

Please read this document carefully
as it contains important information
about this plan

Life's better with



Mortgage Plan Summary.

ABOUT THIS BOOKLET

This booklet gives you an overview of the cover you have with the Mortgage Plan, and the features that may be available to you later on. However it doesn't explain every detail or the full terms of your cover. You can find the full terms in the Mortgage Plan provisions.

If you still have questions about our Mortgage Plan after reading these documents, please contact your financial adviser if you have one, or call us on 0345 601 0072.

PLEASE CONTACT US ON 0345 601 0072
OR SPEAK TO YOUR ADVISER IF YOU WOULD LIKE THIS
DOCUMENT IN LARGE PRINT OR BRAILLE.

YOUR MORTGAGE PLAN	4
What is the Mortgage Plan?	4
Who can take out the Mortgage Plan?	4
How long does my plan run for?	4
How does the plan work?	4
Can I take the plan out with someone else?	5
Is the amount of cover fixed forever?	5
How much do I pay for my plan?	6
How do you work out my premiums?	6
How do I pay my premiums?	6
What happens if I stop paying my premiums?	6
Will my premiums change over time?	6
What type of premium do I have?	7
Can I make changes to my cover during the term of my plan?	7
How do the benefits work?	8
Are there any other covers in my plan?	10
How Vitality rewards you for being healthy	10
The Vitality commitment	11
How do I make a claim?	11
Who will we pay the benefit to?	11
Are there any significant exclusions I should be aware of?	11
Impact on means tested benefits	12
Can I cancel my plan if I change my mind?	12
OTHER INFORMATION	14
How to make a complaint	14
Making a full disclosure	15
Compensation	15
NOTES	16

YOUR MORTGAGE PLAN

WHAT IS THE MORTGAGE PLAN?

The Mortgage Plan is an insurance plan that helps protect you and your family from the financial impact of serious illness, injury, disability and death. It is designed to help cover your mortgage, by providing financial support for you and your family if you die, suffer from a serious illness or become disabled. This plan is underwritten by Vitality Life Limited.

Your plan includes Life Cover which pays a cash lump sum if you die or are diagnosed with a terminal illness (where death is expected within 12 months).

As well as protecting you if things go wrong, the Vitality Programme helps you lead a healthy life. As part of your plan you get access to a range of discounts and rewards to encourage you to look after your health. You also have the chance to control your future premiums - without changing your cover.

WHO CAN TAKE OUT THE MORTGAGE PLAN?

You can apply for the Mortgage Plan as long as you are:

- Aged between 16 and 64, inclusive,
- A UK resident - this excludes the Channel Islands and the Isle of Man

HOW LONG DOES MY PLAN RUN FOR?

Your plan will run for a fixed term. The minimum term we can insure you for is five years. The maximum term we can insure you for is based on your age - we can cover you up to your 70th birthday.

Your plan may end earlier than the expiry of your term if, for example, you cancel the plan, a person covered is removed from the plan, or you claim the maximum benefits allowed under the covers in your plan. For more about how your plan can end, see provision F in the plan provisions.

You will pay premiums on a regular basis throughout the whole term of your plan. So when you decide on your term, you should think about whether you will be able to pay your premiums for that whole time or seek professional advice.

HOW DOES THE PLAN WORK?

Your plan automatically includes the following covers:

- Life Cover

You can choose to include different types of cover as well. These are:

- Serious Illness Cover Protector
- Income Protection Cover
- Optional Serious Illness Cover for Children
- Waiver of Premium on Incapacity

Life Cover and Serious Illness Cover Protector

When you take out your plan, we set up a plan account for you.

For a single life plan, the amount of your plan account will be the same as your amount of Life Cover.

For a joint life plan, the amount of your plan account will be the same as the amount of Life Cover held by the first person covered.

The amount of Life Cover and Serious Illness Cover Protector you have is in each case expressed as a fixed percentage of your plan account. So we use the plan account to calculate how much we will pay you if you make a claim for Life Cover or Serious Illness Cover Protector. We use the plan account because you can get more than one payment from your Mortgage Plan – for example if you make a successful claim under Serious Illness Cover Protector, and then make a subsequent claim because your condition has worsened or you become ill with an unrelated condition.

For more about subsequent claims, see the Mortgage Plan provisions.

