

Zurich: Personal Protection

Policy Objective:

Provide a lump sum on death and/or diagnosis of a critical illness. Payment for specified fractures is an add on.

Terms & Conditions: PW720480003 (08/18) RRD & PW721524002 (10/18) RRD

Last Updated: 01/07/2019



General information

This policy is not specific to the occupation of professional rugby player, anyone can take out the policy. It is designed to provide a lump sum of death and/or diagnosis of a critical illness. Traditionally these policies are used to protect mortgages, family or specific financial issues on death and/or being diagnosed with a critical illness. The benefit of the policy is that fracture cover can be added. This feature is not available as a standalone policy which means some life assurance and/or critical illness has to be included to get access to the fracture cover.

Product Availability:	Existing Policyholder Only
Provider:	Zurich
Regulated by the FCA:	Yes
AKG Financial Strength Rating:	B+, Very Strong (20/02/2019)
Premium type:	Guaranteed or Reviewable
Premium frequency:	Monthly
Entry Ages:	Between 16 and 83 for life, 16 and 69 for critical illness
Medical underwriting?	Yes, for all applicants
Is the policy valid if contracted to a non-UK club?	Yes
Can the Terms & Conditions change once the policy has commenced?	No
Requirements to commence policy:	None
Maximum life insurance and/or critical illness cover:	£40m
Is the benefit taxable?	No, it is tax free
Can I increase the life insurance and/or critical illness cover with contract changes?	Yes
Will the increase be on the same terms?	No. Medical underwriting which might affect the terms offered

Important Information

This document represents a summary of the Zurich Personal Protection policy's and the referenced Terms & Conditions provided by Zurich. This document has not been designed or approved by Zurich. This document is not a recommendation. It does not constitute advice by DBL Asset Management LLP. Should you require advice on the suitability of this contract please contact a financial adviser. All statements concerning the tax treatment of products and their benefits are based on DBL Asset Management LLPs understanding of current tax law and Inland Revenue practice.



Contact information

Who is the point of contact for this policy?	N/A as no longer available to rugby players
Is the company regulated by the FCA?	Yes
Is the point of contact authorised by the FCA to give advice?	N/A as no longer available
How was the point of contact paid for arranging this policy?	Commission, Fee or Combination

Fracture cover claim information

How many claims can you make in a 12-month period?	Multiple, maximum of £6,000 per policy year.
Does it cover all fractures?	No. 16 specified fractures unless the fracture is classified as avulsion, fatigue, stress, hairline, chip, or microfracture.
Does it cover all dislocations?	No. All joints are covered for dislocation except fingers, thumbs and toes (phalanges). This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anaesthesia (not including sedation).
Does it cover all tendon rupture's?	No, it covers the complete transection of the Achilles tendon only
Does it cover all ligament tears?	No, it covers complete tear of a cruciate knee ligament. Tears to collateral knee ligaments are not covered.
Does the policy end if I stop playing rugby?	No. the policy can continue as it is not rugby specific.
Have any claims been accepted & benefits paid for this policy?	Yes
If I am in claim do I have to continue to pay the premiums?	Yes
If I move outside the UK can the policy continue?	Yes, provided Zurich have been notified.
Who do I contact to make a claim?	Your financial adviser or Zurich 0800 096 6233



What does the jargon mean?

Existing Policyholders Only Not available for new business but existing policy holders can continue with policy on the terms issued at commencement.

FCA The Financial Conduct Authority regulates firms and financial advisers so that markets and financial systems remain sound, stable and resilient. The FCA encourages transparent pricing that's easy for everyone to understand. The FCA's aim is to help firms put the interests of their customers and the integrity of the market at the core of what they do.
<http://www.fca.org.uk>

AKG Financial Strength Rating AKG is an actuarially based consultancy specialising in the provision of ratings, information and market assistance to the financial services industry. The objective is to provide a simple broad-brush indication of the general financial strength of a company. In addition to an assessment of the company's ability to meet all of its guaranteed payments to policyholders, AKG also aims to factor in the degree to which policyholders' expectations are likely to be met, or even exceeded, in the long-term. <http://www.akg.co.uk/>

Reviewable Premium Reviews will be carried out by the provider to determine whether the premium will be changed. This is to establish if the premium is enough to provide the level of cover selected. If your premium increases you can accept the increased premium or keep your premium the same but reduce your level of cover.

Guaranteed Premium. Is a term used to indicate that the premiums for an insurance policy do not change over the term of the policy. By taking a policy with guaranteed premiums this offers the security and peace of mind of knowing exactly what your monthly premiums will be for the full length of the contract.

Life Insurance which can also be known as life cover or life assurance is a type of policy that offers peace of mind to you and your loved ones. It can help minimise the financial impact that your death could have on your family.

Most life insurance policies are designed to pay out a cash sum if you die while covered by the policy. It can help them deal with everyday money worries such as household bills, childcare costs or mortgage payments.

You choose the amount of cover you need and how long you need it for.

Critical Illness Cover can help minimise the financial impact on you and your family if you become critically ill. It's an option that can be added for an extra cost when you take out life insurance or as a standalone policy.

Entry Age The ages at which the policy can be applied for.

Medical Underwriting The use of medical or health information in the evaluation of an applicant for coverage. As part of the underwriting process, an individual's health information may be used in making two decisions: whether to offer or deny coverage; and what premium rate to set for the policy

Commission The arranger is paid by the product provider. Premiums fund the commission. Fee The arranger is paid by invoicing the client. This can result in lower premiums.

Combination The arranger is paid by invoicing you the client and receiving commission from the provider.

Protect yourself from the cost of broken bones, dislocations, tears and ruptures

Whether it's from a slip on an icy pavement or a tackle on the rugby pitch, fracturing a bone or tearing a ligament is easily done. Most of these injuries have no long-term effects. We tend to think of them as inconveniences – a long wait in A&E, and maybe a couple of weeks with our arm in a sling. But for some people, they're the difference between working and not working.



You'll get
**£2,000,
£4,000 or
£6,000**

depending on
your injury



Depending on what you do for a living, this kind of injury could put you off work for several weeks or months. Or it could make getting to work much more difficult. It could even mean that you can't go on a family holiday you'd planned. So, if you take out a Zurich Personal Protection or Zurich Income Protection policy, you can add multi-fracture cover at any time. You won't have to answer any questions about your health or activities.

You'll get £2,000, £4,000 or £6,000 depending on your injury. You could use this money to cover the bills if you can't work for a few weeks and your income stops. Or you could use it to pay for taxis to and from work if your injury means you can't drive or use public transport.

Multi-fracture cover will pay you a lump sum if you:

- break a bone, like your arm or your leg
- dislocate a joint, like your shoulder or your hip
- rupture your Achilles tendon
- tear a cruciate ligament in your knee

What you'll be covered for and how much we'll pay you

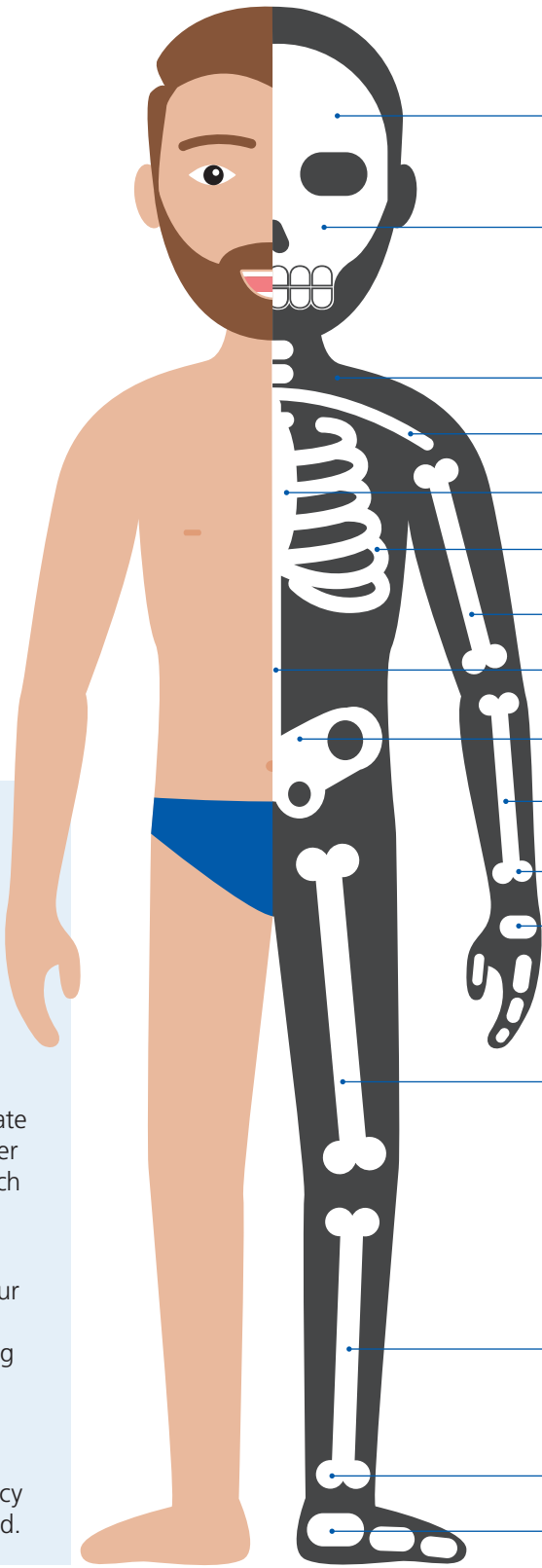
Break

If you're injured twice in the same incident – say, if you fall down the stairs, breaking your arm and your collar bone – you can claim for both.

You can make multiple claims on your policy. If you break your jaw playing rugby in January, we'll pay you £2,000. If you're back on the rugby pitch in April and you dislocate your shoulder, we'll pay you another £4,000. The total you can claim each year of your policy is £6,000.

If you have an Income Protection policy and you make a claim on your multi-fracture cover, you'll get this money whether or not we're paying you a monthly income.

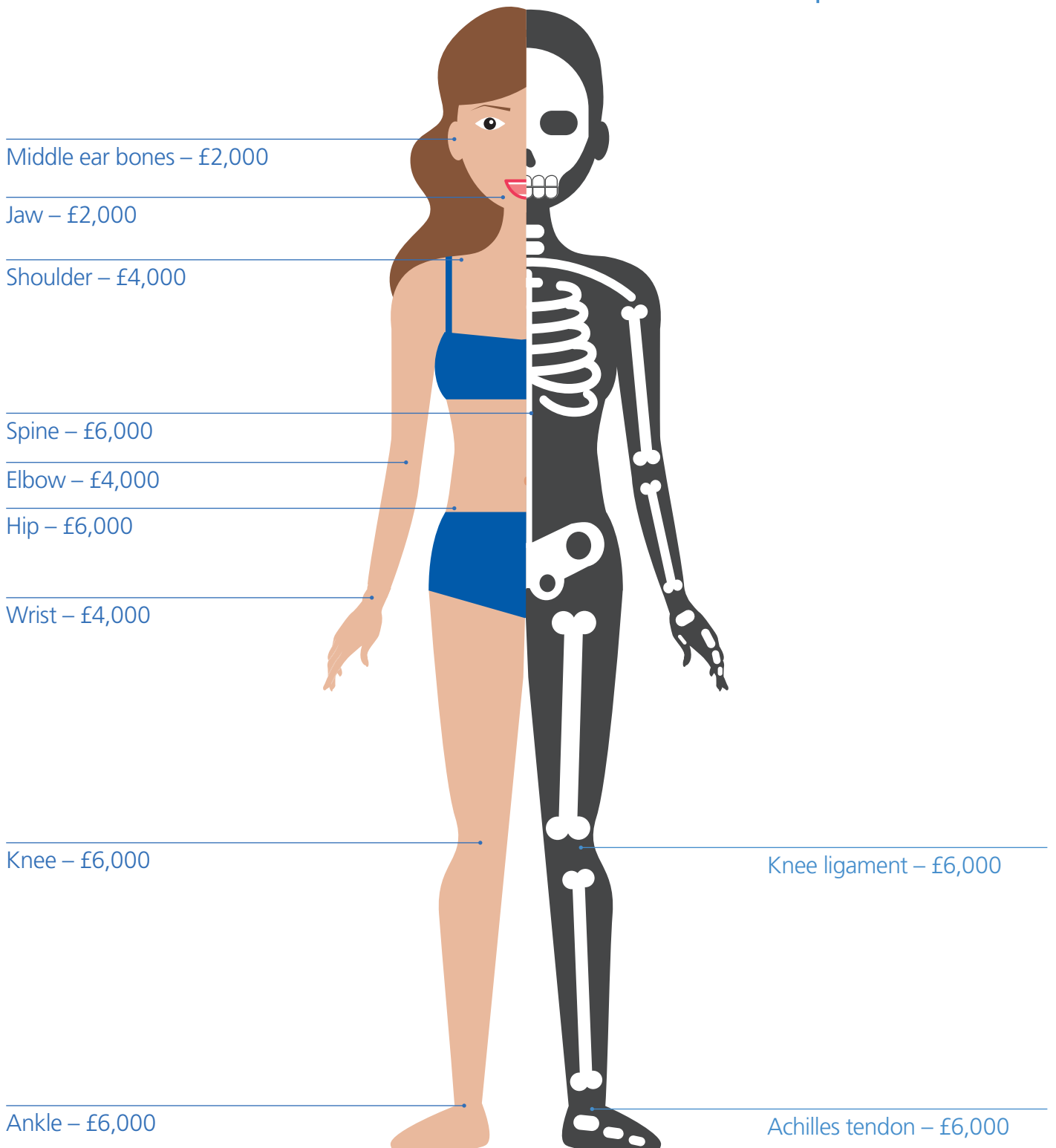
If you have a Personal Protection policy and you make a claim on your multi-fracture cover, your policy won't end and you'll still be covered.



