

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



Personal Protection Plan Summary

About this booklet

This booklet gives you an overview of the cover you have with the Personal Protection 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 Personal Protection Plan provisions.

If you still have questions about our Personal Protection 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.

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Your Personal Protection Plan

What is the Personal Protection Plan?

The Personal Protection Plan is an insurance plan that helps protect you and your family from the financial impact of illness, injury, disability and death. You can set it up to cover things like your mortgage, regular outgoings, the costs of your children's education or your medical bills - or to provide more general 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.

We offer four core covers: Life Cover, Serious Illness Cover, Life with Serious Illness Cover and Income Protection Cover. You can choose to have up to three of these as Life with Serious Illness Cover can't be chosen with Serious Illness Cover under a single plan. Depending on which covers you choose, you could either get a lump sum or a regular income when you make a claim.

When you take out your plan, you also become a member of the Vitality Programme. It encourages you to be healthy by offering all adults on the plan discounts with a range of health partners when you take steps to look after your health. And if you have chosen Optimiser, you have the chance to control your future premiums - without changing your cover.

Who can take out a Personal Protection Plan?

You can apply for a Personal Protection Plan as long as you are:

- Aged between 16 and 74, inclusive; and
- A UK resident - this excludes the Channel Islands and the Isle of Man.

To include Income Protection Cover in your plan you must also:

- Have been registered with a UK GP for the last 2 years or more; and
- Not be working on a zero hours contract basis.

How long does my plan run for?

When you take out your plan, you decide whether you want it to be on a whole of life or fixed term basis.

The minimum term we can insure you for is five years. For whole of life Life Cover, there is no maximum term. For other types of cover, the maximum term we can insure you for is based on your age. For example, for fixed term Life Cover, we can only cover you up to your 90th birthday. Other benefits may have different maximum age limits.

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.

If you have Serious Illness Cover or Life with Serious Illness Cover and your plan schedule shows that your cover will continue beyond the date of expiry as Dementia and FrailCare Cover, premiums will continue to be payable. For more around how this works, see provision B2.8 in your plan provisions.

How does the plan work?

You can include a range of different types of cover in your plan. But it must include at least one of the core covers. These are:

- Life Cover;
- Serious Illness Cover;
- Life with Serious Illness Cover; and
- Income Protection Cover.

Other covers

You may also choose to have other covers such as Child Serious Illness Cover and Waiver of Premium on Incapacity. 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 a Personal Protection Plan jointly with someone else. This is called a joint life plan.

Life Cover, Serious Illness Cover and Life with Serious Illness Cover

If you have chosen any of these covers, the person you take your plan out with will share the same cover and cover amount as you.

If you have chosen a joint life Life Cover, your plan stop when one of you dies.

If you have chosen a joint life second death plan, your plan will stop after both of you have died.

If you have chosen a joint life Serious Illness Cover, your plan will stop once both of you combined have claimed up to the maximum amount of cover available.

If you have chosen a joint life Life with Serious Illness Cover, your plan may continue when one of you dies if there is cover remaining for further serious illness claims once the life claim is paid out. However, the person remaining will not be able to make another life claim. For more around how this works, see provision B3.4 in your plan provisions.

Income Protection Cover and Waiver of Premium on Incapacity

If you have chosen any of these covers, the person you take your plan out with can choose their own cover amounts, deferred periods and payments periods where applicable.

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 increase or 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 cover. 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 each month over the life of your plan. It decreases in the same way that the outstanding capital on a repayment mortgage would do.

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

LifestyleCare Cover

If you have a single life plan with Life Cover that lasts for the whole of your life you can choose to add LifestyleCare Cover. This allows you to access some or all of your Life Cover if you are unable to look after yourself and you meet one of the definitions that we cover. For a full list of the conditions we cover, see Appendix 3 of the plan provisions. You can use the lump sum that we pay to you for any purpose. Any cover that isn't paid out to you as a result of a claim for LifestyleCare Cover will be paid when you die.

