

# Real Life Cover Plan Details



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This document is available in other formats. If you would like a Braille, large print or audio version, please contact our customer care team at:

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(calls should cost no more than 5p per minute from a BT landline, networks may vary)

Email: [enquiries@fortislife.co.uk](mailto:enquiries@fortislife.co.uk)

We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

# Welcome to Real Life Cover

This booklet is the Plan Details. It explains how Real Life Cover works.

**If you've just taken out Real Life Cover** - please read this booklet carefully and keep it in a safe place, along with your **Cover Summary** and **Application Details**. Together they make up your contract with us.

**If you're thinking about taking out Real Life Cover** - this booklet should be able to answer any questions you might have.

If there's anything that isn't clear or you have any questions, please speak to your financial adviser or call us on **0845 600 6820** (calls should cost no more than 5p per minute from a BT landline, networks may vary).

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

## Who provides Real Life Cover?

Real Life Cover is provided by Fortis Life UK Limited. We specialise in protection insurance - such as life insurance, critical illness cover and income protection.

Optional Unemployment and Extended Carer's Cover is provided by Fortis Insurance Limited. Fortis Life UK Limited is an agent of Fortis Insurance Limited for payment and refund of **premiums** and acts as an administrator for this cover.

## Who can take out Real Life Cover?

Real Life Cover is only available to people resident in the United Kingdom. It is not available to people resident in the Channel Islands or Isle of Man.

## The language we use in the Plan Details

We, us or our means Fortis Life UK Limited. You or your means the person covered or, where appropriate, their legal successors - unless a different meaning is given in a clause.

Look out for words in **bold** and *italics*. These are all explained in section D.

## Section A:

# The covers and the benefits they pay

- A1 An overview of the covers
- A2 Life Cover
- A3 Living Cover
  - A3.1 Income Protection
  - A3.2 Critical Illness Cover
  - A3.3 Recuperation Cover
  - A3.4 Child & Partner Carer's Cover
- A4 Waiver of Premium
- A5 Optional Unemployment and Extended Carer's Cover

## A1 An overview of the covers

**Real Life Cover** includes Life Cover, Income Protection, Critical Illness Cover, Recuperation Cover, Child & Partner Carer's Cover and Waiver of Premium in one **Plan**.

If you want additional protection, you can add Optional Unemployment and Extended Carer's Cover to your **Plan**. This will increase the cost of your **premium**.

This table explains in brief the **benefits** of each kind of **cover** and shows you where to look for more details.

<b>Life Cover</b>	<p>When you take out your Real Life Cover <b>Plan</b>, you decide how much Life Cover you want. This is called the <b>sum assured</b>. You also decide whether you want this amount to remain the same or to increase by 5% of the initial <b>sum assured</b> each year. If you choose to increase it, your <b>premium</b> will also increase to pay for the extra cover. This is explained in more detail in section B1.</p> <p>If you die or are diagnosed with a <b>terminal illness</b> during the <b>term of the cover</b>, Life Cover pays you the <b>sum assured</b> as a lump sum.</p> <p>No matter how many <b>benefits</b> we pay from other parts of your <b>Plan</b>, the amount of Life Cover your <b>Plan</b> provides is not affected.</p> <p>How much we will pay and when, and the circumstances in which we won't pay, are explained in section A2.</p>
<b>Living Cover</b>	<p>Living Cover combines Income Protection, Critical Illness Cover, Recuperation Cover and Child &amp; Partner Carer's Cover.</p> <p><b>How it works</b></p> <p>Once you have chosen how much Life Cover you want, we set up a <b>Fund</b> of the same value. This is called your <b>Living Fund</b>. Every time</p>

Anything we've written in **bold** and *italics* is explained in section D.