Skull	£6,000
Facial and jaw bones	£2,000
Collar bone	£2,000
Shoulder blade	£2,000
Breast bone	£2,000
Ribs	£2,000
Upper arm	£4,000
Spine	£4,000
Pelvis	£6,000
Lower arm	£4,000
Wrist	£4,000
Hand (not fingers and thumbs)	£2,000
Upper leg	£6,000
Lower leg	£6,000
Ankle	£6,000
Foot (not toes)	£2,000

Dislocation

Rupture / tear



Why choose Zurich

We offer cover that...

Suits your life now



No two people are the same, so their cover shouldn't have to be the same. You can choose the level of cover that suits you. Then you can add extra features that fit with your life.

Changes when your life changes



Life doesn't stand still, so when something major happens – like you get married, buy a house or start a family – you can change your cover without having to answer questions about your health. And when things change again – like you start a new job or your children leave home – you can change your cover, too.

Supports you and your family through life's ups and downs



Our relationship with you doesn't begin and end with a medical crisis or a claim. You have access to Zurich Support Services, an independent team of counsellors, advisers and legal experts. They're a phone call away whenever you – or member of your family – needs them. You can talk to them about anything, from daily worries to major life events.

We look for reasons to say yes



If you have complex health issues and ask us for cover, we won't automatically say no. We'll look for ways we can cover you. And if what we offer doesn't suit your budget, we'll try to suggest an alternative.

We paid out on 97% of claims our customers made



In 2017, we paid out on 97% of claims our customers made for life, critical illness and income protection. When you and your family make a claim, you'll have a dedicated specialist. They'll be there to guide you through every stage of what happens next.

This document has been approved for customers to use only with their financial adviser.

Zurich Assurance Ltd.
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PW721524002 (10/18) RRD



Zurich Personal Protection

Terms and conditions



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This document sets out the terms and conditions relating to your Zurich Personal Protection policy. Your 'Confirmation of terms' sets out the specific cover we agree with you. Together these documents form the contract of your policy provided by Zurich Assurance Ltd. You should read them carefully.



1. Definitions

Like many industries, insurance has a language all of its own. We've tried to remove jargon wherever we can. Where we need to use a technical or legal term we will show this in **bold**. A glossary of these terms can be found in section 17.

See section 14 for details of the general terms applying to your policy as they are important.



2. What does the policy do?

If you have life cover

The main purpose of this policy is to provide a lump sum payment of the **sum assured** if a **life assured** dies before the policy ends.

If you have life cover and critical illness

The main purpose of this policy is to provide a lump sum payment of the **sum assured** if a **life assured** is diagnosed with a critical illness or dies before the policy ends.

For more details, please see section 7 – What cover does your policy provide?



3. Who will be covered?

The policy can cover one person (**life assured**) or two people jointly (**lives assured**).

Where **we** are covering two people jointly, the policy can only pay out the **sum assured** once.

Once the **sum assured** is paid out the policy will stop.

You can take the policy out to cover someone else, as long as **you** can show that **you** would suffer financially if the **life assured** or **lives assured** (for joint policies) died or suffered a critical illness.

You must be a **UK resident** when this policy starts.

The minimum and maximum ages for cover are shown in the table in section 12.

See section 11 for more details on making a claim.



4. When will you be covered?

Your policy will run from the **start date** to the end of the **term**. These are shown in 'Your Zurich Personal Protection Policy Schedule'.

You can choose a **start date** up to 90 days in the future, providing **your premiums** won't increase from those **we've** agreed with **you**, in which case **you'll** need to choose an earlier date. This is because how old **you** are affects how much **we** will charge **you** for **your** cover.

You agree how long **you** want the **term** of **your** policy to be. This may be a specific number of years, or, if there is only one **life assured**, to a specific birthday. If **you** choose to take out **your** policy until a specific birthday, this may result in a **term** with partial years. In this case **you** must pay **your premiums** monthly rather than annually.

At the end of the policy **term** the cover will stop.

Your policy will stop before the end of the **term** if:

- **we** have paid out the **sum assured**
- **your premiums** aren't paid when agreed (see section 10 – Paying your premiums)
- **we** cancel the policy because **you** or a **life assured**, didn't answer all the questions **we** asked fully, honestly, and accurately, to the best of **your** or their knowledge
- **we** cancel the policy because offering cover will violate any financial sanctions, laws or regulations
- in **our** reasonable opinion **you** are in material breach of these terms and conditions
- the **life assured** doesn't give **us** consent to access their medical reports as part of **our** routine checks (see section 6 for more details).

You can end **your** policy at any time. There is no cash-in value for the policy.

The minimum and maximum **term** for the policy is shown in the table in section 12.



5. How much will you be covered for?

Your 'Confirmation of terms' shows the initial amount **you** are covered for, any specific **exclusions**, and how much **you** will pay.

Your premiums are guaranteed – this means that they won't change unless **you** change **your** cover or **you** have chosen increasing cover.

At the start of **your** policy **you** choose whether **you** want level cover, decreasing cover or increasing cover. **You** can only choose these options before **your** policy starts – **you** can't add them later.

If **you** choose level cover the **sum assured** will stay the same throughout the life of **your** policy unless **you** change **your** cover.

See section 9 for changes **you** can make to **your** policy.

Increasing cover

You can choose for **your** cover to increase each year by 3%, 5%, or in line with the **Retail Prices Index**. If **you** choose to increase **your** cover by the **Retail Prices Index**, any increase will be limited to a maximum of 10% in any year.

The increase in cover will apply to all the benefits on **your** policy, apart from multi-fracture cover which, where selected, will stay at the same level throughout the **term** of the policy.

Your premiums will go up each year by 1.5% for each 1% increase in cover so that **we** can provide **you** with this extra cover.

If **your** 'Confirmation of terms' shows a premium loading on **your** policy, **your premiums** may go up by less than this.

If **you** have multi-fracture cover, **your premiums** for this benefit will stay the same throughout the **term** of the policy.

We'll make this change automatically each year on the anniversary of the **start date**. **We'll** let **you** know eight weeks in advance how much **your** cover will increase by and how much extra **you'll** need to pay.

If **you** tell **us** **you** don't want to increase **your** cover, **we'll** keep **your** cover and **premiums** at the same level as they were for the previous **policy year**.

If **you** ask to keep **your** cover and **premiums** the same three times during **your** policy **term** **we'll** remove increasing cover from **your** policy and **you** won't be able to add it back on. **Your** policy will then become a level cover policy.

We won't increase **your** cover and **premiums** if it means that:

- the life cover **sum assured** would exceed £40m
- the life cover and critical illness **sum assured** would exceed £5m (or £2m if **you** have total permanent disability benefit on **your** policy).

Decreasing cover

You can choose to have **your** cover reduce, taking account of a fixed interest rate. If **you** choose this option **your** cover will decrease each month and will reduce to zero by the end of the **term**. The cover is designed to reduce in line with the outstanding amount on a repayment mortgage of the same interest rate.

You can choose a fixed interest rate between 2% and 18% per year, at 2% intervals.

If **you** have chosen multi-fracture cover on **your** policy this benefit will not reduce.

Your premiums will stay the same over the **term** of **your** policy.

Remember, the percentage by which **your** cover will reduce may be different from the percentage decrease in **your** outstanding mortgage or loan, so there's a chance that the amount **we** would pay on a claim may be more or less than the amount **you** owe.

To reduce the risk of a claim amount being less than the amount **you** owe on **your** mortgage or loan, **you** can choose a fixed interest rate that is higher than **your** mortgage or loan interest rate.

If **you** choose decreasing cover, **you** won't be able to add the conversion option or renewal option to **your** policy as **your sum assured** will reduce to zero at the end of the **term**.

If **you** want to check **your** current level of cover **you** can do so by logging on to the **customer portal**.



6. Your commitment

If anything changes or is incorrect

For the purpose of this section only, when **we** say “**you**” or “**your**”, **we** mean the **policyholder(s)** and the **life assured** or **lives assured**.

You must take reasonable care to answer the questions **we** ask fully, honestly, and accurately, to the best of **your** knowledge. Even if this information has already been provided in a previous application, it must be provided again. The **policyholder** is ultimately responsible for the information provided to **us** in respect of a **life assured**.

If someone other than **you** records **your** answers, **you** must make sure the recorded answers accurately reflect what **you** have said. **Our** decision to offer cover, and the terms of that cover, will be based upon the recorded answers and won't take into account any verbal information not otherwise recorded.

If **you** think anything **you've** told **us** is wrong, or if anything changes between **you** agreeing to take out the policy and the policy **start date**, it is important that **you** let **us** know as soon as possible.

If **you** don't tell **us** about something that's incorrect or has changed, the policy may be cancelled, its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided. If **you** tell **us** about something that's incorrect or has changed but it does not affect the cover **we** have offered then **we** may alter the policy to the extent required to keep **our** records up to date but **your premiums** and these terms will not change.

As part of **our** routine checks on the accuracy of the information that has been provided to **us**, **we** may ask for permission to access **your** medical reports up to six months after **your** policy has started. If **you** don't give **us your** consent, **we** will cancel **your** policy and refund **your premiums**.

If your contact details change

You can make changes to **your** contact details on the **customer portal**. Please let **us** know as soon as possible if **your** or a **life assured's** name, address or contact details change. If **you** or a **life assured** move abroad, **you** must let **us** know – please see section 16 for more details.

Paying your premiums

It's **your** responsibility to ensure that the **premiums** are paid on time, even if **your premiums** are paid by a third party.

If **you** don't pay **your premium** on time, **your** policy will end and **we'll** stop providing **you** with cover – see section 10.4 for how this works.

If you want to cancel

You can tell **us you** no longer want cover at any time.

When **we** issue **your** policy documents **we'll** send **you** details of how to cancel **your** policy. **You'll** have 30 days from receiving these documents to do this. If **you** decide to cancel within the 30 day period **we'll** refund any **premiums you've** already paid and will stop providing **you** with cover.

If **you** tell **us** that **you** want to cancel at any time after the 30 day cancellation period, **we'll** stop collecting **premiums** and offering **you** cover.

If you need to make a claim on your policy

You should tell **us** as soon as possible if **you** need to make a claim. For more information on how to make a claim, please see section 11.



7. What cover does your policy provide?

At the start of **your** policy **you** choose whether to have life cover only, or life cover and critical illness. **You** can't change this once **your** policy has started. **Your** 'Confirmation of terms' shows what cover **you** have and any **exclusions we** have applied to **your** policy.