The amount we pay out will depend on your amount of cover and how severe your condition is. There are two severity levels - Severity Level 1 and Severity Level 2.

When we make payments under LifestyleCare Cover your remaining Life Cover and LifestyleCare Cover reduce by the amount we have paid. This works differently if you have chosen LifestyleCare Cover Protector.

There are two types of LifestyleCare Cover Protector - LifestyleCare Cover Protector (level 1) and LifestyleCare Cover Protector (level 1 and 2).

If you have chosen LifestyleCare Cover Protector (level 1) and we make a payment for a Severity Level 1 condition, the payment will not affect the amount that is available for future Life Cover or LifestyleCare Cover claims. If we pay you a claim under Severity Level 2, LifestyleCare Cover will be removed from your plan and the amount of your Life Cover will reduce by the amount we have paid you.

If you have chosen LifestyleCare Cover Protector (level 1 and 2) and we make a payment for a Severity Level 1 condition, the payment will not affect the amount that is available for future Life Cover or LifestyleCare Cover claims. If you meet the definition for a Severity Level 2 condition and you survive for at least 14 days we will pay your remaining LifestyleCare Cover amount. LifestyleCare Cover will be removed from your plan. The amount of your Life Cover will not reduce.

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

Serious Illness Cover

Serious Illness Cover 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 is designed to cover a wide range of illnesses and related procedures 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 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 pays out based on a scale, from 5% (Severity G) 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. We offer three types of Serious Illness Cover.

- Serious Illness Cover 1X;
- Serious Illness Cover 2X; and
- Serious Illness Cover 3X.

You are covered for Severity levels A to D if you have chosen Serious Illness Cover 1X, A to E if you have chosen Serious Illness Cover 2X and A to G if you have chosen Serious Illness Cover 3X. For more about this see provision B2.3 in the plan provisions.

If you select Serious Illness Cover 2X or Serious Illness Cover 3X, the payment you'll get will be increased to 100% of your cover amount for certain serious illness conditions, which are specified in Appendix 2 of your plan provisions.

You can get more than one payment from your Serious Illness Cover, as you can claim up to 100%, 200% or 300% of your initial cover amount across multiple claims under Serious Illness Cover 1X, Serious Illness Cover 2X and Serious Illness Cover 3X respectively. 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 B2.4 in the plan provisions.

VitalityLife's Serious Illness Cover 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, the amount of cover remaining for future serious illness claims will reduce by the amount we have paid. For more about how cover continues after a claim, see provision B2.4.

We won't pay out under Serious Illness Cover if you do not survive for at least 14 days after the date of the lifechanging event which caused you to claim. Your claim also needs to meet other criteria. For more about these, see provision B2 in the plan provisions.

We also automatically include Complications of Pregnancy conditions under all types of Serious Illness Cover. Complications of Pregnancy pays a cash lump

sum of £5,000 if you are diagnosed with an illness or condition that meets our definition of that condition. If we pay a claim for Complications of Pregnancy it will not reduce your percentage of cover remaining. To find out more about Complications of Pregnancy please see provision B2.7 in the plan provisions.

Life with Serious Illness Cover

Life with Serious Illness Cover pays a lump sum:

- If you die, or are diagnosed with a terminal illness, and your life expectancy is no more than 12 months.
- If you are diagnosed with an illness or condition that we cover and that meets our definition of that condition.

Life with Serious Illness Cover is designed to cover a wide range of illnesses and related procedures which are severe enough to impact your lifestyle and health, as well as death. Examples of the types of serious illnesses which are covered are Cancer, Stroke and Heart Attack. Life with Serious Illness cover 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 Life with Serious Illness Cover pays out based on a scale, from 5% (Severity G) 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. We offer three types of Life with Serious Illness Cover.