	<p>we pay you a <b>benefit</b> under Living Cover, the <b>Fund</b> goes down by the amount we pay you. You can't pay into this <b>Fund</b> or take money from it, and when your <b>Plan</b> comes to an end you can't cash it in.</p> <p>If you choose to increase your <b>sum assured</b> each year, then the funds available in your <b>Living Fund</b> will also increase by the same amount.</p> <p><b>Income Protection</b> Whether you are working or not, if you're <b>incapacitated</b> during the <b>term of your cover</b>, Income Protection will pay you a monthly <b>benefit</b>. How much we will pay and when, and the circumstances in which we won't pay are explained in section A3.1.</p> <p>Our definition of <b>incapacitated</b> is explained in section D.</p> <p><b>Critical Illness Cover</b> If you are diagnosed as having <b>cancer</b> - <i>excluding less advanced cases</i>, have a <b>heart attack</b> - <i>of specified severity</i> or a <b>stroke</b> - <i>resulting in permanent symptoms</i>, and the diagnosis meets our definition in section D, Critical Illness Cover will pay you a lump sum. We will not pay you if you suffer from any other condition. How much we will pay and when, and the circumstances in which we won't pay are explained in section A3.2.</p> <p><b>Recuperation Cover</b> If you have made a claim for Income Protection, you can also claim Recuperation Cover to pay for services that could help you get better - things like physiotherapy or counselling. How much we will pay and when, and the circumstances in which we won't pay, are explained in section A3.3.</p>		<p><b>Child &amp; Partner Carer's Cover</b> If you have to leave <b>full-time employment</b> to provide <b>full-time care</b> for your <b>child</b> or <b>partner</b> because they are <b>incapacitated</b>, Child &amp; Partner Carer's Cover will pay you a lump sum. How much we will pay and when, and the circumstances in which we won't pay are explained in section A3.4.</p> <p>Our definition of <b>incapacitated</b> is explained in section D.</p> <p><b>Waiver of Premium</b> If your Income Protection or Optional Unemployment and Extended Carer's Cover is paying you a monthly benefit, we will waive any <b>premiums</b> due under your <b>Plan</b>. When we will waive your premium, and the circumstances in which we won't, are explained in section A4.</p> <p><b>Optional Unemployment and Extended Carer's Cover</b> You can add Optional Unemployment and Extended Carer's Cover to your <b>Plan</b>. This will increase the cost of your <b>premium</b>.</p> <p>If you become <b>unemployed</b>, or have to give up <b>full-time employment</b> to care for a <b>parent</b> or <b>parent-in-law</b> who is <b>incapacitated</b>, Optional Unemployment and Extended Carer's Cover will pay you a monthly <b>benefit</b>. These payments do not come from your <b>Living Fund</b>. How much we will pay and when, and the circumstances in which we won't pay are explained in section A5.</p> <p>Our definitions of <b>unemployed</b> and <b>incapacitated</b> are explained in section D.</p>
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## Section A: The covers and the benefits they pay

### A2 Life Cover

Life Cover will pay a lump sum if you die or are diagnosed with a **terminal illness**. Your Life Cover ends after we have paid a Life Cover **benefit**.

If we pay a Life Cover **benefit** for **terminal illness**, you can still claim under Living Cover.

No matter how many **benefit** payments we make under Living Cover, the amount of Life Cover your **Plan** gives you is not affected.

#### When we will pay the benefit

We will pay the **benefit** if you die or are diagnosed with a **terminal illness** during the **term of the cover**. The diagnosis has to match our definition of **terminal illness**. This is explained in Section D.

#### How much we will pay

Life Cover pays you the **sum assured** as a lump sum. When you take out your Real Life Cover **Plan**, you choose either 'level **sum assured**' or 'increasing **sum assured**'. Your choice affects how much we will pay you. This is explained in the table opposite.

What you choose	What we will pay
Level <b>sum assured</b>	We will pay the initial <b>sum assured</b> . This amount is shown in your <b>Cover Summary</b> .
Increasing <b>sum assured</b>	We will pay the current <b>sum assured</b> . For the first year of your <b>cover</b> we will pay the initial <b>sum assured</b> . This amount is shown in your <b>Cover Summary</b> . After a year the amount of the <b>sum assured</b> will increase by 5%. Every year after that the <b>sum assured</b> will increase by 5% of the initial <b>sum assured</b> .

