time.
- The present tax treatment may change.
- Your policy's conditions or benefits may be subject to **exclusions** after we **underwrite** your application. In that case, we'll include those exclusions in your policy schedule.
- We won't pay out a claim from a cause that we exclude in your policy schedule.

For critical illness cover and life and critical illness cover

- If you have reviewable premiums, we'll review your plan every five years. At review, we may need to change your premium to maintain the initial level of cover. We'll tell you at least three months in advance if we are going to do this. See the 'Will my payments ever change?' section on page 11.

What is Legal & General's Family and Personal Income Plan?

Our Family and Personal Income Plan is a long term insurance policy which you can tailor to meet your needs. You can choose:

- **The type of cover you need** – your plan can include one or more of the following:

- **Life cover** – pays out a monthly benefit if you die.

Terminal illness cover – Life cover automatically includes terminal illness cover. This means we'll pay the monthly benefit if you are diagnosed as being terminally ill and are eligible to claim, with a life expectancy of less than 12 months. Once we've accepted a claim for terminal illness cover your plan will end. This cover doesn't apply during the last 18 months of your plan and isn't available on plans with a **term** of less than two years.

- **Critical illness cover or life and critical illness cover** – pays a monthly benefit if you die or are diagnosed with a terminal or critical illness, and have a valid claim. We only cover the critical illnesses that meet our full policy definitions. The full list of critical illnesses we cover is shown on page 6 and 7.

- **The level of cover you need** – this is the amount of monthly benefit that we pay out for a valid claim.

- **How long the cover lasts** – the table below gives details of the minimum and maximum **term**, as well as maximum ages.

Family and Personal Income Plan products	Minimum term	Maximum term	Your plan must end before age
Life cover	5 years	40 years	70
Critical illness cover	5 years	40 years	70
Life and critical illness cover	5 years	40 years	70

How much does the plan cost?

Your premium depends on several factors:

- Your personal circumstances, for example, your age, health, sex, occupation and whether or not you smoke.
- The amount and type of cover you choose.
- How long you want your cover to last.

You can pay your premium monthly or annually by direct debit to maintain your cover. If you stop paying your premiums, your cover will end 30 days after your first missed premium. The plan has no **cash in value** at any time.

How much does the plan pay out?

The plan pays out a monthly benefit. You decide how much you'd like this to be when you first take the plan out. At the time of claim, you or your representatives making the claim can choose to receive the monthly benefit or choose to receive the benefit as a lump sum payment calculated by us at the time. The monthly benefit will be paid until the plan ends.

Additional Cover

- If you choose Critical Illness Cover, you'll benefit from extra cover for your children or if you or any other person covered by the plan undergoes a mastectomy.

See 'Can children have Critical Illness Cover?' on page 6 and see 'Additional Cover for mastectomy for ductal carcinoma in situ' on page 7.

We produce a **personal illustration** to show you your period of cover, the type and amount of cover you've chosen and your premium.

What if I already have family protection?

If you already have family protection, please take financial advice before cancelling your existing policies. Your Financial Adviser can help you decide what best suits your needs.

Who can the plan cover?

You can apply for the plan to cover:

- you alone;
- you and another person; or
- one or two people, neither of which are you.

If the plan covers two people it will only pay out once. For life cover it will pay out when the first of these two people dies or has a valid terminal illness claim. For critical illness cover and life and critical illness cover the plan will pay out when the first of these people dies or has a valid terminal or critical illness claim during the period of cover.

Can I make changes to the plan once it's started?

You can request the following changes to be made to your plan:

- Increasing or decreasing the **term** of the plan.
- Changing the sum assured.
- Removing a life assured.
- Changing the frequency of your premium payments (annually to monthly or monthly to annually)

These changes may affect the premiums that you pay.

We'll assess all requested changes based on your circumstances at the time. We'll let you know whether we can make these changes to your policy and if any other policy owner's consent is needed. We'll also let you know if this change will mean that this policy will be cancelled and a new policy set up. A new policy may have different terms and conditions.

For further details please contact us or speak to your Financial Adviser.



Can children have critical illness cover?

If you choose critical illness cover, we automatically cover your children too. This will cover any natural child, legally adopted child or stepchild you have, as well as any children you may have in the future. Each child will be covered from when they are aged from 30 days up to their 18th birthday during the policy [term](#).