If you choose life cover:	When we accept your claim	Special conditions
Life cover If a life assured dies or is diagnosed with a terminal illness during the policy term .	We'll pay out the sum assured and the policy will stop.	We won't pay a life cover claim in full or in respect of an increase in sum assured if: <ul style="list-style-type: none"> the life assured commits suicide or dies as a result of intentional self-inflicted injury within 12 months of the start date or the date a requested increase or milestone benefit is exercised. Instead, we'll refund the premiums paid in respect of your cover.
If you choose life cover and critical illness:	When we accept your claim	Special conditions
Life cover If a life assured dies or is diagnosed with a terminal illness during the policy term .	We'll pay out the sum assured and the policy will stop.	We won't pay a life cover claim in full or in respect of an increase in sum assured if: <ul style="list-style-type: none"> the life assured commits suicide or dies as a result of intentional self-inflicted injury within 12 months of the start date or the date a requested increase or milestone benefit is exercised. Instead, we'll refund the premiums paid in respect of your cover.
Critical illness cover If a life assured is diagnosed with a critical illness that meets one of the definitions listed in Appendix 1a.	We will pay out the sum assured and the policy will stop.	
Additional payment conditions If a life assured is diagnosed with an additional payment condition that meets one of the definitions listed in Appendix 1b and survives for at least 10 days.	We will pay out the lower of £25,000 or 25% of the sum assured . Your policy will continue, with no change to the sum assured .	If you make a claim that meets the definition for critical illness cover and for an additional payment condition at the same time, we will only pay the claim for critical illness cover. If the life assured suffers the same additional payment condition again, you will not be able to claim a second time. If the life assured were to suffer a different illness which we cover, you could make another claim. If this is a joint life policy, the other life assured could claim for the same additional payment condition.
Special conditions applicable to Critical illness cover and Additional payment conditions We won't pay a critical illness cover or additional payment conditions claim if: <ul style="list-style-type: none"> you don't tell us about the claim within six months of diagnosis or operation the life assured is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16 for details). 		

Example: How additional payment conditions work

Your policy provides £130,000 of life cover and critical illness. You are diagnosed with less advanced cancer of the breast – with surgical removal, and we pay out £25,000 (the lower of £25,000 or 25% of the sum assured). You later suffer a stroke, resulting in specified symptoms, and we pay out the full sum assured of £130,000. The policy then stops.



8. What additional benefits can the policy provide?

You can choose to include a number of additional benefits on **your** policy at extra cost. The additional benefits which are available depend on whether **you** have chosen life cover only, or life cover and critical illness.

Your 'Confirmation of terms' shows what additional benefits **you** have chosen.

Additional benefits which you can add to your policy at extra cost		
	Available on life cover	Available on life cover and critical illness
Critical Illness Select	X	✓
Children's benefit	X	✓
Total permanent disability	X	✓
Waiver of premium	✓	✓
Multi-fracture cover	✓	✓
Renewal option	✓	✓
Conversion option	✓	X

✓ = available X = not available

You can't include both renewal option and conversion option on the same policy.

You'll find more details on these additional benefits on the following pages.

8.1 Critical Illness Select

If **you** choose life cover and critical illness, **you** can choose to upgrade to Critical Illness Select. This offers a wider range of critical illness cover. **Your** 'Confirmation of terms' will show if this benefit is included on **your** policy.

If **you**'ve chosen this benefit, **we**'ll cover **you** for all the cover included under life cover and critical illness (see section 7). In addition **we**'ll cover **you** for the following:

If you choose Critical Illness Select	When we accept your claim	Special conditions
Critical illness cover If a life assured is diagnosed with a critical illness that meets one of the definitions listed in Appendix 2a.	We 'll pay out the sum assured and the policy will stop.	
Critical illness benefit uplift If a life assured under age 50 is diagnosed with a critical illness that meets one of the definitions listed in Appendix 2d and survives for at least 10 days.	In addition to the sum assured we will pay an additional amount equal to the lower of £100,000 or the sum assured and the policy will stop.	You must have a valid claim for critical illness to be eligible for critical illness benefit uplift.
Additional payment conditions If a life assured is diagnosed with an additional payment condition that meets one of the definitions listed in Appendix 2b and survives for at least 10 days.	We will pay out the lower of £25,000 or 25% of the sum assured . Your policy will continue, with no change to the sum assured .	If you make a claim that meets the definition for critical illness cover and for an additional payment condition at the same time we will only pay the claim for critical illness cover. If the life assured suffers the same additional payment condition again, you will not be able to claim a second time. If the life assured were to suffer a different illness which we cover, you could make another claim. If this is a joint life policy, the other life assured could claim for the same additional payment condition.
Specified complications of pregnancy If a life assured is diagnosed with specified complications of pregnancy as defined in Appendix 2c and survives for at least 10 days.	We will pay £5,000. Your policy will continue, with no change to the sum assured .	We won't pay a specified complications of pregnancy payment if, at the same time, the life assured qualifies for either a critical illness cover or additional payment condition. You can claim this benefit up to twice during the policy term , but only once per pregnancy. You can't claim this benefit during the first year from when this benefit started.
Special conditions applicable to critical illness cover, critical illness benefit uplift, additional payment conditions and specified complications of pregnancy		
We won't pay a claim for critical illness cover, critical illness benefit uplift, additional payment conditions, or specified complications of pregnancy if:		
<ul style="list-style-type: none"> you don't tell us about the claim within six months of diagnosis or operation the life assured is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16 for details). 		

Example: How critical illness benefit uplift works (included on Critical Illness Select only)

Your policy provides £150,000 of life cover and critical illness and you have chosen to add Critical Illness Select to your policy. You are 48 years old and you are diagnosed with Parkinson's disease – resulting in permanent symptoms. We will pay out the full sum assured of £150,000 on your policy and a critical illness benefit uplift of a further £100,000, making a total payment of £250,000. Your policy will then end.

8.2 Children's benefit and enhanced children's benefit

If **you** choose life cover and critical illness **you** can add children's benefit.

If **you** choose Critical Illness Select, **you** can add enhanced children's benefit.

These benefits cover any **children** a **life assured** has already, as well as any **children** the **life assured** has during the **term** of the policy. It will provide cover for **children** up to their 22nd birthday.

If you choose children's benefit	When we accept your claim	Special conditions
Children's critical illness If a child is diagnosed with a critical illness that meets one of the definitions listed in Appendix 1a and survives for 10 days (or 10 days following birth if later).	We will pay the lower of £25,000 or 50% of the sum assured . Your policy will continue, with no change to the sum assured . You won't be able to make another children's critical illness or additional payment condition claim for the same child . You would still be able to claim this benefit for any other child .	Please see section 8.2.1 for details of when we won't pay a children's critical illness claim.
Children's additional payment conditions If a child is diagnosed with an illness that meets one of the additional payment conditions listed in Appendix 1b and survives for 10 days (or 10 days following birth if later).	We will pay the lower of £25,000 or 25% of the sum assured . Your policy will continue, with no change to the sum assured . You will not be able to claim again for the same additional payment condition for the same child . The same child could make a claim for a different additional payment condition. You would still be able to claim this benefit for any other child .	If you make a claim for children's benefit that meets the definition for children's critical illness and for a children's additional payment condition at the same time, we will only pay the claim for children's critical illness. Please see section 8.2.1 for details of when we won't pay a children's additional payment conditions claim.
Children's death benefit If a child dies between 30 days old and their 22nd birthday.	We will pay £5,000. We will pay this amount in addition to any amount we may have already paid under children's critical illness or children's additional payment conditions. After a children's death benefit claim is made, the children's benefit will continue so that it can provide cover for any other children a life assured has. If you no longer need cover you can cancel this benefit at any time. See section 9 for more details.	

If **you** have chosen Critical Illness Select, **we** will cover the **children** of each **life assured** for enhanced children's benefit – this replaces children's benefit:

If you choose enhanced children's benefit	When we accept your claim	Special conditions
<p>Enhanced children's critical illness</p> <p>If a child is diagnosed with a critical illness that meets one of the definitions listed in Appendices 1a, 2a and 3a and survives for 10 days (or 10 days following birth if later).</p>	<p>We will pay the lower of £25,000 or 50% of the sum assured.</p> <p>Your policy will continue, with no change to the sum assured.</p> <p>You won't be able to make another children's enhanced critical illness or enhanced additional payment condition claim for the same child.</p> <p>You would still be able to claim for this benefit for any other child.</p>	<p>Please see section 8.2.1 for details of when we won't pay an enhanced children's critical illness claim.</p>
<p>Enhanced children's additional payment conditions</p> <p>If a child is diagnosed with an illness that meets one of the additional payment condition definitions listed in Appendices 1b and 2b and survives for 10 days (or 10 days following birth if later).</p>	<p>We will pay the lower of £25,000 or 25% of the sum assured.</p> <p>Your policy will continue, with no change to the sum assured.</p> <p>You will not be able to claim again for the same additional payment condition for the same child.</p> <p>The same child could make a claim for a different additional payment condition.</p> <p>You would still be able to claim this benefit for any other child.</p>	<p>If you make a claim for enhanced children's benefit that meets the definition for enhanced children's critical illness and for an enhanced children's additional payment condition at the same time, we will only pay the claim for enhanced children's critical illness.</p> <p>Please see section 8.2.1 for details of when we won't pay an enhanced children's additional payment conditions claim.</p>
<p>Enhanced children's critical illness benefit uplift</p> <p>If a child meets the criteria for children's overseas treatment, or</p> <p>If a child has a qualifying claim for cancer – excluding less advanced cases as listed in Appendix 3b.</p>	<p>We will pay the lower of £25,000 or 50% of the sum assured.</p> <p>We will pay this amount in addition to the payment we will have paid for enhanced children's critical illness</p>	<p>Please see section 8.2.1 for details of when we won't pay an enhanced children's critical illness benefit uplift claim.</p>
<p>Enhanced children's death benefit</p> <p>If a child dies between birth and their 22nd birthday, including still birth where the child dies on or after the 24th week of pregnancy.</p>	<p>We will pay £5,000.</p> <p>We will pay this amount in addition to any amount we may have already paid under enhanced children's critical illness or enhanced children's additional payment conditions.</p> <p>After an enhanced children's death benefit claim is made, your enhanced children's benefit will continue so that it can provide cover for any other children a life assured has. If you no longer need cover you can cancel this benefit at any time. See section 9 for more details.</p>	

8.2.1 Special conditions

Special conditions applicable to:

- Children's critical illness
- Children's additional payment conditions
- Enhanced children's critical illness
- Enhanced children's additional payment conditions
- Enhanced children's critical illness benefit uplift

We will not pay a claim if:

- the **child** suffered a critical illness where either parent had received counselling or medical advice in relation to an increased risk of the **child** suffering the condition before the children's benefit started
- the **child** was born before the children's benefit started and had already suffered a critical illness unless:
 - treatment for the condition has been completed; and
 - the **child** has been discharged from follow-up for the condition; and
 - the **child** has not seen any medical practitioner or received further treatment or advice for the condition within the last 5 years
- **you** don't tell **us** about the claim within six months of diagnosis or operation
- the **child** is living abroad and doesn't get a diagnosis in one of the countries **we** accept (see section 16 for details).

8.2.2 Children's conversion benefit

If **you** choose children's benefit or enhanced children's benefit, **we** include children's conversion benefit on **your** policy.

Children's conversion benefit	When the child uses this benefit	Special conditions
<p>Any child covered under this policy can choose to start a new life cover and critical illness policy with us without telling us about their personal circumstances.</p> <p>The terms and conditions of the new policy will be those that apply to Zurich's life cover and critical illness product at the time of using the option.</p>	<p>Each child can choose cover up to the lower of £25,000 or 50% of the sum assured on this policy at the time of exercising the option.</p> <p>Total permanent disability benefit may not be chosen by the child on their new policy.</p>	<p>At the time of using this option the child:</p> <ul style="list-style-type: none">• must be aged between their 16th and 22nd birthday• must not have been the subject of a claim, or an expected claim for children's benefit or enhanced children's benefit under this policy. <p>The new policy would not provide cover for any critical illness where the child is unable to be the subject of a valid claim under this policy because either parent had received counselling or medical advice in relation to an increased risk of the child suffering the condition before the children's benefit started.</p>

8.3 Total permanent disability

'Unable before age 60 to do your own occupation ever again'. **You** can only choose this option if **you** have chosen life cover and critical illness.