If we make payments to you as a result of a successful claim for Life Cover or Serious Illness Cover Protector, then the value of your plan account may reduce by the amount we have paid you. This means that if you need to claim again, the value of the covers in your plan account may be lower.

Your plan account, and all the covers attached to it, will end when the plan account is empty. Please see provisions C1.4 and C1.5 in the plan provisions for more information about how your plan account may reduce.

Other covers

The other covers you may have in your plan – including Income Protection Cover, Waiver of Premium on Incapacity and Optional Serious Illness for Children – are not linked to the plan account. For more about these, see the ‘How do the benefits work’ section.

CAN I TAKE THE PLAN OUT WITH SOMEONE ELSE?

You can take out the Mortgage Plan jointly with someone else. This is called a joint life plan.

If you have chosen a joint life plan the person you take your plan out with can choose their own covers and cover amounts, but they will share your plan account. Your plan will stop when one of you dies.

For more about the plan account, see provision A1 in the plan provisions.

IS THE AMOUNT OF COVER FIXED FOREVER?

You can choose for your cover to stay level if you want. Or you can choose for it to decrease.

Level cover

If you choose for your cover to stay level it means that your sum assured is designed to stay the same over the life of your plan. It will only change because of action you take, such as you making a claim or changing a cover.

If you choose for your cover to stay level, inflation may affect its relative value in the future. We recommend that you review your level of cover from time to time to make sure it continues to meet your needs. You may want a financial adviser’s help with this. They may charge you for any advice.

Indexed cover

If you choose indexed cover, your cover will increase annually on each plan anniversary, in line with the Retail Prices Index (RPI) rounded to the next 0.25%. Each increase is limited to a minimum of 0% and a maximum of 10%.

If your cover lasts beyond your 80th birthday then the increases will be applied automatically until the plan anniversary immediately before your 80th birthday. (If your plan is a joint life plan this will be based on the younger of the two people covered). At this point we will write to you and ask you to confirm whether you want your cover to continue to be indexed. If you do not tell us that you want your cover to be indexed we will automatically change it to level cover.

Decreasing cover

If you choose decreasing cover, your cover will decrease over the life of your plan. It decreases in the same way that the outstanding capital on a repayment mortgage would if the mortgage had a 10% annual equivalent interest rate.

HOW MUCH DO I PAY FOR MY PLAN?

By now you should have received a quote which shows you what your premiums will be, based on your personal circumstances and requirements.

If you have Vitality Plus, the minimum monthly premium we allow is £45, or an annual premium of £540. For a joint life plan, the minimum monthly premium we allow is £60, or an annual premium of £720.

HOW DO YOU WORK OUT MY PREMIUMS?

When you take out your plan, we work out your premiums based certain factors. Examples of these factors are:

- The types of cover you choose
- The amount of cover you choose
- The term you choose for your cover
- Your age
- Your health and medical history
- Your occupation
- Whether you participate in any dangerous activities
- Any lifestyle habits that could affect how likely you are to claim - including smoking

We'll consider these same factors whenever you ask to change your cover. Please note that the above factors are not exhaustive.

HOW DO I PAY MY PREMIUMS?

You pay your plan premiums either monthly or annually, in advance. Your selected payment frequency is shown in your Plan Schedule. If you have selected monthly, your plan premiums will be paid for by direct debit. If you have selected annually, the plan premium will be paid for by either direct debit, Electronic Fund Transfer (EFT) or Telegraphic Transfers (TT).

WHAT HAPPENS IF I STOP PAYING MY PREMIUMS?

If you stop paying your premiums, your cover will also stop. Because premium rates increase with age, it is very likely that your cover will be more expensive if you start it again. Plus we may need to underwrite your request.

Your plan does not have any cash value, so you won't get anything back if you stop paying your premiums. We recommend you seek financial advice if you are considering stopping your plan.

WILL MY PREMIUMS CHANGE OVER TIME?

Your premiums may change over time, depending on:

- Whether you make any changes to your cover
- Whether you make any claims
- Your Vitality Status at each plan anniversary

WHAT TYPE OF PREMIUM DO I HAVE?

Guaranteed premiums

The premiums for the Mortgage Plan are guaranteed. A guaranteed premium is one that will only change over the term of your cover as a result of choices that you make. For example changing your cover amount or term. Your premiums may also change at each plan anniversary depending on your Vitality Status.