We'll pay out the benefit if a child survives for 14 days from diagnosis of one of the critical illnesses we cover, providing our definition is met (please see the full list of illnesses on page 6 and 7).

We'll pay out one claim per child under your plan. The maximum amount we'll pay out will be £25,000 or 60 times the chosen monthly benefit, whichever is lower. Once two claims have been made, children's cover will end. If you have more than one plan that includes Critical Illness Cover with us, and make a valid claim under children's cover, the maximum amount we'll pay out under all policies will be £50,000 per child.

What conditions are covered by critical illness cover?

The complete list of conditions we cover is set out on page 6 and 7. These headings are only a guide to what is covered. The full definitions of the critical illnesses covered and the circumstances in which you can claim are given in our Guide to Critical Illness Cover. These typically use medical terms to describe the critical illnesses but in some cases the cover may be limited.

For example:

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

Critical illnesses covered:

- **Alzheimer's disease** – resulting in permanent symptoms
- **Aorta graft surgery** – requiring surgical replacement
- **Aplastic anaemia** – with permanent bone marrow failure
- **Bacterial meningitis** – resulting in permanent symptoms
- **Benign brain tumour** – resulting in either surgical removal or permanent symptoms
- **Blindness** – permanent and irreversible

- **Cancer** – excluding less advanced cases
- **Cardiomyopathy** – of specified severity
- **Coma** – resulting in permanent symptoms
- **Coronary artery by-pass grafts** – with surgical thoracotomy
- **Creutzfeldt-Jakob disease (CJD)** – resulting in permanent symptoms
- **Deafness** – permanent and irreversible
- **Dementia** – resulting in permanent symptoms
- **Encephalitis** – resulting in permanent symptoms
- **Heart attack** – of specified severity
- **Heart valve replacement or repair** – with surgical thoracotomy
- **HIV infection** – caught from a blood transfusion, physical assault or accident at work
- **Kidney failure** – requiring dialysis
- **Liver failure** – of advanced stage
- **Loss of a hand or foot** – permanent physical severance
- **Loss of speech** – permanent and irreversible
- **Major organ transplant**
- **Mastectomy for ductal carcinoma in situ** – requiring total removal of the breast
- **Motor neurone disease** – resulting in permanent symptoms
- **Multiple sclerosis** – with persisting symptoms
- **Multiple system atrophy** – resulting in permanent symptoms
- **Open heart surgery** – with median sternotomy
- **Paralysis of a limb** – total and irreversible
- **Parkinson's disease** – resulting in permanent symptoms
- **Primary pulmonary hypertension** – of specified severity
- **Progressive supranuclear palsy** – resulting in permanent symptoms
- **Removal of an eyeball** – due to injury or disease
- **Respiratory failure** – of advanced stage
- **Stroke** – resulting in permanent symptoms
- **Systemic lupus erythematosus** – with severe complications
- **Terminal illness**
- **Third degree burns** – covering 20% of the surface area of the body or 20% of the face or head

- **Total and permanent disability**
- **Traumatic head injury** – resulting in permanent symptoms

Additional Cover for mastectomy for ductal carcinoma in situ

We provide Additional Cover under our mastectomy for ductal carcinoma in situ definition. This means if you have to undergo a mastectomy and are eligible to claim, we'll pay out 25% of your monthly benefit up to a maximum of £25,000. This payment won't affect your sum assured or your premiums.

This helps ensure that you have some financial protection against the impact this illness can have on your lifestyle. At the same time it means your full sum assured is still intact in case you suffer another critical illness.

Children are also covered for the conditions listed except for total and permanent disability or any congenital (present at birth), hereditary and [pre-existing conditions](#).

Important information for those choosing Critical Illness Cover

We've designed our critical illness cover to tackle the critical illnesses which could severely affect your lifestyle.

However, medical and technological advances mean that traditional views of critical illness are constantly changing. What may once have been classed as a critical illness may no longer meet today's definition. However, the illnesses we cover are consistent with the current view of the medical profession and the Association of British Insurers' list of critical illnesses.

You can check our full definitions of critical illness in our Guide to Critical Illness Cover, which is available on request.

You should always choose the type of cover that best suits your personal circumstances. As well as critical illness cover, we offer other types of products that may be a better choice for you. Ask your Financial Adviser for more details.