If you choose total permanent disability	When we accept your claim	Special conditions
<p>If, before age 60, a life assured</p> <ul style="list-style-type: none">• suffers an illness or injury which means that he or she can't ever do his or her own occupation again, <p>and</p> <ul style="list-style-type: none">• meets our definition for total permanent disability, as defined in appendix 4.	<p>We will pay out the sum assured and the policy will end.</p>	<p>For these purposes the life assured's own occupation is the one he or she was performing immediately before stopping work as a result of the disability.</p> <p>If the life assured isn't working when he or she becomes ill or injured, we'll consider the occupation on the application form as the own occupation when we're deciding if we can pay the claim.</p> <p>The life assured must, if possible, take action to lessen the effect of a disability, or change the way he or she works to enable them to carry out all the tasks of the own occupation.</p> <p>We won't pay a claim for total permanent disability if:</p> <ul style="list-style-type: none">• you don't tell us about the claim within six months of the life assured stopping work as a result of the disability• the life assured is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16 for details)• the life assured had more than one occupation and they can still do the main duties of any of them. <p>If you make a claim that meets the definition for total permanent disability and for either critical illness cover or an additional payment condition at the same time, we will only pay the sum assured once and the policy will end.</p>

8.4 Waiver of premium

You can choose this option if **you** have chosen life cover only, or life cover and critical illness. If the policy is a joint policy, this option can be taken for either or both **lives assured**.

If you choose waiver of premium	When we accept your claim	Special conditions
If a life assured is incapacitated as a result of illness or injury for more than six months, and can't perform his or her own occupation .	<p>We'll pay the premiums on this policy from six months after the life assured becomes incapacitated.</p> <p>We will pay the premiums until:</p> <ul style="list-style-type: none"> the life assured no longer meets our definition of incapacity the life assured returns to paid employment the 70th birthday of the life assured; or the policy ends. <p>You must restart paying the premiums on your policy when we stop paying them.</p>	<p>We won't pay the waiver of premium benefit if:</p> <ul style="list-style-type: none"> the life assured wasn't in a paid job when they became incapacitated the life assured has more than one occupation and they can still do the main duties of any of them the life assured is not continuously disabled throughout the first six months the waiver of premium benefit has less than six months to run when the life assured becomes incapacitated. This is because the benefit is only payable after six months of incapacity the life assured is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16 for details) you don't tell us about the claim within six months of being unable to work.

Example: How waiver of premium works

You have a life cover policy and have chosen to add waiver of premium benefit. You're signed off work with stress and you make a valid claim for this benefit. You pay your premiums for the first six months you're unable to work. You're still unable to work after six months and we start paying your premiums for you. You go back to work after a year – when you return to work we stop paying your premiums for you. Your life cover is unchanged during this period, and if you're unable to work again you could claim waiver of premium benefit again.

8.5 Multi-fracture cover

You can choose this option if **you** have chosen life cover or life cover and critical illness.

You can only include this benefit if **you** are the **life assured** and **you** don't already have it on any other policy with **Zurich**. If the policy is a joint policy, this option can be taken out for both of **you** or just for one of **you**.

If you choose multi-fracture cover	When we accept your claim	Special conditions
<p>If you fracture a bone, dislocate a joint, rupture a tendon or tear a ligament, included in our list of injuries in appendix 5.</p>	<p>We'll pay a lump sum of £2,000, £4,000 or £6,000 depending on the location of the fracture, dislocation, rupture or tear. See appendix 5 for the full list of what we cover and how much we will pay.</p> <p>You can claim for more than one injury as part of a single claim and there's no limit to the number of claims you can make during the term of the policy.</p> <p>The maximum amount we will pay out for each person that is covered in any policy year is £6,000.</p> <p>If you make a claim under this benefit it will not affect the other benefits under your policy.</p>	<p>We will not pay a claim for multi-fracture cover if:</p> <ul style="list-style-type: none"> the fracture is classified as fatigue, hairline, stress, avulsion, chip, or microfracture. the injury occurs as a result of osteoporosis the injury is self-inflicted the injury occurs as a result of a cosmetic surgical procedure you don't tell us about the claim within six months of injury you're living abroad and don't get a diagnosis in one of the countries we accept (see section 16 for details) the injury occurred before you took out the benefit. <p>If you make a claim for multi-fracture cover we'll ask you for copies of medical evidence from a doctor or surgeon confirming full details of the fracture or injury. We reserve the right to obtain radiological imaging or other objective evidence to confirm the claim.</p>

Example: How multi-fracture cover works

You have a life cover policy for £80,000 of cover and you have chosen to add multi-fracture cover to your policy. You break your collar bone while ice skating and we pay out £2,000. Three months later you rupture your Achilles tendon playing volleyball and you make a claim. The maximum payment for this injury is £6,000, however, as both claims are in the same policy year we will only pay out a further £4,000, as the annual limit for claims under multi-fracture cover is £6,000.

If you have an injury after the end of that policy year, you could claim again. Your life cover remains unchanged, so if you were to die during the term of the policy, we would pay out £80,000.

Example: How multi-fracture cover works

You fall and break your nose (nasal bone) and jaw (mandible). You make a claim under multi-fracture cover. As you have broken two of the bones listed in the definition in appendix 5, you can claim for both breaks. We will pay out £4,000 (£2,000 for each broken bone).

8.6 Conversion option

You can only choose this option if **you** have life cover only and if you have level or increasing cover. **You** can't include this option if **you** have chosen decreasing cover or renewal option.

If you choose conversion option	When you convert	Special conditions
<p>You can choose to convert all or part of your policy to a whole of life policy at any point before the end of the policy term. A whole of life policy provides cover for the rest of a life assured's life and will pay out the sum assured when they die.</p> <p>We won't need to ask about changes to personal circumstances for any life assured.</p> <p>If you have a joint life policy, you can choose to have whole of life cover on one or both lives assured, and whether you want the policy to pay out when the first person dies or when the last person dies.</p>	<p>Your premiums will increase to pay for this new cover. If this policy included an extra premium for your cover and/or any specific exclusions as a result of a life assured's personal circumstances, these will also apply to the new policy. The new premiums will also be based on the ages of each life assured when you convert this policy.</p> <p>The terms and conditions of the new policy will be those that apply to Zurich's whole of life policy at the time you convert.</p> <p>If you only convert part of your policy, we will reduce the sum assured you have under this policy to keep your total cover the same. We'll also reduce your premiums on this policy to reflect the lower level of cover on this policy. If you convert all of your policy, this policy will end.</p> <p>If this policy includes increasing cover or waiver of premium then these benefits can continue when the policy is converted.</p>	<p>You can use this option at any time.</p> <p>If you took the policy out to cover someone else, when you use this option, you'll need to show again that you would suffer financially if the life assured or lives assured (for joint policies) died or suffered a critical illness.</p> <p>If you used any milestone benefit on this policy, we will reduce the milestone benefit on your new policy by the amount you have used. See section 9.2 for information on milestone benefit.</p> <p>Your new policy will not include multi-fracture cover benefit.</p> <p>You must be a UK resident at the time you use this option.</p> <p>Please see the table in section 12 for details of maximum ages for this benefit.</p>

8.7 Renewal option

If **you** have level or increasing cover, **you** can choose this option. **You** can't include this option if **you** have chosen decreasing cover or conversion option.

If you choose renewal option	When you renew	Special conditions
<p>You can renew your policy at the end of the term, for up to the same term as your original policy. The renewal will extend the term of this policy, and any other additional benefits you have on this policy will continue provided you have not reached the age when these benefits stop.</p> <p>If your policy is a joint life policy, the renewal of cover must also be for joint lives.</p> <p>We won't need to ask about changes to personal circumstances for any life assured.</p> <p>You can renew your policy as many times as you like, at any time before any life assured reaches age 70, as long as the policy will end before that life assured reaches 75 (for life cover and critical illness) or 90 (for life cover).</p>	<p>Your premiums will usually increase to pay for this new cover. If this policy includes an extra premium for your cover and/or any specific exclusions as a result of a life assured's personal circumstances, these will continue to apply when the policy is renewed. The new premiums will also be based on each life assured's age when you renew this policy and the term of the renewal.</p> <p>If this policy includes increasing cover then this will continue when the policy is renewed.</p>	<p>If this policy was originally set up to run to an exact age, then the maximum term that it can be renewed for is the original term of this policy, rounded down to a whole number of years.</p> <p>On renewal we will automatically include the option to renew your cover again at the end of new term, providing this new term does not end after a life assured's 70th birthday. If you don't want to include the renewal option again, you can ask us to remove it.</p> <p>The minimum and maximum ages and terms for these benefits are shown in the table in section 12.</p>

Example: Renewal

You take out a life cover and critical illness policy for 10 years when you are 47, and you choose to add the renewal option. At the end of the term, when you are 57, you choose to renew for a further 10 years. At the end of this term, you are now 67 and you wish to renew again. The maximum term you can renew for at this time is 7 years, as this will take you to age 74 and you can't renew past your 75th birthday.



9. What changes can you make to your policy?

The range of changes **you** can make to the benefits and cover on **your** policy are set out below. If **you** want to make any of these changes, please contact **your** financial adviser.

Any changes **you** make will only come into effect from **your** next **premium due date**. Any changes to **your premiums** will also be effective from the same date.

Depending on the change being made, **we** may ask for details of each **life assured's personal circumstances** to check if **we** are willing to change **your** cover.

9.1 Changing the additional benefits on your policy

Depending on whether you choose life cover or life cover and critical illness at the start of **your** policy, **you** have access to a range of additional benefits as explained in section 8. The table below shows the additional benefits that can be added or removed after **your** policy has started. **You** can only add a benefit if each **life assured's** age is within the permitted age range for that benefit, and the remaining term of **your** policy is at least as long as the minimum **term** for that benefit.

Details of minimum and maximum ages and terms are shown in the table in section 12.

If **you** wish to add waiver of premium, total permanent disability, or Critical Illness Select, **we** will ask **you** about any changes in each of the **life assured's personal circumstances** to see if **we** are willing to add this benefit. If **we** are, **we** will work out **your** new **premium** based on each **life assured's** latest **personal circumstances**, their age at the time **you** change **your** cover, and the number of years left until the end of the policy's **term**.

If **you** wish to add Critical Illness Select **we** may offer a different set of critical illness definitions from those that were available when this policy was issued. If this is the case **we** will tell **you** what the revised definitions are at the time **you** ask to make the change so **you** can decide.

If **you** wish to add children's benefit **we** will assess the **premium** for this benefit based on the current age of each **life assured** and the remaining **term** of the policy.

If **you** are adding or removing Critical Illness Select and **you** also have children's benefit, **your** children's benefit will change.

If you add Critical Illness Select	we will replace children's benefit with enhanced children's benefit.
If you remove Critical Illness Select	we will replace enhanced children's benefit with children's benefit.

If **you** wish to add multi-fracture cover **we'll** add the **premium** for this to **your** policy.

If **you** remove any benefits **we** will reduce **your premium** to reflect the changes.

Additional benefits which you can add to or remove from your policy

	Available on life cover	Available on life cover with critical illness
Critical Illness Select	X	✓
Children's benefit	X	✓
Total permanent disability	X	✓
Waiver of premium	✓	✓
Multi-fracture cover	✓	✓
Renewal option	Can't add, but can remove	Can't add, but can remove
Conversion option	Can't add, but can remove	X

✓ = can add or remove X = not available

9.2 Increasing the amount of cover you have

If **you** wish to increase the **sum assured** on the policy, there are two options available to **you** – a requested increase or using **your** milestone benefit.

If **you** have a life cover and critical illness policy **we** may offer a different set of critical illness definitions from those that were available when this policy was issued for the extra cover **you** have asked for. If this is the case **we** will tell **you** what the revised definitions are at the time **you** ask to make the change so **you** can decide.

Requested increase

You can ask **us** to increase **your sum assured** at any time. **We** will ask **you** about any changes in each **life assured's personal circumstances** to see if **we** are willing to offer this extra cover. If **we** are, **we** will work out **your new premium** based on each **life assured's latest personal circumstances**, their age at the time **you** increase the cover, and the number of years left until the end of the policy's **term**.