- Life with Serious Illness Cover 1X;
- Life with Serious Illness Cover 2X;
- Life with Serious Illness Cover 3X

You are covered for Severity levels A to D if you have chosen Life with Serious Illness Cover 1X, A to E if you have chosen Life with Serious Illness Cover 2X and A to G if you have chosen Life with Serious Illness Cover 3X. For more about this see provision C2.3 in the plan provisions.

If you select Life with Serious Illness Cover 2X or Life with Serious Illness Cover 3X, for certain serious illness conditions, the payment you'll get will be increased to 100% of your cover amount. For more about these conditions, see Appendix 2 in the plan provisions. This will also apply to Child Serious Illness Cover 2X and Child Serious Illness Cover 3X.

You can get more than one payment from your Life with Serious Illness Cover, as you can claim up to 100%, 200% or 300% of your initial cover amount across multiple claims under Life with Serious Illness Cover 1X, Life with Serious Illness Cover 2X and Life with Serious Illness Cover 3X respectively. Payments we make under a serious illness claim will impact the amount remaining for future life or serious illness claims. For more about this, see provision B3.4 in your plan provisions.

If you have more than one serious illness claim, we will classify the subsequent claim as either progressive or unrelated. How we classify your claim will affect how much we pay you. For more about this, see provision B3.4 in the plan provisions.

For single life plans, once you make a life claim, your cover will end. This may not be the case under joint life plans. For more about this, see the "Can I take the plan out with someone else?" section.

VitalityLife's Life with Serious Illness Cover 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.

We will pay out under Life with Serious Illness Cover if your claim meets the criteria set out in provision B.2 in the plan provisions.

Dementia and FrailCare Cover

Your Serious Illness Cover or Life with Serious Illness Cover may continue beyond its date of expiry as Dementia and FrailCare Cover where applicable. Your plan schedule will show whether this will apply to your plan. When you are covered under Dementia and FrailCare Cover, we will pay a lump sum if you are diagnosed with an illness or condition that we cover and which meets our definition of that condition. You will need to carry on paying premiums for Dementia and FrailCare Cover after your date of expiry to benefit from this cover.

The lump sum we will pay you will be a percentage of your Dementia and FrailCare Cover amount between 25% (Severity D) and 100% (Severity A). The percentage depends on how severe your condition is.

An overall maximum of £100,000 may apply to your Dementia and FrailCare Cover amount once you have reached your Serious Illness Cover's or Life with Serious Illness Cover's date of expiry. If your cover is indexed, the maximum amount will also increase at each plan anniversary in line with the Retail Prices Index (RPI rounded to the next 0.25%).

To find out more about Dementia and FrailCare Cover, please see provision B2.7 in the plan provisions.

Child Serious Illness Cover

Child Serious Illness Cover also pays a lump sum if any of your current or future children suffers from a serious illness that we cover. Depending on your chosen core cover, you will have one of the following:

- Child Serious Illness Cover 1X
- Child Serious Illness Cover 2X
- Child Serious Illness Cover 3X

You can have up to £100,000 of Child Serious Illness Cover. This amount will apply to all of your children and across all plans you have with VitalityLife. If you have Child Serious Illness Cover 2X or Child Serious Illness Cover 3X, we will pay up to 200% and 300% of your chosen initial cover amount per child across multiple claims.

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

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

Child Serious Illness Cover 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 Child Serious Illness Cover.

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

- The cover's start date;
- If your child is adopted, their legal adoption; and
- If you are their legal guardian, the date when this happened.

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

We also automatically include Specified Congenital Conditions and Child Funeral Contribution under all types of Child Serious Illness Cover. We will pay a cash lump sum of £5,000 if you are diagnosed with an illness or condition that we cover under Specified Congenital Conditions and Child Funeral Contribution and meets our definition of that condition. If we pay a claim for Specified Congenital Conditions and Child Funeral Contribution it will not reduce your cover amount. To find out more please see provision C1.8 in the plan provisions.