Vitality Status

For more about the Vitality Programme and how your Vitality Status can affect your premium see 'How Vitality rewards you for being healthy' below, provision E in the plan provisions and your separate terms and conditions for the Vitality Programme. Your plan automatically includes Vitality Optimiser, but you can remove this from your plan at any time. The plan schedule we have provided indicates whether your plan includes Vitality Optimiser. With Vitality Optimiser, your initial plan premium will be lower than for a plan without Vitality Optimiser and your premium may increase, stay the same, or decrease each year depending on your Vitality Status.

For more about this, please see your Vitality terms and conditions.

CAN I MAKE CHANGES TO MY COVER DURING THE TERM OF MY PLAN?

The Mortgage Plan is designed to be flexible. Once you've set a plan up, you can still:

- Add or increase covers
- Remove or reduce covers
- Remove a person covered from a joint life plan
- Add a person to a single life plan
- Split a joint life plan into two single life plans
- Change the fixed term of your covers
- Remove Vitality Optimiser

If you change any of your covers, your premium will change too. The change in your premium may not be in proportion to the change you've made to your cover. This is because we may base your premium on your age at the time you make the change.

When you add or increase covers, we will usually ask for new medical evidence. However, if you have Guaranteed Insurability options, this works differently.

Guaranteed Insurability options

Guaranteed Insurability options allow you to increase certain covers when particular events happen in your life, without giving us any more information about your health. The covers you can increase are:

- Life Cover
- Serious Illness Cover Protector
- Income Protection Cover

We include this feature in your plan automatically as long as:

- We accepted you and any other person covered at normal rates
- We have not added any special exclusions to your plan

Any changes you make to your covers using Guaranteed Insurability options will be subject to the maximum amount and term we allow for each cover. We will

work out a new premium for your increased cover or term using your age and the rates that applied at the time of the increase. We will apply the terms and conditions that were in effect when you first added the cover.

Your Guaranteed Insurability option ends on your 55th birthday.

For more about Guaranteed Insurability options, see provision C6 in the plan provisions.

HOW DO THE BENEFITS WORK?

Life Cover

If you die while you're covered, Life Cover pays a lump sum to whoever is entitled to receive the benefit. It will also pay a lump sum if you're diagnosed with a terminal illness, and your life expectancy is no more than 12 months.

If you have a joint life plan, your Life Cover stops after we pay a claim for the death of one of the people covered.

For more about Life Cover, see provision B1 in the plan provisions.

Serious Illness Cover Protector

Serious Illness Cover Protector pays a lump sum if you are diagnosed with an illness or condition that we cover and that meets our definition of that condition. Serious Illness Cover Protector is designed to cover a wide range of illnesses which are severe enough to impact your lifestyle and health. Examples of the types of serious illnesses which are covered are Cancer, Stroke and Heart Attack. Serious Illness Cover Protector may not cover minor illnesses or injuries. Examples of illnesses/conditions not covered are Influenza, broken bones, sprains or muscle injuries. For a full list of the illnesses and conditions we cover, see Appendix 1 of the plan provisions.

Our Serious Illness Cover Protector pays out based on a scale, from 15% (Severity E) for the lowest severity level of a condition, to 100% (Severity A) for the highest. So the more severe your condition the larger the payment you'll get.

Your Serious Illness Cover Protector includes Booster. For certain serious illness conditions, the payment you'll get may be increased to 100% of your Serious Illness Cover Protector amount. For more about this see provision C1 in the plan provisions.

You can get more than one payment from your Serious Illness Cover Protector. If you claim more than once, we will classify the subsequent claim as either a progressive or an unrelated claim. How we classify your claim will affect how much we pay you. For more about this, see provision C1.7 in the plan provisions.

Serious Illness Cover Protector works differently to Critical Illness Cover. The payment you will get if you are diagnosed with one of the conditions that we cover may be more than, the same as or less than you would receive from a policy with Critical Illness Cover. For example the amount we pay for a claim for Cancer, Heart Attack or Stroke may be the same as or less than you would receive from a policy with Critical Illness Cover.

When we make payments under Serious Illness Cover Protector, the value of the plan account may reduce by the amount we have paid. Please see provisions C1.4 and C1.5 in the plan provisions for more information about how your plan account may reduce.