Milestone benefit

Your policy may include milestone benefit – this will be included on **your** policy unless **we** have specifically excluded it on **your** 'Confirmation of terms'. This benefit allows **you** to increase **your sum assured** within 90 days of a significant life event (see table opposite) without having to tell **us** all about **your personal circumstances** at the time. **You** must be the **life assured** to use this option.

The maximum increase **you** can make using **your** milestone benefit is the lower of **your** original **sum assured** or £200,000. This limit applies across any policies **you** hold with **us**, so if **you** have already used up all **your** milestone benefit on another policy **you** hold with **us**, **you** won't be able to use it on this policy. In other **Zurich** policies, milestone benefit may be called "Guaranteed Insurability Option" or "Special Event Benefit".

You have to be 54 years old or younger when **you** use this benefit and **your** policy must have at least 12 months to run. If **your** policy covers two people, **you'll** both have to be 54 years old or younger and **you'll** both need to agree to increase **your** cover.

You won't be able to use the milestone benefit to increase **your** cover if **your** policy has life cover and critical illness and **you**:

- have been diagnosed with one of the illnesses listed in **your** policy
- have had, or are due to have one of the operations listed in **your** policy
- are undergoing medical investigations by either **your** own GP or a hospital consultant

See sections 7 and 8 and the appendices for details of the definitions of the illnesses and operations in **your** policy.

You won't be able to use the milestone benefit to increase **your** cover if **your** policy includes waiver of premium benefit and **you** are **incapacitated**.

Once the new cover is in place **your premiums** will increase to reflect the extra cover **we** are providing.

We'll work out **your new premium** based on **your personal circumstances** when **you** took out the policy, **your** age at the time **you** increase **your** cover, and the number of years left until the end of the policy's **term**.

The **term** of the policy will stay the same.

You must send **us** evidence of the significant life event within 90 days of the event. The following table shows the evidence **we** require:

Milestone	What documents do we need to see?
Increasing your mortgage to purchase your home, to move house, or to improve your main home. If using this significant life event you won't be able to increase your cover to more than the total outstanding mortgage on your main home.	Copy of the lender's offer letter.
Marrying or entering into a civil partnership.	Marriage or civil partnership certificate.
Divorcing, dissolving a civil partnership, or separation.	Decree absolute or dissolution order. Alternatively, for separation, evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses.
Becoming the natural parent of a child or adopting a child .	Birth or adoption certificate.
Increasing your salary by 10% or more after a promotion or change of job. This does not apply if you are self-employed or in a position where you can decide the amount of your own salary. If using this significant life event, the most you can increase your cover by is the percentage increase in your salary.	Evidence of the promotion or change in job and increased annual salary.

Example: How milestone benefit works

You have £100,000 of life cover and critical illness. You move house and increase your mortgage by £40,000. You choose to use your milestone benefit to increase your cover by this amount to £140,000. A year later you have a child and wish to use the milestone benefit again. As you have already used £40,000 of your milestone benefit, the maximum amount you can increase your cover by is another £60,000, taking you to your maximum increase of £100,000 (the lower of your original sum assured or £200,000).

9.3 Reducing the amount of cover you have

If **you** want to reduce the **sum assured**, **you** can do this at any time. There is no limit on the amount **you** can reduce **your** cover by, providing **your premiums** do not go below **our** minimum **premium** amount (see section 10.1). Please see section 9.2 for what will happen if **you** want to increase **your** cover again.

If **you** reduce **your** cover **your** new **premium** will be based on **your** new **sum assured**.

9.4 Changing the rate your policy increases or decreases

If **you** have chosen decreasing cover, **you** can change the interest rate at which it decreases at any time. This will change the rate at which the **sum assured** reduces over time but it will still reach zero by the end of the **term**. The rates **you** can change it to are shown in the explanation of decreasing cover in section 5. **Your premium** will change to reflect the new interest rate.

If **you** have chosen increasing cover **you** can change the rate at which the cover increases at any time. The rates **your** policy can increase by are as shown in the explanation of increasing cover in section 5. The new rate of increase will apply from the next anniversary of the **start date**.

9.5 Removing the increasing cover option

If **you've** chosen increasing cover but want to change to level cover (see section 5, 'How much will you be covered for?'), **you** can do this at any time. Once **you've** removed this option, **you** won't be able to add it back again. It's not possible to change from level cover to increasing cover at any time.

9.6 Changing the term of your policy

Reducing the term of your policy

If **you** want to reduce the **term** of **your** policy so that the end date is brought forward, **you** can do this at any time. **We** will recalculate **your premium** to reflect the new period of cover.

Increasing the term of your policy

If **you** want to increase the **term** of **your** policy so that the end date is later, **you** can ask us to do this at any time. **We** will ask **you** about any changes in each **life assured's personal circumstances** to see if **we** are willing to offer this increase in **term**. If **we** offer an increased **term** **we** will work out **your** new **premium** based on each **life assured's** latest **personal circumstances**, their age at the time **you** increase **your** cover, and the number of years left until the end of the policy's **term**.

Please see section 12 for details of maximum ages and terms available.

If **your** policy includes the conversion option or the renewal option, **you** may also be able to use these options to extend **your** policy **term**. See sections 8.6 and 8.7 for more details.

If **you** wish to increase the **term** on a life cover and critical illness policy, **we** may offer a different set of critical illness definitions from those that were available when this policy was issued. If this is the case **we** will tell **you** what the revised definitions are at the time **you** ask to make the change so **you** can decide.

9.7 Separation benefit

If **you** have a joint policy and **you** separate, divorce, or have **your** civil partnership dissolved, **you** can cancel this policy and start individual policies for one or both of **you**, without giving **us** any more details about **your personal circumstances**.

To use this option

- **you** must be the **lives assured** on this policy
- **you** must both agree to cancel this policy
- **you** must be within the age limits for taking out a new policy as set out in section 12
- the **term** remaining on this policy must be at least the minimum **term** of a new policy as set out in section 12
- the **premium** of each new policy must meet **our** minimum **premium** levels (see section 10).

You'll have to send **us** the following evidence within 90 days of the event happening to use this benefit:

Event	Evidence Needed:
Mortgage is transferred to one of you or one of you takes out a new mortgage on a new property.	Copy of lender's offer letter
Divorce	Decree absolute
Dissolution	Dissolution order
Separation	Evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses.

The terms and conditions of the new policy will be those that apply to **Zurich's** life cover and critical illness product at the time. The new policy can include the same benefits that are on this policy, providing they are available at the time. If **you** have made a claim on this policy for any of the benefits on this policy **you** will not be able to claim again against those benefits on the new policy. **You** can use this option if **you** are currently claiming for waiver of premium benefit on this policy.

The **sum assured** on each new policy can be up to the **sum assured** on this policy.

The **term** of the new policy will be the remaining **term** on this policy. Where this policy is based on an exact number of years of cover, the **term** of the new policy may be up to 11 months longer than the remaining **term** of this policy so that the new policy also has an exact number of years of cover.

The **premium** for **your** new policy will be based on **your** current age, the number of years left until the end of the policy's **term**, and **your personal circumstances** when the policy started.

9.8 Reviewing your premium if you've previously smoked

When **we** work out the **premium** for **your** policy, one of the factors **we** use to determine the **premium you** pay is whether each **life assured** smokes, or how long it is since he or she gave up smoking.

If, since the start of the policy, a **life assured** has given up smoking for 12 months or more, **you** can ask **us** to review **your premiums** to see if **we** can reduce them. **We'll** ask the **life assured** about any changes in his or her **personal circumstances** to see if **we** are willing to do this.

We'll work out **your** new **premium** based on each **life assured's** latest **personal circumstances** at the time **you** change **your** cover. **You** can then decide whether or not **you** want to accept the new amount.



10. Paying your premiums

10.1 How much you'll pay

Your 'Confirmation of terms' shows how much **your premiums** will be.

Your premiums are guaranteed – this means they won't change unless **you** change **your** cover or **you've** chosen increasing cover. If **you** do make a change to **your** cover, **we'll** tell **you** how much **your** new **premium** will be. The change will take place from **your** next **premium due date**.

Any changes **you** make to **your** policy must not reduce **your premium** below **our** minimum **premium** amount. As at May 2018, **our** minimum **premiums** are £5 a month or £50 a year (not including any **premium you** may also be paying for multi-fracture cover).

10.2 How you can pay

We'll collect **your premiums** by direct debit. **You** can choose whether to pay monthly or annually unless **your** policy runs to a specific birthday, in which case **you** must pay monthly.

Premiums will only be collected from a bank account held in the UK and must be paid in sterling.

10.3 When you pay

You can choose which day of the month **you** wish **us** to collect the **premium** on (any day between 1st and 28th). This is your **premium collection date**. Your first **premium** may be collected on a different day as **we'll** always give **you** 10 working days' notice of any new or amended **premiums**. **We'll** write to **you** to let **you** know when **your** first **premium** will be collected.

If **you** choose a **premium collection date** which is different to **your premium due date**, **premiums** will be collected after they are due. This won't affect **your** cover or the amount of **premium** that **you** pay. **You** can change your **premium collection date** at any time.

If **your** policy **term** is an exact number of years **you** can at any time:

- change from monthly to annual **premiums**; or
- change from annual to monthly **premiums**

This change will take effect from **your** next **premium due date**.

10.4 If you don't pay your premium

If **you** don't pay a **premium** within two months of the **premium due date**, the policy will end and **we'll** stop providing **you** with cover. If **your premiums** are paid by a third party, it's **your** responsibility to ensure they're paid on time.

We won't reinstate a policy which has ended – if **you** still need cover **you'll** need to apply for a new policy.



11. Making a claim

If **you** need to make a claim, **you**, or the person dealing with **your** affairs, should contact **us** using the details below.

Call **us** on:

Tel. 0370 243 0827

(opening hours: 9am to 5pm, Monday to Friday)

Alternatively, go to the **customer portal** or visit **us** online at:

www.zurich.co.uk/life-insurance/claim

We always try to pay all valid claims as soon as possible and **we**'ll keep **you**, or the person dealing with **your** affairs, informed of how the claim is progressing.

11.1 What information we'll need

When **you** get in touch **we**'ll let **you** or the person dealing with **your** affairs know exactly what information **we**'ll require and any forms which must be completed. The sort of evidence **we** may require includes:

- medical evidence
- evidence of death
- proof of who owns the policy

If **you** are claiming for:

- critical illness
- critical illness benefit uplift
- total permanent disability
- terminal illness

You'll need to make sure the **premiums** for **your** policy continue to be paid until **we** agree to pay the claim.

If **you** are claiming for:

- additional payments
- specified complications of pregnancy
- children's benefit
- enhanced children's benefit
- multi-fracture cover

You'll need to make sure the **premiums** for **your** policy continue to be paid until **we** agree to pay the claim.

As this type of claim doesn't end the policy, **your** cover will continue with no change to the **sum assured**.

You'll need to ensure **your premiums** are paid after **we** have paid out if **you** want **your** cover to continue.

If **you** are claiming for:

- waiver of premium benefit

Please tell **us** as soon as possible, or at the latest within six months of the **life assured** becoming **incapacitated**, so that **you** don't miss out on any cover.

You'll need to continue paying **your premiums** during the **deferred period** or until **we** agree **your** claim, if later.

We'll refund any **premiums you** pay between the end of the **deferred period** and when **we** accept **your** claim.

The **life assured** must be receiving regular medical care and supervision for their condition and **we** can ask them, or their **doctor**, for medical evidence at regular intervals to check whether or not **you** are still eligible to claim.

The benefit will stop on the **life assured's** 70th birthday. If **you**'re claiming waiver of premium when the **life assured** reaches 70, **you** must restart paying the **premiums** on the policy to continue to have cover.



12. Minimum and maximum ages and terms

This table shows the minimum and maximum age each **life assured** can be to start a policy, and the maximum age a **life assured** can be when the policy ends. For example if the age is shown as 83, it means before their 84th birthday.

Type of cover	Minimum age at start date	Maximum age at start date	Maximum age at end of term	Minimum term	Maximum term
Life cover	16	83	89	1 year	50 years
– with renewal option		68	69		
– with conversion option		82	83		
Life cover and critical illness	16	69	74	5 years	40 years
– with renewal option		64	69		
Additional benefits which can end before the main cover:					
Waiver of premium	16	54	69	1 year	As main cover
Total permanent disability	16	54	59	5 years	40 years
Multi-fracture cover	16	64	69	5 years	As main cover

If **you** have an additional benefit on **your** policy, when a **life assured** reaches the maximum age for that benefit **we**'ll remove it and stop charging **you** for it. For total permanent disability, this change will take place when the oldest **life assured** reaches their 60th birthday.