When won't the plan pay out?

For all types of cover if:

- The policy has stopped because you haven't paid your premiums.
- You don't disclose all the relevant information that we ask for when you take out your plan. Please don't assume that we'll write to your doctor, it's your responsibility to complete the application form accurately. If you don't disclose all relevant information it may mean we cancel your cover.
- A claim is made and the person or people making the claim don't truthfully provide all the information we ask for. If this happens we may not pay your claim and we could cancel your policy.
- The cause of the claim is specifically excluded by any terms we apply to your plan when we accept your application. These will be shown in your policy schedule.
- You don't tell us if any of the following change between completing your application and when your plan starts:
 - Medical disclosures
 - Family history
 - Occupation
 - Travel or residence
 - Pastimes
 - Alcohol consumption
 - You start smoking
 - Use of recreational drugs, like cocaine or heroin. Please note that these examples are not intended as a complete list.

If you don't tell us about any change before your plan starts your cover could be cancelled.

- The insured person commits suicide in the first year of the policy.

For all plans that include critical illness cover:

- You have an illness that doesn't meet our definition of one of the critical illnesses we cover. For example, we don't cover some types of cancer.
- If you live outside any of the following countries for more than 12 months: USA, Canada, Australia, New Zealand, the Isle of Man, the Channel Islands or any of the countries that form part of the European Union we reserve the right to decline a claim.
- The claim is for children's critical illness cover and:
 - the condition is **pre-existing**, runs in the family or was present at birth;

- the symptoms first arose before the child was covered; or
- the child dies within 14 days of the diagnosis of a critical illness that meets our policy definition.

Further details of what is covered and any standard **exclusions** and restrictions are given in the policy terms and conditions. We provide more information about cover and limits in our Guide to Critical Illness Cover. You can ask us for a copy of this.

We may apply specific **exclusions** when we accept your policy, such as excluding certain critical illnesses, conditions and pre-existing medical conditions. If so, we'll show them in your policy schedule under the exclusions section. This section also provides full details of any limits to the cover.

What other options are available?

Some of the following benefits are optional. If required, you must choose them at the start of the plan, and there may be an additional cost. We'll show details of any extra benefits in your policy schedule. Your **personal illustration** shows any options or benefits included in your plan and their cost. For full details, either ask your Financial Adviser or contact us.



Waiver of premium benefit

This benefit pays your premiums if you're in gainful employment and you're too ill to undertake your normal occupation for 26 weeks or more due to incapacity caused by illness or injury. Although you'll have to pay your premiums at first, after 26 weeks of incapacity when you can't work, we will waive your premiums. If you're not in gainful employment, you don't have to pay your premiums after 26 weeks, if your illness or accident stops you performing three or more functional assessment tests. See the definitions of these tests opposite.

We'll continue to waive premiums until the first of the following events:

- you're fit to return to work;
- your policy ends; or
- you no longer fulfil the definition of incapacity.

You can find full details in the policy terms and conditions.

Total and permanent disability definition under critical illness cover

For plans that include critical illness cover, we'll pay out if you're totally and permanently disabled. There are two definitions of total and permanent disability – own occupation and functional assessment tests.

Own occupation definition

If your [occupation class](#) is 1 or 2* when you take out your plan, you can choose to take the 'own occupation' definition of total and permanent disability. This means that your plan will pay out if you can't follow your own occupation due to incapacity caused by illness or an accident, and that's likely to remain the case permanently in the opinion of our Medical Officer.

You'll be assessed on the occupation you were following immediately before disability.

However, if you're not in paid employment at the time of a claim, then we'll assess your claim under the 'functional assessment tests' definition (described opposite). You can find full details in your policy terms and conditions.

Joint life policies

For joint life policies where one applicant is [occupation class](#) 1 or 2* and the other applicant is classified as a [houseperson](#), the definition applied when you take out the policy will be 'own occupation'.

If the person claiming is in paid employment, the 'own occupation' definition will apply. If the person claiming isn't employed, the functional assessment tests definition will apply.

For joint life policies where one applicant is [occupation class](#) 1 or 2* and the other applicant is class 3 or 4*, the definition applied when the policy is taken out, or when you claim, will be the functional assessment tests definition.