We won't pay out under Serious Illness Cover Protector if you do not survive for at least 14 days after the date of the life-changing event which caused you to claim. Your claim also needs to meet other criteria. For more about these, see provision C1 in the plan provisions.

If you select Serious Illness Cover Protector, we automatically include Family Benefit. Family Benefit pays a cash lump sum of £5,000 if you are diagnosed with an illness or condition that we cover under Family Benefit and meets our definition of that condition. If we pay a claim for Family Benefit it will not reduce your plan account. To find out more about Family Benefit please see provision C1.9 in the plan provisions.

Income Protection Cover

If you become ill or injured so that you can't work and you lose your working income, Income Protection Cover pays you a monthly tax-free income until you're well enough to go back to work.

When you take out Income Protection Cover you choose whether you want us to pay you an income for a maximum of 24 months or until the end of your term.

You decide how much Income Protection Cover you need when you take out your plan, based on your income at the time. The amount you receive if you claim will also be affected by any other sources of income you have at that time.

When you take out Income Protection Cover, you choose a deferred period. This is the amount of time that will pass between you stopping work and us starting your Income Protection payments. You can find more information on your deferred period in provision C2.1 of the plan provisions.

We use three definitions to assess your incapacity:

A '**standard**' definition means that illness or injury makes you unable to perform the duties that are normally needed to do your own occupation, and that cannot reasonably be changed. To meet this definition, you must also not be working in any other occupation for payment or profit.

An '**activities of daily living**' definition means that we assess your incapacity according to a specific set of everyday physical activities. These are designed to show how able someone is to look after themselves.

A '**special**' definition means that:

- For the first 12 months, we will pay you the full monthly benefit if you meet the standard definition, as above
- After 12 months, we will assess you again. At this point we will either continue to pay you the full monthly benefit, or reduce the amount we pay you to 50% of the benefit. This will depend on how severe your incapacity is when we assess you

We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about Income Protection Cover, see provision C2 in the plan provisions.

Optional Serious Illness Cover for Children

Optional Serious Illness Cover for Children pays a lump sum if your child suffers from a serious illness that we cover.

You can have up to £100,000 of Optional Serious Illness Cover for Children for each child that you have asked us to cover. We will calculate the premium for each child's cover separately.

You do not have to have Serious Illness Cover Protector to have this cover. When we make payments under this cover, the amount of cover remaining for the child you claimed for reduces by the amount we have paid.

As with Serious Illness Cover Protector, we won't pay out under Optional Serious Illness Cover for Children if the child does not survive for at least 14 days after the date of the life-changing event which caused the claim.

Optional Serious Illness Cover for Children also includes a Hospitalisation Benefit if your child is hospitalised for medically necessary treatment for 14 consecutive nights or more following 30 days after their birth. The Hospitalisation Benefit pays £100 a day from the fourteenth day onwards for the period that your child remains in hospital. We will limit the number of days we pay to an overall maximum of 30 nights. The overall maximum amount that we will ever pay in respect to Hospitalisation benefit for each child is £3,000. We won't pay out the hospitalisation benefit if it is a result of you making a successful claim under Optional Serious Illness Cover for Children.

Optional Serious Illness Cover for Children does not cover any pre-existing medical conditions that existed before any one of the following:

- The plan's start date
- If your child is adopted, the date of their legal adoption

This exclusion applies regardless of whether or not the illness or condition had been diagnosed, or the child was showing symptoms.

For more about Optional Serious Illness Cover for Children, see provision C3 in the plan provisions.

Premium waivers

A waiver of premium means that you do not have to pay plan premiums when the conditions for the waiver are met. There are three types of waiver of premium available under your plan:

TYPE OF WAIVER:	WHEN WE WILL WAIVE YOUR PREMIUMS:
Waiver of Premium on Incapacity	If you become incapacitated, and your incapacity meets one of our definitions. We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about this, see provision C5 in the plan provisions.

You will pay an extra premium for any waivers of premium you have.

If you claim under your plan, you may be able to use benefits you receive under Income Protection Cover to pay your premiums. This means that you may not need to add any premium waivers to your plan.

ARE THERE ANY OTHER COVERS IN MY PLAN?

Mortgage Free Cover

Mortgage Free Cover is temporary Life Cover or Serious Illness Cover Protector or both. It covers you in the time between us giving you an acceptance letter, and the start of your mortgage or plan - whichever starts earlier. It is also only available for new plans.