13. Changes we can make to your policy

This document sets out the terms and conditions of the policy. Only **we** can change or add to the terms and conditions.

We may alter the terms and to the extent that the change is proportionate and reasonable for any of the following reasons:

- to take account of changes to, or to comply with the law, taxation, official guidance, codes of practice, or the way in which **we** are regulated or the amount of capital **we** need to hold
- to provide for the introduction of new or improved systems, methods of operation, service or facilities
- to take account of a recommendation, requirement or decision of any court, government body, ombudsman, regulator or similar body anywhere in the world where the recommendation, requirement or decision impacts on **us** with regard to **your** policy
- to make these terms and conditions clearer or more favourable to **you**
- to put right any mistake **we** may discover in future
- to reflect changes in technology or industry practice
- to reflect any change to **our** corporate structure arising from any reorganisation of **our** business, that does not unfavourably affect **your** policy but requires **us** to make certain changes to these terms and conditions
- to allow for changes to levies or charges imposed by law or under the Financial Services Compensation Scheme or by the Financial Conduct Authority (unless **we** are told **we** must not pass these onto **our** customers)
- if, in **our** reasonable opinion, **we** are at material risk of becoming insolvent and this may be avoided by changing these terms and conditions and the changes are in the interests of **our** policyholders as a whole.

Wherever possible, **we** will let **you** know at least three months before **we** make any material changes to these terms and conditions. **You** can get the most up-to-date version of these terms and conditions from **your** adviser or on **your customer portal**.



14. General terms

In these terms and conditions, where **we** can use **our** discretion, make a decision, require information or evidence or use **our** judgment, then **we** will do so acting reasonably, proportionately, fairly and in accordance with the law and regulations.

If there is a difference between these terms and conditions and any other communications **we** have with **you**, the terms and conditions will prevail.

If the ownership of this policy is transferred to someone else, **we** must be informed by a 'notice of assignment' at **our** address shown on page 47. This protects the legal position of the person to whom it is transferred. Notices of assignment must give the date and details of the assignment, including the full name of the person to whom the policy ownership is being transferred.

If any of the details **you** have provided are wrong, **we** can change the terms of your policy to reflect the correct details.

Only **you** (or if **you** die, the person managing **your** affairs or the person who is entitled to benefit from the policy) can enforce the terms of **your** policy. **We** exclude the rights of any other persons under the Contracts (Rights of Third Parties) Act 1999.

If there are joint **policyholders**, **you**'ll both need to agree to exercise any options on the policy.



15. Law

The policy is governed by the law of England.

We will not provide **you** with any services or benefits if in doing so we violate any applicable (including UK, EU and USA (Office of Foreign Asset Control)) financial sanctions, laws or regulations. This could result in **us** having to terminate **your** policy with **us**.



16. Other information

16.1 How to complain

If **you** need to complain, please see the 'How to contact us' section on page 47.

You can ask **us** for details of **our** complaint handling process. If **you** are not satisfied with **our** response to **your** complaint, **you** can complain to:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Telephone: 0800 023 4567 or 0300 123 9123

Or visit the website www.financial-ombudsman.org.uk

This service is free to **you** and **you** can find out more at any time by contacting the Financial Ombudsman Service. **You** do not have to accept the decision of the Financial Ombudsman Service and **you** are free to go to court instead if **you** wish.

16.2 Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** cannot meet **our** obligations, **you** may be entitled to compensation under the scheme.

Any compensation **you** receive under the scheme will be based on the FSCS's rules.

For this type of policy, the scheme covers 100% of the claim. Please note that for life assurance products the FSCS's first responsibility is to ensure the cover continues rather than pay compensation.

If **you** need more information, **you** can contact the FSCS at:

Financial Services Compensation Scheme
10th Floor
Beaufort House
15 St Botolph Street
London
EC3A 7QU
UK

Telephone: 0800 678 1100 or 020 7741 4100

Or visit the website www.fscs.org.uk

16.3 Data protection

Zurich Assurance Ltd is **your** data controller under data protection legislation and is committed to ensuring the way **we** collect, hold, use and share personal information about **you** complies fully with the legislation. This is explained in **our** data protection statement, 'Your privacy is important to us', which **your** adviser will give **you** when **you** apply. Please contact **us** if **you** would like another copy.

16.4 Moving abroad

This policy is designed for customers who are resident in the United Kingdom.

The **policyholder** and **life assured** must be deemed permanent **UK residents** at the time the policy starts.

We do not provide any tax advice. If **you** decide to live outside of the United Kingdom after this policy has been issued, **we** recommend that **you** obtain independent advice in relation to this policy on the tax consequences of changing **your** country of residence. **We** are not responsible for any adverse tax consequences that may arise in respect of **your** policy and/or any payments made under **your** policy as a result of **you** changing **your** country of residence.

If **you** move to another country outside the UK, **your** policy may no longer be suitable for **your** individual needs. UK laws or the local laws and regulations of the jurisdiction to which **you** move may impact **our** ability to continue to operate **your** policy in line with these terms and conditions. **You** must tell **us** of any planned change in **your** residency while **you** have a policy prior to such change becoming effective. If **you** do not do so this will be a material breach of these terms and conditions and **we** may terminate the policy as a result.

16.5 Living abroad

If **you** make a claim for critical illness, terminal illness or waiver of premium, all medical certificates and examinations that **we** require to assess the claim must be provided by a medical professional in the UK, the European Union (member states as of 2017), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA. **We** will also accept evidence from other countries if, in **our** assessment, the evidence is comprehensive enough and of a sufficient standard for **us** to properly assess the claim. If necessary **we** may need the **life assured** to consult and be examined by a medical professional of **our** choice to confirm the diagnosis. **We** will always act reasonably when reviewing evidence to support a claim.

16.6 Conflicts of interest

We make every effort to identify conflicts of interest. A conflict of interest is where the interests of **our** business conflict with those of a customer, or if there is a conflict between customers of the business. Once identified, **we** aim to either prevent the conflict or put steps in place to manage it so that it is no longer potentially detrimental to **our** customers. **We** have processes in place to ensure **we** conduct **our** business lawfully, with integrity, and in line with current legislation. **We** operate in line with **our** conflicts of interest policy, available on request or on **our** website, which details the types of conflicts of interest that affect **our** business and how **we** aim to prevent or manage these. Where **we** cannot prevent or manage a conflict which may be detrimental to **you**, **we** will fully disclose it to **you** in line with **our** policy.

16.7 Interpretation

In these terms and conditions, where the context requires, words in the singular include the plural and vice versa.



17. Glossary

Technical or legal term Meaning

child, children	The natural, step, legally adopted and/or future child or children of any life assured .
customer portal	The online portal where you can find details of your policy and any communications we send to you .
disability, disabled	See: incapacitated, incapacity .
deferred period	The amount of time you have to wait from when you become incapacitated until we will start paying your premiums under waiver of premium benefit. This is six months.
doctor	A doctor registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK.
exclusion	An exclusion removes our obligation to pay the cover or the benefits (or both) where the claim results from you taking part in certain specified occupations, pursuits or activities, or where you suffer from certain specified illnesses, disabilities or medical conditions. We 'll include any specific exclusions on your 'Confirmation of terms'.
incapacitated, incapacity	Incapacity means an injury or illness that causes a life assured to be unable to do the main duties of his or her usual paid job. We 'll look at the duties of the life assured 's job and the life assured 's ability to do them. For example, the life assured might be a personal assistant whose main duties include writing and typing letters and using the telephone to organise meetings and diaries. We would still pay waiver of premium benefit if the life assured could no longer write and type letters and organise meetings and diaries, even if he or she was still able to use the telephone. Paid job does not include undertaking domestic tasks, for example as a housewife or househusband, in the life assured 's own home. If the life assured was looking after someone else's house and being paid to do so, this does count as a paid job. We 'll always act reasonably in considering a claim to be incapacitated .
insurable interest	A person has an insurable interest in an individual if they would suffer financially if the key individual were to die or suffer a critical illness.
insured person	See life assured or lives assured .
life assured or lives assured	The person or (for joint policies), the two people who are insured by this policy.
own occupation	The life assured 's trade, profession or type of work which they do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.
permanent neurological deficit with persisting clinical symptoms	<p>Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.</p> <p>Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.</p> <p>The following are not covered:</p> <ul style="list-style-type: none">• an abnormality seen on brain or other scans without definite related clinical symptoms.• neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.• symptoms of psychological or psychiatric origin.

personal circumstances	These include details of your age, previous and current smoker status, occupation, health, family history, lifestyle, activities and travel.
policy year	The 12 month period running from the anniversary of the policy start date .
policyholder, policyholders	The person or persons who take out the policy. They don't have to be the life assured or lives assured , but if they're not, they will have to show that they have an insurable interest .
premium, premiums	The monthly or annual amount you pay for your cover.
premium collection date	The day of the month you choose for your premiums to be collected.
premium due date	<p>If you choose to pay monthly the first premium will be due on the start date of the policy, and subsequent premiums will be due on the same day of each month after that. If your policy start date is on the 29th, 30th or 31st of the month, in any month which doesn't have one of those dates in it, the due date will be the last day of that month.</p> <p>If you choose to pay annually, the first premium will be due on the start date of the policy, and subsequent premiums on each anniversary of the start date after that.</p>
retail prices index (rpi)	This is a measure of inflation in the United Kingdom as compiled by the Office for National Statistics, or any official published retail prices index that we adopt in its place. It measures the average change each month in the prices of goods and services bought by most households in the United Kingdom. If you have chosen to have your cover increase by RPI, your cover will increase by the same percentage as RPI increased over the 12 month period that ended four months before the relevant anniversary of the start date . Your level of cover will not change if there has been a fall, or no increase, in the index over this period.
smoker	Someone who last smoked cigarettes or cigars, used a pipe or any other form of tobacco or nicotine products, including e-cigarettes or nicotine replacement products, in the last 12 months.
start date	The date your cover starts.
sum assured	The amount of cover you have chosen to take out insurance for. This is a lump sum, one-off payment.
surgeon	A surgeon registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK.
term	The length of time your policy will provide cover for. You can select to have the policy run for a set number of years, or, if there is only one life assured on the policy, until the life assured reaches a certain age.
terminal illness	<p>A definite diagnosis by the attending consultant of an illness that satisfies both of the following:</p> <ul style="list-style-type: none"> the illness either has no known cure or has progressed to the point where it cannot be cured, and in the opinion of the attending consultant, the illness is expected to lead to death within 12 months.
UK resident	Habitually resident in the UK for a minimum of 6 months and being resident in the UK for tax purposes. Habitually resident means the UK is their centre for economic, domestic and social interests.
we, our, us or Zurich	Zurich Assurance Ltd – the company providing the policy.
whole of life	A life cover policy which continues until you die.
you, your	Except for the part of section 6 'Your commitment' under the heading 'If anything changes or is incorrect', this means the policyholder or policyholders .

Appendix 1 – Critical illness operations and conditions covered

If life cover and critical illness benefit is included on **your** policy, **we** will cover each **life assured** for the following list of conditions.

1a – Operations and conditions qualifying for full critical illness payments

Aorta graft surgery – for disease and trauma

The undergoing of, or inclusion on the NHS waiting list for, surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

The following are not covered:

- any other surgical procedure, for example, the insertion of stents or endovascular repair.

Aplastic anaemia – with permanent bone marrow failure

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – resulting in permanent symptoms

A definite diagnosis of bacterial meningitis by a consultant neurologist. There must be inflammation of the membranes of the brain or spinal cord resulting in **permanent neurological deficit with persisting clinical symptoms**.

The following are not covered:

- all other forms of meningitis including viral meningitis.

Benign brain tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms;** or
- undergoing invasive surgery to remove part or all of the tumour;

or

- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- tumours in the pituitary gland
- angiomas and cholesteatoma.

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 certified by an ophthalmologist.