For more about Child Serious Illness Cover, see provision C2 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 12, 24 or 60 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 B3.1 of your 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; and
- 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 B3 in the plan provisions.

Waiver of Premium on Incapacity

A waiver of premium means that you do not have to pay plan premiums when the conditions for the waiver are met. If you become incapacitated, your incapacity should meet 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 C3 in the plan provisions.

You will pay an extra premium for Waiver of Premium on Incapacity.

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

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.

The minimum monthly premium we allow is £5. The minimum annual premium is £60.

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 on 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; and
- 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:

- What type of premium you choose - either guaranteed or reviewable;
- Whether you make any changes to your cover;
- Whether your premiums are indexed;
- Whether you have selected Optimiser;
- Whether your cover is on decreasing basis;
- Whether you make any claims;
- Your Vitality status at each plan anniversary; and
- Whether you have chosen Premium Step.

The types of premium you can choose

Guaranteed premiums

A guaranteed premium is one that will only change over the term of your cover as a result of choices that you make. These choices include changing your cover amount or term, or having indexed cover. Your premiums may also change at each plan anniversary depending on your Vitality status or whether you have chosen Premium Step.

Premium Step

Premium Step is only available if you have selected Whole of Life Cover, with or without LifestyleCare Cover, and guaranteed premiums. For more about guaranteed premiums see provision D2 in the plan provisions.

With Premium Step your initial Whole of Life Cover, or Whole of Life Cover with LifestyleCare Cover, premium starts lower than an equivalent Whole of Life Cover premium that does not include Premium Step.

At each plan anniversary your Whole of Life Cover, or Whole of Life Cover with LifestyleCare Cover, premium will increase by 2.5%.

We will apply any change in your Whole of Life Cover, or Whole of Life Cover with LifestyleCare Cover, premium as a result of Premium Step before any change as a result of indexation or your Vitality Status. Your Plan Schedule indicates whether you have chosen Premium Step.

Reviewable premiums

If you have reviewable premiums, we will review them periodically and potentially change them. When we review your premiums, we look at them in terms of emerging claims experience. We do not look at your individual circumstances such as your health.

If you have Child Serious Illness Cover, this will have the same type of premium as you've chosen for other covers under your plan.

Indexed premiums

If you have chosen indexed cover, the amount your sum assured can increase by is linked to the Retail Prices Index (RPI) rounded to the next 0.25%. However your premium increase will depend on your age and the RPI. Before you reach age 80 your premiums will increase in one of three ways:

The percentage increase in the Retail Prices Index	Premium increase amount
Above 0% up to and including 1.75%	Total of the percentage increase in the Retail Prices Index plus 1.5%
2% up to and including 7.75%	Total of the percentage increase in the Retail Prices Index plus 2.5%
8% and above	Total of the percentage increase in the Retail Prices Index, to a maximum of 10%, plus 3.5%

If the percentage change in the RPI is 0% or less, then there will be no change in your cover amount or premium.

After you reach age 80, your premium will increase by RPI plus 5%. The plan schedule we have provided indicates how your premiums may change. If your cover continues beyond your 80th birthday, then at the plan anniversary immediately before your 80th birthday (for joint life plans this will be based on the age of the younger of the two people covered) we will write to you and ask you to confirm whether you want your covers to continue to be indexed. If you do not tell us that you want your covers to be indexed we will cancel indexation on your plan and your premiums and cover amounts will no longer increase due to indexation.

You do not have to accept the increase to your premiums. However, if you do not want to accept them, you need to notify us before the date that the increases are due to take effect. You can ask us not to apply indexation in any year. If you decline indexation, then your premium and cover amount will not increase due to indexation for that year. If you do this for three consecutive years for any individual cover, we will cancel the indexation for that cover.

There will be no change to your premiums or your cover amounts if we cancel indexation.