Functional assessment tests definition

This definition applies to anyone in [occupation classes](#) 1 or 2* who doesn't choose the 'own occupation' definition, or any other occupation classes, including [houseperson](#).

Under this definition the plan will pay out if, due to illness or accident, you suffer an irreversible mental or physical disability which, in the opinion of our Medical Officer, results in you being permanently unable to carry out at least three of the following functional assessment tests without help.

These tests are as follows:

- Walking – the ability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without stopping or experiencing discomfort.
- Bending – the ability to get into or out of a standard saloon car and the ability to bend or kneel to pick up an object from the floor and straighten up again.
- Communicating – the ability to answer a telephone and take a message.
- Reading – having the required eyesight (corrected if necessary) to read a daily newspaper.
- Writing – having the physical ability to write legibly using a pen or pencil without aid.
- Climbing – having the ability to climb up a flight of 12 stairs without stopping or suffering severe discomfort.

* To find out which [occupation class](#) and definition of total and permanent disability applies to you, ask us or your Financial Adviser.

You don't need to notify us if you change your occupation during the [term](#) of the plan.

Indexation

This helps your cover keep up with inflation.

If you choose indexation at the start of your plan and have been accepted on our normal

rates, then every year we will give you the option to increase your cover. We'll review your cover in line with inflation as measured by the [Retail Prices Index \(RPI\)](#). You won't need to provide us with any more medical evidence. If you decline this option at any stage you won't be offered it again and your premium and level of cover will remain the same for the rest of the policy [term](#).

Your cover increases in line with the change in [Retail Prices Index](#). Your cover will increase each year up to a maximum of 10%. Your premiums will increase each year up to a maximum of 15%. If changes to the RPI are 1% or less then both your premium and sum assured will stay the same until the next review.

The monthly benefit will increase directly in line with the change in RPI. So for example, if the monthly benefit at outset is £1,000 and the RPI is 2%, then the following formula will apply:

Monthly benefit x RPI = Monthly benefit increase

$$£1,000 \times 2\% = £20$$

So your new monthly benefit will be:

$$£1,000 + £20 = £1020.$$

The premium will increase by the change in RPI x 1.5. This takes in to account the fact that the likelihood of claiming increases as you get older. So for example if your current premium is £20 and the change in RPI is 2%, the following formula will apply:

Premium x (RPI x 1.5) = Premium increase

$$2\% \times 1.5 = 3\%$$

$$£20 \times 3\% = 60p$$

So your new monthly premium will be:

$$£20 + 60p = £20.60.$$

Below is a table giving examples of how indexation may affect your monthly benefit and premium over a number of years. Please note figures are for illustrative purposes only.

Year	RPI	Monthly benefit	Monthly Premium
At outset	N/A	£1,000	£20.00
Year 1	2%	£1,020	£20.60
Year 2	3%	£1,051	£21.53
Year 3	2%	£1,072	£22.18

If you choose indexation at the start of your plan, we'll write to tell you of any changes before your plan anniversary.

Option to increase the amount of cover you have later on during the plan (guaranteed insurability option)

You can increase your level of cover up to certain limits without having to provide further medical evidence. This is your guaranteed insurability option.

You can do this if:

- You get married or enter into a registered Civil Partnership.
- You become a parent.
- You increase your mortgage because you're moving home or undertaking major home improvements.
- Your salary increases due to a new job or promotion.

For your policy to include the guaranteed insurability option, you must be accepted without a [rating](#) before your 45th birthday. You must choose to use this option before your 55th birthday (older life for joint life policies).

If you do choose this option, we won't ask any more medical questions and a new policy will be issued for the additional amount on the terms and rates that apply at the time. Any new policy issued will have the same exclusions applied to it as your original policy. For full details, ask your Financial Adviser.

Accidental death benefit

Accidental death benefit provides you with life cover while we're processing your application. We provide this cover free of charge and without the need for any underwriting. It'll cover you if you die following an accident. The amount of cover will be the amount of life cover you have applied for or £300,000, whichever is the lowest. The cover will start when we receive a completed application form. It will last for 90 days or until we accept, postpone or decline your application or you notify us that you don't wish to proceed with your application, whichever occurs first. This applies to all plans described in this key features document. In the event of a claim, the benefit will only be paid out once. This will be either under the accidental death benefit or the protection policy itself. No further benefit will be payable. Terms and conditions apply.