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
- Lymphoma (except cutaneous lymphoma – lymphoma confined to the skin).
- Pseudomyxoma peritonei
- Merkel cell cancer

The following are not covered:

- All cancers which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy; or
 - having low malignant potential;
- Malignant melanoma skin cancer that is confined to the epidermis (outer layer of skin)
- Any non-melanoma skin cancer (including cutaneous lymphoma) that has not spread to lymph nodes or metastasised to distant organs
- All Tumours of the prostate unless histologically classified as having a Gleason score of 7 or above, or having progressed to at least TNM classification T2bN0M0

Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and either of the following devices being surgically implanted:

- implantable cardioverter-defibrillator (ICD); or
- cardiac resynchronisation therapy with defibrillator (CRT-D).

Cardiomyopathy – of specified severity

A definite diagnosis of cardiomyopathy by a consultant cardiologist. The diagnosis must be supported by echocardiogram. The disease must result in at least one of the following:

- Left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least 3 months by an MRI scan.
- Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least 6 months.
- Implantation of a Cardioverter Defibrillator (ICD) on the specific advice of a consultant cardiologist for the prevention of sudden cardiac death.

The following are not covered:

- all other forms of heart disease, heart enlargement and myocarditis.

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
- with associated **permanent neurological deficit with persisting clinical symptoms**.

Coronary artery by-pass graft

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Creutzfeldt-Jakob disease

A definite diagnosis of Creutzfeldt-Jakob disease by a consultant neurologist.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard is 90 decibels across all frequencies in the better ear using a pure tone audiogram.

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.
-

Encephalitis – resulting in permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in **permanent neurological deficit with persisting clinical symptoms**.

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:

- the characteristic rise of cardiac enzymes or Troponins
- new characteristic electrocardiographic changes or other positive findings on diagnostic imaging tests.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- other acute coronary syndromes
 - angina without myocardial infarction.
-

Heart surgery – with thoracotomy

The undergoing of, or inclusion on the NHS waiting list for, heart surgery requiring thoracotomy on the advice of a consultant cardiologist to correct a structural abnormality of the heart.

The following are not covered:

- any percutaneous, transluminal or investigative procedure.
-

Heart-valve replacement or repair

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

HIV caught from a blood transfusion, a physical assault or 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 policy starts 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 five 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 following are not covered:

- HIV infection resulting from any other means, including sexual activity or drug misuse.

Interstitial lung disease

A definite diagnosis of interstitial lung disease by a consultant respiratory physician resulting in all of the following:

- radiological evidence of pulmonary fibrosis
 - permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted.
-

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.

Liver failure – end stage.

End stage liver failure due to cirrhosis and resulting in all of the following:

- Permanent jaundice
 - Ascites
 - Encephalopathy.
-

Loss of hand or foot – permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

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.

Major organ transplant from another donor

The undergoing as a recipient of a transplant from either a human donor, animal or insertion of an artificial device, or inclusion on an official UK waiting list, for any of the following:

- transplant of bone marrow;
- transplant of haematopoietic stem cells preceded by total bone marrow ablation;
- transplant of a complete heart, kidney, liver, lung or pancreas;
- transplant of a lobe of liver or lung.

The following are not covered:

- transplant of any other organs, parts of organs, tissues or cells.
-

Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a consultant neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

Multiple sclerosis

A definite diagnosis of Multiple Sclerosis by a consultant neurologist that has resulted in either of the following:

- clinical impairment of motor or sensory function that has persisted from the time of diagnosis; or
- clinical impairment of motor or sensory function that has recovered with evidence on Magnetic Resonance Imaging (MRI).

Paralysis of limb – total and irreversible

Total and irreversible loss of muscle function to the whole of any limb.

Parkinson plus syndrome – resulting in permanent symptoms

A definite diagnosis by a consultant neurologist or consultant geriatrician of one of the following Parkinson plus syndromes:

- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease
- Multiple system atrophy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Progressive supranuclear palsy.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
 - eye movement disorder; or
 - postural instability; or
 - dementia.
-

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.

The following are not covered:

- Parkinsonian syndromes/Parkinsonism.
-

Pneumonectomy – for disease or trauma

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a consultant physician to remove an entire lung due to disease or trauma.

The following are not covered:

- removal of a lobe of the lungs (lobectomy)
 - lung resection or incision.
-

Primary pulmonary arterial hypertension – resulting in permanent symptoms

Primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent irreversible physical impairment to the degree of at least Class III of the New York Heart Association Classification of cardiac impairment.

For the purposes of this condition, NYHA Stage III (as classified) means:

- a marked limitation of physical activity of the person covered due to symptoms of less than ordinary activity causing fatigue, palpitations, dyspnoea or anginal pain. The person covered is only comfortable at rest.
-

Pulmonary artery replacement – with surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a consultant cardiothoracic surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Removal of an eyeball as a result of injury or disease – permanent physical severance

Permanent surgical removal of an eyeball as a result of injury or disease.

Respiratory failure – of specified severity

Confirmation by a consultant physician of severe lung disease with permanent impairment of lung function resulting in all of the following:

- the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months
 - forced expiratory volume at 1 second (FEV1) below 50% of normal, and
 - forced vital capacity (FVC) below 50% of normal.
-

Spinal stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in either:

- **permanent neurological deficit with persisting clinical symptoms**
- definite evidence of death of spinal cord tissue or haemorrhage within the spinal column on a relevant scan and neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attacks.
-

Stroke – resulting in specified symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

- **permanent neurological deficit with persisting clinical symptoms;**

or

- definite evidence of death of tissue or haemorrhage on a brain scan; and
- neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attack
 - death of tissue of the optic nerve or retina/eye stroke.
-

Systemic lupus erythematosus – of specified severity

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
 - permanent impairment of kidney function with Glomerular Filtration Rate (GFR) below 30 ml/min.
-

Terminal illness – where death is expected within 12 months

A definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- the illness either has no known cure or has progressed to the point where it cannot be cured; and
 - in the opinion of the attending consultant, the illness is expected to lead to death within 12 months.
-

Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

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 face's surface area.

Traumatic brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in **permanent neurological deficit with persisting clinical symptoms.**

1b – Critical Illness additional payment conditions

Less advanced cancer of the breast – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the breast with surgery to remove the tumour.

Less advanced cancer of the prostate – of specified severity and treatment

Cancer of the prostate histologically classified as having either a Gleason score between 2 and 6, or having a TNM classification between T1N0M0 and T2aN0M0, with prostatectomy (complete surgical removal of the prostate) or treatment with brachytherapy/radiotherapy.

The following are not covered:

- treatment with transurethral resection (TUR) of the prostate, hormone therapy or cryotherapy.

Appendix 2 – Critical Illness Select operations and conditions covered

If Critical Illness Select is included on **your** policy, **we** will cover each **life assured** for all the conditions included in Appendix 1 plus the following list of conditions.

2a – Operations and conditions qualifying for full Critical Illness Select payments

Benign spinal cord tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms;** or
- surgical removal of part or all of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- angiomas.

Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms**.

Crohn's disease – treated with two intestinal resections or total colectomy

A definite diagnosis by a consultant gastroenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of entire large bowel).

Heart failure– of specified severity

A definite diagnosis of heart failure by a consultant cardiologist. There must be permanent clinical impairment of heart function resulting in all of the following:

- permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain) and;
- permanent and irreversible ejection fraction of less than 40%.

Intensive care – 10 days continuous duration

Any sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

The following are not covered:

- Children born prematurely (before 37 weeks of pregnancy).
-

Mental illness – of specified severity

A severe mental illness diagnosed by a consultant psychiatrist that has resulted in all of the following:

- An admission to a psychiatric ward, on the advice of a consultant psychiatrist, where treatment was provided for at least 14 consecutive nights; and
- Chronic unremitting symptoms; and
- No response to comprehensive management and treatment, under the supervision of a consultant psychiatrist, for which the person has completed on best clinical practice for more than 1 year; and
- The inability to perform any type of work for payment or reward for a period of at least one year or if not in employment at the time of diagnosis, in the opinion of the treating consultant, the life assured will be unable to perform any type of work for payment or reward for a period of at least one year.

The following are not covered:

- Conditions related to or exacerbated by alcohol or drug abuse.
-

Necrotising fasciitis

A definite diagnosis of life threatening necrotising fasciitis or gas gangrene by a consultant physician, requiring immediate surgery to remove necrotic tissue and intravenous antibiotic treatment to prevent imminent death.

The following are not covered:

- All other forms of gangrene or cellulitis.
-

Neuromyelitis optica (Devic's disease) – with persisting clinical symptoms

A definite diagnosis of neuromyelitis optica by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.

The following are not covered:

- Neuromyelitis optica spectrum disorder.
-

Peripheral vascular disease – with bypass surgery

A definite diagnosis of peripheral vascular disease with objective evidence from an ultrasound of obstruction in the arteries which results in the undergoing of, or inclusion on the NHS waiting list for, by-pass graft surgery to the arteries of the legs.

The following are not covered:

- angioplasty.
-

Primary sclerosing cholangitis – of specified severity

A definite diagnosis of primary sclerosing cholangitis as evidenced by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extrahepatic bile ducts.

The following are not covered:

- All other causes of bile duct stricture formation and dilation.
-

Syringomelia or syringobulbia – requiring surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery to treat a syrinx in the spinal cord or brain stem.

2b – Critical Illness Select additional payment conditions

Aortic aneurysm – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

The following are not covered:

- Procedures to any branches of the thoracic or abdominal aorta.
-

Aplastic anaemia – of specified severity

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be bone marrow hypocellularity confirmed by biopsy with at least two of the following:

- absolute neutrophil count (ANC) $< 0.5 \times 10^9/L$
- platelet count $< 20 \times 10^9/L$
- Hb $< 100 \text{ g/L}$ ($< 10 \text{ g/dL}$)

The following are not covered:

- other types of anaemia.
-

Bladder removal

Complete surgical removal of the urinary bladder (total cystectomy).

The following are not covered:

- Urinary bladder biopsy
 - Removal of a portion of the urinary bladder.
-

Bowel disease – with specified surgery

A definite diagnosis of one of the following bowel diseases by a consultant gastroenterologist, treated with, or inclusion on the NHS waiting list for, surgical intestinal resection:

- Crohn's disease
- Diverticulitis
- Intestinal ischaemia
- Ulcerative colitis.

The following are not covered:

- Local excision and polypectomy.
-

Brain abscess drained via craniotomy

Surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a consultant neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

Carotid artery stenosis – with surgical repair

The undergoing of endarterectomy or angioplasty with or without stent on the advice of a consultant physician to treat severe symptomatic stenosis in a carotid artery. This operation must be to treat at least 50% diameter narrowing which has been confirmed by angiographic evidence.

Cauda equina syndrome – with permanent symptoms

Compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction; and
- permanent weakness and loss of sensation in the legs.

The diagnosis must be supported by appropriate neurological evidence.

Central retinal artery occlusion or central retinal vein occlusion (eye stroke) – resulting in permanent visual loss

Death of optic nerve or retinal tissue due to inadequate blood supply within the central retinal artery or vein. This must result in permanent visual impairment

The following are not covered:

- branch retinal artery or branch retinal vein occlusion or haemorrhage
 - traumatic injury to tissue of the optic nerve or retina.
-

Cerebral or spinal aneurysm – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or embolisation treatment using coils or other materials, in order to treat a cerebral aneurysm; or
 - surgical resection, wrapping, clipping or embolisation of a spinal aneurysm.
-

Cerebral or spinal arteriovenous malformation– with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or endovascular treatment using coils or other materials, in order to treat a cerebral arteriovenous malformation; or
 - surgical correction or embolisation of a spinal arteriovenous malformation.
-

Coronary angioplasty

The undergoing of balloon angioplasty, including atherectomy, laser treatment or stent insertion on the advice of a consultant cardiologist to two or more main coronary arteries to correct narrowing or blockages.

The main coronary arteries for this purpose are defined as Right Coronary Artery, Left Main Stem, Left Anterior Descending and Circumflex. Angiographic evidence will be required. Two coronary angioplasty procedures performed in different arteries at different times is covered.