How your Vitality Status affects your premiums

For more about how your Vitality Status can affect your premium see 'How Vitality rewards you for being healthy' below and provision E in the plan provisions. The plan schedule we have provided indicates whether your plan includes Optimiser.

If your plan includes Optimiser your initial premium will be lower than for an equivalent plan without Optimiser and your premium may increase or stay the same depending on your Vitality Status. Optimiser will also affect premiums for Child Serious Illness Cover.

Can I make changes to my cover during the term of my plan?

The Personal Protection Plan is designed to be flexible. Once you've set a plan up, you can still apply to make the following changes during the term of your core cover(s):

- Add Child Serious Illness Cover;
- Increase covers;
- Remove or reduce covers;
- Remove the second person covered from a joint life plan;
- Change the fixed term of your covers; and/or
- Remove Optimiser or Premium Step.

Any changes will be subject to the premium rates applicable at the time of the request. Premiums for other covers may also change as a result of your requested update to any of your covers.

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;
- Life with Serious Illness Cover; and
- Income Protection Cover.

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

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

Any additions or increases you make to your covers using Guaranteed Insurability options will be subject to the maximum amount we allow for each cover. We will work out a new premium for your increased cover using your age and premium rates applicable at the time of the request. We will apply the terms and conditions that were in effect when you first added the cover.

Your Guaranteed Insurability options end when you reach a particular age. The age at which they expire depends on the particular option.

For more about Guaranteed Insurability options, see provision C10 in the plan provisions.

There are Additional Guaranteed Insurability options for Income Protection that allow decrease in deferred period and increase in term. For more about Additional Guaranteed Insurability options, see provision C10 in the plan provisions.

Are there any other covers in my plan?

Immediate Cover

If you have applied for Life Cover or Life with Serious Illness Cover but we are still assessing your application, we automatically give you some limited Life Cover. This is called Immediate Cover. It is equal to the amount of Life Cover you applied for, up to a maximum of £500,000. It does not pay out for terminal illnesses. For more about this, see provision B1.4 in the plan provisions.

Immediate Cover is only available for new plans and is free of charge.

Mortgage Free Cover

Mortgage Free Cover is temporary Life Cover, Serious Illness Cover or Life with Serious Illness Cover. 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 C3 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.

Vitality Select is automatically included on your plan at no additional cost. You can also choose Optimiser automatically which includes Vitality Benefits (Vitality Plus or Vitality Select) depending on your initial premium. If you wish to cancel Vitality Plus, we will remove Optimiser from your plan. If Optimiser is removed, your premiums will change.

If you remove Optimiser from your Plan, your Vitality Plus will also be removed. Additionally, you may not be able to add Optimiser to your plan again after it has been removed.

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 gives you access to discounts and rewards for the duration of your plan. Because your plan could last many years, the discounts and rewards offered to you may need to be revised from time to time.

There may be instances where other aspects of the Vitality Programme may be significantly enhanced, changed or withdrawn and we may make these changes at any time.

As new opportunities and technologies emerge, the way Vitality rewards you for being healthy will naturally change over time. The discounts and rewards Vitality offers depend on 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 we award Vitality points, the eligible activities, incentives and partners we offer, and how your Vitality status could change as a result. If you're not satisfied with the changes we make, 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, PO Box 619, Darlington, DL1 9FH**

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 or Life with Serious Illness Cover if one of the persons covered dies as a result of suicide within 12 months of:

- The start date of the Life Cover or Life with Serious Illness Cover; or
- 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;
- Life with Serious Illness Cover;
- Child Serious Illness Cover;
- Income Protection Cover;
- Waiver of Premium on Incapacity;
- Mortgage Free Cover; and
- LifestyleCare 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.

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 D5.6 in the plan provisions.

Impact on means tested benefits

Payments of benefits from this plan, including LifestyleCare Cover 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, PO Box 619, Darlington, DL1 9FH

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, PO Box 619, Darlington, DL1 9FH

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; and
- 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.