Mortgage Free Cover covers you for a maximum of three months. You can only get this cover if you are younger than 50 when we issue your acceptance letter, and if we accept you at ordinary rates and with no exclusions.

For more about Mortgage Free Cover, see provision C4 in the plan provisions.

HOW VITALITY REWARDS YOU FOR BEING HEALTHY

The Vitality Programme helps the person covered improve their health - and saves you money at the same time. It encourages them to be healthy by offering discounts with a range of health partners. They start on Bronze status. By taking steps to look after their health, they can increase their status to Silver, Gold or even Platinum. The higher their status the greater the discounts and rewards.

You are eligible for either Vitality Plus or Vitality Select because your plan automatically includes Vitality Optimiser. If you cancel Vitality Plus or Vitality Select, we will remove Vitality Optimiser from your plan and your premiums will change.

Some Vitality rewards and benefits are only available to those who are over the age of 18. For more information about Vitality Plus and Vitality Select, please see your separate terms and conditions for the Vitality Programme.

THE VITALITY COMMITMENT

The Vitality Programme will give you access to discounts and rewards for the duration of your plan. Because your plan could last many years, we the discounts and rewards offered to you may need to be revised from time to time.

As new opportunities and technologies emerge, the way you are rewarded for being healthy will change over time. The discounts and rewards depend on the relationships with third party providers and the range of services these providers offer.

Please refer to the separate terms and conditions for more information on the Vitality Programme. This includes changes to the way you are awarded Vitality points, the eligible activities, incentives and partners offered, and how your Vitality Status could change as a result. If you're not satisfied with the changes, you may cancel your plan.

HOW DO I MAKE A CLAIM?

Telling us about a claim

If a claim needs to be made under your cover, we need you to tell us as soon as possible.

You can call us on: **0345 601 0072**

Or you can write to us at: **VitalityLife, Sheffield, S95 1BW**

What we need before we can settle a claim

We may need you or your representative to send your plan schedule back to us. Please make sure this is easily accessible.

For some claims, we may need to assess your incapacity using a set of functional activity tests.

For each type of cover, we describe what we need before we can settle a claim in the individual cover sections of the plan provisions.

For the purposes of complying with our Anti-Money Laundering obligations, we may require a claim recipient to give us satisfactory proof of their identity.

WHO WILL WE PAY THE BENEFIT TO?

We will pay any benefits to the person legally entitled to receive them.

Any cash sum we pay out under your plan will be free of personal income tax and capital gains tax. However, this may change if tax rules change.

If the cash sum forms part of your estate, it may not be free of inheritance tax. If you would like to put your plan in trust, you should talk to a solicitor.

ARE THERE ANY SIGNIFICANT EXCLUSIONS I SHOULD BE AWARE OF?

You can find full details of all the exclusions in the plan provisions. Here are some that we would like to draw your attention to:

We won't pay a claim for Life Cover, if one of the persons covered dies as a result of suicide within 12 months of:

- The start date of the Life Cover
- The date you added that person to the plan
- The date the plan was re-instated if it has been suspended because your premiums were not paid

If the illness, condition or procedure you are claiming for is a direct or indirect consequence of an excluded condition, then we won't pay any benefit under:

- Serious Illness Cover Protector (including Family Benefit)
- Income Protection Cover
- Optional Serious Illness Cover for Children
- Waiver of Premium on Incapacity
- Mortgage Free Cover

This applies for conditions that are excluded from the definitions of named conditions, as well as for any conditions that we excluded from your cover at the start of your plan.

No claim can be made for Family Benefit for Complications of Pregnancy or Specified Congenital Conditions until your Serious Illness Cover Protector has been in force for at least nine months.

Serious Illness Cover Protector is designed to cover a wide range of illnesses which are severe enough to impact your lifestyle and health. Examples of the types of serious illnesses which are covered are Cancer, Stroke and Heart Attack. Serious Illness Cover Protector may not cover minor illnesses or injuries. Examples of illnesses/ conditions not covered are Influenza, broken bones, sprains or muscle injuries.

We also won't pay benefits under any cover if the claim arises, either directly or indirectly, from an accident which occurred while you were performing your own occupation, but only if we told you that we have excluded this occupation from your cover.

We won't pay any benefit under Waiver of Premium on Incapacity if the person making the claim is permanently based outside the UK or permitted countries.