Your [personal illustration](#) shows whether any of these options have been included in your plan.

After the plan starts is there anything I need to do?

If your plan includes critical illness cover or waiver of premium benefit and you move abroad, you should check your policy terms and conditions as your cover may be affected.

When will my cover start?

You decide when you want your cover to start.

Will my payments ever change?

Life cover

If you choose life cover, we guarantee your premium. This means that your monthly or annual payment will stay the same throughout your plan's **term**.

Critical illness cover

If you choose critical illness cover with reviewable premiums your premium is guaranteed for the first five years of the policy. Reviews will then be carried out to determine whether the premium will be changed at the fifth anniversary and every five years thereafter. This is to establish whether the premium you're paying is enough to provide the level of cover selected.

At review we'll assess the underlying assumptions relating to the expected future number and timing of claims made for this type of policy.

We'll assess any premium change fairly. When we review your premium, the factors we look at are:

- number of claims we've had;
- number of claims we expect to have and when we expect them to be made;
- insurance industry claims experience; and
- expected impact of future medical advances.

Your state of health or individual circumstances won't be a factor at review.

We'll write to you about the outcome of your premium review and tell you at least three months in advance about the options you have and what action you may have to take. If, after a premium review we recalculate your premium to within 5% of what you're already paying, we won't make any changes. The amount your premium may increase or decrease by, following a review, is not limited.

Options at your premium review

Your premium reduces or stays the same

If your premium has reduced or stayed the same, you don't need to do anything as your direct debit will automatically be updated.

Your premium increases

If your premium has increased you can choose to:

- accept the increased premium. If you choose this option, your direct debit will automatically be updated; or
- keep your premium the same but reduce your level of cover. If this is the option you want to take you'll need to contact us within 30 days of receiving a premium review letter from us. This will ensure there is sufficient time for us to process your request prior to your review date.

It is important to ensure the level of cover still meets your needs, as the option you select can't be changed at a later date.

We have a wide range of protection products to suit your needs. If you're unsure whether reviewable premiums are right for you, you should discuss your options with your Financial Adviser.

Life and critical illness cover

For life and critical illness cover, you can choose between guaranteed or reviewable premiums.

For products with guaranteed premiums, the starting premium maybe more expensive than for similar products with reviewable premiums.

For all types of cover

Your premium will also change if you:

- increase the amount of cover by exercising your guaranteed insurability option; or
- choose the indexation option.

Any other alterations you make to your plan may also affect the premiums you pay.

What happens if I move abroad?

We can usually only offer cover to applicants who live in England, Scotland, Wales or Northern Ireland when the policy starts, provided they have no plans to move outside these areas.

For life cover

If you take out a life policy with us and then move abroad later on during the [term](#) of your plan, your cover will continue as long as you carry on paying your premiums.

For waiver of premium

If you live outside any EU country for more than three months we reserve the right to decline any waiver of premium claim.

For plans that include critical illness cover

If you live or travel outside any EU country, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands for more than 12 months, we reserve the right to decline any critical illness claim.

What are the charges?

The premium payments shown in your illustration include all the costs of administration, underwriting, claims, commission and selling.

What if I'm not sure if this product is suitable for me?

If you have any doubt about whether this product is suitable for you, please contact us or your Financial Adviser. We can only advise on our own life assurance and investment products.

Making a claim

If you or your representatives need to make a claim, please write to us at:

Claims Department

Legal & General Assurance Society Limited

City Park

The Droveaway

Hove

East Sussex

BN3 7PY

or call us on freephone 0800 027 9830. We may record and monitor calls.

When we receive notification of a claim, we'll send you or your representatives a claim form to complete and return to us. We may ask you to provide us with certificates or other evidence that we need.

For critical illness claims and waiver of premium claims, we may ask you to have a medical examination. To make a valid critical illness claim, all diagnosis and medical opinions must be from a medical specialist:

- who holds an appointment as a consultant at a UK hospital;
- whose specialism is appropriate to the cause of the claim; and
- who is accepted by our Medical Officer.

To make a valid terminal illness claim your life expectancy, both in the opinion of an attending consultant and our Medical Officer, is less than 12 months.