The following are not covered:

- Diagnostic angioplasty
 - Two angioplasty procedures to a single main artery or branches of the same artery.
-

Diabetes Mellitus Type 1

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered;

- Gestational diabetes
 - Type 2 diabetes (including type 2 diabetes treated with insulin).
-

Drug resistant epilepsy – with specified surgery

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following are not covered:

- deep brain stimulation
 - vagus nerve stimulation.
-

Facial reconstruction surgery

Le Fort III Reconstruction of the maxillofacial bones for severe facial trauma.

Guillain-Barré syndrome – with persisting clinical symptoms

A definite diagnosis of Guillain-Barré syndrome by a consultant neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

Infective bacterial endocarditis

A definite diagnosis by a consultant cardiologist of infective bacterial endocarditis.

Less advanced cancer of the anus – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the anus with surgery to remove the tumour.

The following is not covered:

- anal intraepithelial neoplasia (AIN) grade 1 or 2.
-

Less advanced cancer of the appendix, colon and rectum – with specified surgery

A positive diagnosis with histological confirmation of cancer in-situ or neuroendocrine tumour (NET) of low malignant potential or gastrointestinal stromal tumour (GIST) of low malignant potential of the appendix, colon or rectum resulting in intestinal resection.

The following are not covered:

- local excision
 - polypectomy.
-

Less advanced cancer of the bile ducts – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

Less advanced cancer of the cervix – with specified surgery

A positive diagnosis with histological confirmation of cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

The following are not covered:

- loop excision, laser surgery, conisation and cryosurgery.
 - cervical Intra-epithelial neoplasia (CIN) grade 1 or 2.
-

Less advanced cancer of the gallbladder – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the gallbladder with surgery to remove the tumour.

Less advanced cancer of the larynx – with specified treatment

A positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

Less advanced cancer of the lung and bronchus – with specified surgery

A positive diagnosis with histological confirmation of cancer in-situ or neuroendocrine tumour (NET) of low malignant potential of the lung or bronchus resulting in wedge resection or lobectomy.

Less advanced cancer of the oesophagus – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ or gastrointestinal stromal tumour (GIST) of low malignant potential of the oesophagus with surgery to remove the tumour.

Less advanced cancer of the oral cavity or oropharynx – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour.

This includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

Less advanced cancer of the ovary – with surgical removal

A positive diagnosis with histological confirmation of ovarian tumour of borderline malignancy/low malignant potential and has resulted in surgical removal of an ovary.

The following are not covered:

- removal of an ovary due to a cyst.

Less advanced cancer of the pancreas – with surgical removal

A positive diagnosis with histological confirmation of cancer in-situ or neuroendocrine tumour (NET) of low malignant potential of the pancreas with surgery to remove the tumour.

Less advanced cancer of the renal pelvis (of the kidney) or ureter – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

The following are not covered:

- non-invasive papillary carcinoma
 - tumours of TNM classification stage Ta.
-

Less advanced cancer of the small intestine – with specified surgery

A positive diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential or gastrointestinal stromal tumour (GIST) of low malignant potential of the duodenum, jejunum or ileum resulting in intestinal resection.

Less advanced cancer of the stomach – with surgical removal

A positive diagnosis with histological confirmation of cancer in-situ or neuroendocrine tumour (NET) of low malignant potential or gastrointestinal stromal tumour (GIST) of low malignant potential of the stomach with surgery to remove the tumour.

Less advanced cancer of the testicle – with specified surgery

A positive diagnosis with histological confirmation of benign testicular tumour or intra-tubular germ cell neoplasia unclassified (ITGCNU) resulting in orchidectomy (removal of a testicle).

Less advanced cancer of the thymus – with surgical removal

A positive diagnosis with histological confirmation of epithelial or neuroendocrine tumour (NET) of low malignant potential of the thymus with surgery to remove the tumour.

Less advanced cancer of the thyroid – with surgical removal

A positive diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the thyroid with surgery to remove the tumour.

Less advanced cancer of the urinary bladder- of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the urinary bladder.

The following are not covered:

- non-invasive papillary carcinoma
 - TNM classification stage Ta bladder cancer.
-

Less advanced cancer of the uterus – with specified surgery

A positive diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in hysterectomy.

Less advanced cancer of the vagina – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the vagina resulting in surgery to remove the tumour.

The following are not covered:

- laser surgery and diathermy.
 - vaginal intra-epithelial neoplasia (VAIN) grade 1 or 2.
-

Less advanced cancer of the vulva – with surgical removal

A positive diagnosis with histological confirmation of cancer in situ of the vulva resulting in surgery to remove the tumour.

The following are not covered:

- laser surgery and diathermy.
- vulval intra-epithelial neoplasia (VIN) grade 1 or 2.

Less advanced cancer of other sites – with surgical removal

A positive diagnosis with histological confirmation of cancer in-situ or neuroendocrine tumour (NET) or gastrointestinal stromal tumour (GIST) of low malignant potential treated by surgery to remove the tumour.

The following are not covered:

- any skin cancer (including melanoma); and
 - tumours treated with radiotherapy, laser therapy, cryotherapy or diathermy treatment.
-

Liver resection

The undergoing of a partial hepatectomy (liver resection) on the advice of a specialist surgeon in gastroenterology and hepatology.

The following are not covered:

- surgery for liver donation (as a donor)
 - liver biopsy.
-

Non-malignant pituitary adenoma – with specified treatment

Diagnosis of a non-malignant pituitary tumour requiring radiotherapy or surgical removal.

The following are not covered:

- non-malignant tumours of the pituitary gland treated by other methods.
-

Pericarditis – chronic constrictive pericarditis or requiring surgery

A definite diagnosis by a consultant cardiologist of either of the following:

- chronic constrictive pericarditis; or
- pericarditis treated with surgery to remove fluid or heart tissue.

The following are not covered:

- Other forms of pericarditis.
-

Removal of one or more lobe(s) of the lung

The undergoing of surgery for the removal of one or more lobes of the lung due to underlying disease or trauma.

The surgery must be carried out on the advice of a consultant physician.

Significant hearing loss- permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard is 70-89 decibels across all frequencies in the better ear using a pure tone audiogram.

Significant visual loss– 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 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as certified by an ophthalmologist.

Skin cancer– advanced stage as specified

Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm);
- invasion into subcutaneous tissue (Clark level V);
- invasion into nerves in the skin (perineural invasion);
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
- has recurred despite previous treatments.

The following are not covered:

- melanoma.

Third-degree burns – less extensive – covering 5% of the body's surface area or 19% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area or 19% of the face's surface area.

2c – Specified complications of pregnancy

Specified complications of pregnancy- before age 45

A definite diagnosis by a consultant obstetrician before age 45 of one of the following conditions:

- Disseminated Intravascular Coagulation (DIC) directly caused by complications of pregnancy
- Ectopic pregnancy requiring emergency surgery
- Benign hydatidiform mole
- Placental abruption which requires medical intervention
- Eclampsia which has resulted in all of the following:
 - Tonic-clonic seizure(s); and
 - Pregnancy related hypertension; and
 - Proteinuria.

The following are not covered:

- Pre-eclampsia.

2d – Conditions qualifying for Critical Illness Select benefit uplift

Blindness – permanent and irreversible

Permanent and irreversible loss of sight before age 50 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 certified by an ophthalmologist.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing before age 50 to the extent that the loss is greater than 90 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's Disease – resulting in permanent symptoms

A definite diagnosis before age 50 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.

Loss of two hands or feet – permanent physical severance

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints before age 50.

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 before age 50.

Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis before age 50 of one of the following motor neurone diseases by a consultant neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

Paralysis of two limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of any two limbs before age 50.

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis before age 50 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.

The following are not covered:

- Parkinsonian syndromes/Parkinsonism.
-

Parkinson plus syndrome – resulting in permanent symptoms

A definite diagnosis before age 50 by a consultant neurologist or consultant geriatrician of one of the following Parkinson plus syndromes:

- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease
- Multiple system atrophy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Progressive supranuclear palsy.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
 - eye movement disorder; or
 - postural instability; or
 - dementia.
-

Traumatic brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury before age 50 resulting in **permanent neurological deficit with persisting clinical symptoms**.

Appendix 3 – Enhanced children's benefit

If Critical Illness Select and enhanced children's benefit are included on **your** policy, **we** will cover the **children** of each **life assured** for all the conditions in Appendices 1a, 1b, 2a and 2b plus the following list of conditions:

3a – Conditions qualifying for full enhanced children's critical illness payments

Cerebral palsy

A definite diagnosis of cerebral palsy made by an attending consultant.

Cystic fibrosis

A definite diagnosis of cystic fibrosis made by an attending consultant.

Down's Syndrome

A definite diagnosis of Down's syndrome by an attending paediatrician.

Hydrocephalus – treated with the insertion of a shunt

A definite diagnosis of hydrocephalus which is treated with the insertion of a shunt.

Muscular dystrophy

A definite diagnosis of muscular dystrophy made by a consultant neurologist.

Spina bifida

A definite diagnosis of spina bifida myelomeningocele or rachischisis by an attending paediatrician.

The following are not covered:

- spina bifida occulta
- spina bifida with meningocele.

3b – Conditions qualifying for enhanced children's critical illness benefit uplift

Children's overseas treatment

If any of your children are diagnosed with an enhanced children's critical illness which in the opinion of the treating consultant and our Consultant Medical Officer:

- the child is unable to receive treatment for the children's critical illness in the UK that is effective in curing or preventing further deterioration of the condition; and
 - a treatment that is effective, curative or prevents further deterioration is available overseas.
-

Cancer – excluding less advanced cases

If a child has a qualifying claim for cancer – excluding less advanced cases (as defined in appendix 1a).

Appendix 4 – Total permanent disability

Unable before age 60 to do your own occupation ever again

Loss of the physical or mental ability through an illness or injury before age 60 to the extent that the **insured person** 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 person'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 the **insured person** expects to retire. From the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Appendix 5 – Multi-fracture cover

We will pay the amount specified below for each fracture, dislocation, rupture or tear, subject to the annual limit of £6,000 per **policy year**. All the bones listed are included in **our** cover.

Type of injury	Amount per injury (subject to a limit of £6,000 per policy year)		
	£6,000	£4,000	£2,000
Fracture The specified fractures are covered unless the fracture is classified as avulsion, fatigue, stress, hairline, chip, or microfracture.	Skull: - cranium only excluding facial bones and jaw bones Upper leg/hip: - femur Knee: - patella Lower leg/ankle: - tibia - fibula - talus Pelvis: - ilium excluding ramus	Upper arm: - humerus Lower arm: - radius - ulna Wrist: - distal radius - distal ulna - carpal bones Spine: - vertebra - cervical - thoracic - lumbar - sacrum - coccyx excluding injury to the spinal discs	Ribs Collar bone: - clavicle Facial and jaw bones: - zygomatic - mandible - maxilla - nasal - lacrimal - palatine - vomer - inferior nasal concha Shoulder blade: - scapula Breast bone: - sternum Hand: - metacarpal excluding all digits (phalanges) Foot: - metatarsals - cuneiform - cuboid - navicular - calcaneus excluding all digits (phalanges)
Dislocation All joints are covered for dislocation except fingers, thumbs and toes (phalanges). This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anaesthesia (not including sedation).	Spine: - vertebra - cervical - thoracic - lumbar - sacrum - coccyx excluding injury to the spinal discs. Hip Knee: - joint - patella Ankle: - talus	Shoulder Elbow Wrist	Jaw Middle ear bones: - Ossicular chain disruption
Achilles tendon rupture This cover the complete transection of the Achilles tendon.	Achilles tendon		
Knee ligament tear This covers the complete tear of a cruciate knee ligament. Tears to collateral knee ligaments are not covered.	Knee: - anterior cruciate ligament (ACL) - posterior cruciate ligament (PCL)		

How to contact us

If you want to contact us you can phone or write.



Phone: 01793 514514
Monday to Friday 8.30am – 6.00pm
We may record or monitor calls to improve our service.



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Keep in touch

It's important that we keep in touch so if you change your address or any of your contact details, please let us know.

We want everyone to find it easy to deal with us. If you need information about our policies and services in a different format, just let us know and we'll provide it.

Please let us know if you would like a copy of this in large print or braille, or on audiotape or CD.

If you are a textphone user, we can answer any questions you have through a Typetalk Operator. Call us on 18001 01793 514514. Or, if you'd prefer, we can introduce your adviser to a sign-language interpreter.

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