If the person making the claim is temporarily based outside the UK or permitted countries, we'll only waive a maximum of 12 months' premiums for Waiver of Premium on Incapacity.

For more about exclusions to your cover, see provision D4.6 in the plan provisions.

IMPACT ON MEANS TESTED BENEFITS

Payments of benefits from this plan may affect your entitlement to receive means tested benefits from the government or your local authority. We recommend that you seek professional advice if you are concerned about this.

CAN I CANCEL MY PLAN IF I CHANGE MY MIND?

You can cancel your plan at any time.

If you cancel within 30 days of receiving your plan details, we will refund your plan premium, as long as you have not made a claim.

If you pay your premiums monthly and you cancel your plan after 30 days, we will not refund your plan premium.

If you pay your premiums annually and you cancel your plan after 30 days, we will calculate your premium as though it were monthly and will refund you for the remainder of the plan year from the cancellation date.

To cancel your plan, you will need to contact us via one of the following methods:

Phone: 0800 030 4903
Email: VitalityLife_CreditControl@vitality.co.uk
Post: VitalityLife, Sheffield, S95 1BW

A

B

C

D

E

F

G

H

OTHER INFORMATION

HOW TO MAKE A COMPLAINT

Our commitment to you

We understand that sometimes things can go wrong. You are important to us, so if you have reason to complain we want to know. We will try to resolve your complaint quickly in a professional and helpful way.

How to contact us

You can contact us by letter, phone or email. It will help if you give your name, address and plan number. Either send us a secure message via our Member Zone, or call us on the number shown on your certificate of insurance.

Or you can write to us at:

VitalityLife Customer Services, Sheffield, S95 1BW

How we will deal with your complaint

The time it takes to resolve your complaint will depend on how complex it is and how much investigation we have to do. We will always try to resolve your complaint as quickly as possible, keeping you informed of our progress.

We will:

- Acknowledge your complaint promptly
- Tell you who is dealing with your complaint so contacting us is easier. This person will be a trained complaint handler not directly involved with your case before the complaint
- Fully investigate your complaint and send you a detailed report about our findings. We will clearly explain the reasons behind our decision and what action we will take to put things right, if appropriate
- Update you every four weeks if the investigation is not complete and explain the reason for the delay

What to do if you are still not happy with the outcome

We want to resolve complaints to your satisfaction whenever possible. If we cannot reach agreement with you, you can refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service is an impartial adjudicator and provides a free, independent service for resolving disputes with financial services firms. If you are going to ask the Financial Ombudsman to review your case, you should do so within six months of our giving you our final decision on your complaint. You can contact the Financial Ombudsman in the following ways:

The Financial Ombudsman Service, Exchange Tower, London, E14 9SR
Enquiry line: 0800 023 4567
Fax number: 020 7964 1001
Website: www.financial-ombudsman.org.uk
Email: complaint.info@financial-ombudsman.org.uk

If you contact the Financial Ombudsman Service, this does not affect your right to take legal action if you are dissatisfied with and do not accept the outcome of the review.

MAKING A FULL DISCLOSURE

When you take out your plan, you have a responsibility to give us the information we ask for. That's because we rely on this information to assess your risk and work out your premiums. If any of the information you give us is incomplete, incorrect or untrue, it's likely that we'll reduce the value of any claims you make. In some circumstances we may not pay your claim at all. We may also cancel your plan altogether. So, if you realise that you haven't made a full disclosure to us, please let us know as soon as you can. Then we can help you to get a valid insurance contract back in place.

COMPENSATION

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. Whether or not you are able to claim and how much you may be entitled to will depend on the specific circumstances at the time.

For further information about the scheme please contact the FSCS at: www.fscs.org.uk.

A

B

C

D

E

F

G

H

Find out more.

For more information please speak to your adviser or visit our website vitality.co.uk/life

VitalityLife is a trading name of Vitality Corporate Services Limited. Vitality Life Limited (registration number 03319079) is the insurer that underwrites the VitalityLife plan. Vitality Corporate Services Limited (registration number 05933141) arranges and administers VitalityLife plans.

Registered offices at 3 More London Riverside, London, SE1 2AQ. Registered in England and Wales.

Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Vitality Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Calls may be recorded/monitored to help improve customer service.

VLKF0070_0220_J3779