Further information

Your cancellation rights

After we have accepted your application, we'll send you a notice of your right to cancel. By law we must send you this notice. We then give you 30 days to change your mind about starting the plan. If you do change your mind, you need to send the notice back to us at:

Life Premium Collections - Cancellations
Legal & General Assurance Society Limited
City Park
The Droveaway
Hove
East Sussex
BN3 7PY

and we'll then cancel the plan. If you do this, we'll refund any premiums you have paid.

If you don't take this opportunity to cancel and you want to do so at a later stage, you won't get any money back. If you want to cancel at a later stage, please write to the address above.

Complaints

If you wish to complain about the service you've received from us or you'd like us to send you a copy of our internal complaint handling procedure, please contact our helpdesk on 0370 010 4080. We may record and monitor calls. Call charges will vary.

Alternatively you can write to us at:
Complaints Department
Legal & General Assurance Society Limited
Knox Court
10 Fitzalan Place
Cardiff
CF24 0TL

If you remain dissatisfied, you can complain to:
The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Telephone: 0845 080 1800
Email:
complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Making a complaint will not affect your legal rights.

Law

This contract is governed by English law.

Language

We will communicate in English throughout the **term** of this contract. The terms and conditions and all communications will only be available in English. All communications from us will normally be by letter or telephone.

The Financial Services Compensation Scheme (FSCS)

The Financial Services Compensation Scheme (FSCS) is designed to pay customers compensation if they lose money because a firm is unable to pay them what they owe for any reason. Your ability to claim from the scheme and the amount you may be entitled to will depend on the specific circumstances of your claim. Most customers, including most individuals and small businesses, are covered by the scheme. You can find out more about the FSCS (including amounts and eligibility to claim) by visiting its website www.FSCS.org.uk or calling 0800 678 1100.

The FSCS may arrange to transfer your policy to another insurer, provide a new policy or if these are not possible, provide compensation. FSCS compensation covers payment up to 90% of the value of the claim per firm. There is no upper financial limit on the claim. However, the rules of the FSCS may change and the FSCS may take a different approach on the application of these rules to a firm depending on the circumstances of the failure of that firm.

Tax

The proceeds from this plan are free from UK income tax and capital gains tax.

However, for life insurance, as we pay the proceeds after the death of an insured person, inheritance tax may be due on the benefits paid. You may be able to avoid inheritance tax by using an appropriate trust. Ask your Financial Adviser for more details. The Government may change the tax position described above.

Our regulator

We are authorised and regulated by the Financial Services Authority. We are entered on their register under number 117659. You can check this at www.fsa.gov.uk/register/ or telephone them on 0300 500 5000 or write to them at: 25 The North Colonnade, Canary Wharf, London E14 5HS.

The ABI's Guide to Critical Illness Cover

The Association of British Insurers (ABI) gives general information about critical illness cover in their booklet 'A Guide to Critical Illness Cover'. You can ask us for a copy or you can get a copy by writing to: The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ.

Please note

This leaflet complies with the ABI Statement of Best Practice for Critical Illness Cover. It's a guide to our Family and Personal Income Plan and is based on our understanding of current laws and tax rules. Further details are given in the policy schedule and the policy terms and conditions. You should get expert advice about the legal and tax information in this leaflet.

Glossary

Cash in value – certain plans have a ‘cash in value’ which means that you receive some money back if you cancel your plan.

Exclusions – if we apply an exclusion to your policy, this means we won’t cover you for a particular condition, hobby or specific event. You won’t be able to make a claim if the cause of the claim is due to the specified circumstances stated within the exclusion.

Houseperson – the occupation class applied when you’re not in paid employment.

Occupation class – the category we apply to your job for underwriting purposes.

Personal illustration – this is the document provided before you take out your plan that details the exact plan, your premium and the options you’ve chosen.

Pre-existing conditions – a pre-existing condition is any medical condition, disorder or handicap from which a child is already suffering, from either;

- the date the policy is issued;
- the 30th day after the child’s birth; or
- for legally adopted children, the date of adoption,

whichever event is later.

Rating – a rating is where an additional amount is added to the policy premium because the risk is considered to be higher than that assumed when originally quoted.

Retail Prices Index – a way of measuring the impact of inflation on family budgets which is set by the Government. We use this rate to calculate any increases in your premiums and sum assured if you’ve selected the indexation option.

Term – how long your plan lasts.

Underwrite – the process your application goes through to allow us to assess any risks and to decide how much your premiums will be.

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