Anything we've written in **bold** and *italics* is explained in section D.

### How choosing an increasing *sum assured* affects your *Plan*

As well as increasing the amount of **benefit** we would pay for a Life Cover claim, increasing the **sum assured** also increases the amount on which we would base any **benefit** payments for:

- Income Protection
- Critical Illness Cover
- Recuperation Cover
- Child & Partner Carer's Cover
- Optional Unemployment and Extended Carer's Cover.

We will pay a maximum benefit of £2,500 a month for Optional Unemployment and Extended Carer's Cover, regardless of the size of the **sum assured**.

Increasing the **sum assured** every year would also:

- increase the funds available in your **Living Fund** by the same amount, and
- mean the **sum assured** would continue to increase while we are paying you a **benefit**.

If you set up your **Plan** with an increasing **sum assured**, the amount you pay will increase each year to pay for the extra cover.

Your **Cover Summary** will show if your **cover** includes an increasing **sum assured**.

### How we will pay you

We will pay the **benefit** directly into a UK bank account nominated by you or your legal personal representative.

If the Life Cover has been written in trust, we will pay the **benefit** to the trustees.

### When we will not pay the **benefit**

We will not pay the **benefit** if any of the following apply:

- you or your legal representatives do not give us medical or other evidence that we ask for, or
- your diagnosis does not meet our definition of **terminal illness** or is not made by an appropriate **consultant**, or
- we find you have **intentionally** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- your **Plan** is no longer **active**, or
- your claim is caused by something that we have specifically excluded from your **Plan** - this will be shown on your **Cover Summary**.

We may not pay the full **benefit** if:

- we find you have **negligently** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions.

## Section A: The covers and the benefits they pay

### A3 Living Cover

Living Cover is made up of:

- Income Protection
- Critical Illness Cover
- Recuperation Cover
- Child & Partner Carer's Cover.

When you take out your Real Life Cover **Plan**, you decide how much Life Cover you want. We then set aside a **Fund** of the same value. This is called your '**Living Fund**'. Every time we pay you a Living Cover **benefit**, the amount in the **Fund** goes down by the amount we have paid you. You can't pay into this **Fund** or take money from it, and when your **Plan** comes to an end you can't cash it in.

While your **Plan** is **active** and there is money in your **Living Fund**, you can make as many Income Protection and Recuperation Cover claims as you need to. You can make one claim for Child & Partner Carer's Cover and one claim for each **critical illness** we cover.

No matter how many payments we make to you under Living Cover, the amount of Life Cover your **Plan** gives you will not be affected.

### A3.1 Income Protection

Income Protection will pay you a monthly **benefit** if you are **incapacitated** by illness, injury or disability.

#### When we will pay the **benefit**

We will pay the **benefit** if you meet the definition of **incapacitated** that applies to you. Your **Cover Summary** shows which definition applies to you. It will be one of:

- **own occupation**
- **suited occupation**
- **daily activities**.

All of these definitions are explained under **incapacitated** in section D.

However, if you were in **work** when you took out the **Plan** but aren't when you make a claim, or if you are over 70 years old, the **daily activities** definition of **incapacitated** is the one that will apply.

To confirm that you are **incapacitated**, we may ask you to be examined by a doctor or health specialist of our choice. We may also ask for any other reasonable evidence we need to consider your claim.

#### How long you need to be **incapacitated** before we will pay the **benefit**

You need to be **incapacitated** for a continuous period that is longer than the **deferred period**. When you take out your Real Life Cover **Plan**, you choose a **deferred period** of 8 or 26 weeks.

If you return to **work** after we have been paying you Income Protection benefit, and then need to make another claim within 26 weeks, there is no **deferred period** if:

- the claim has the same cause as the original claim
- you contact us within two weeks of your stopping **work** again, and
- you have money left in your **Living Fund**.

Anything we've written in **bold** and *italics* is explained in section D.

### How much we will pay

Income Protection will pay you a monthly **benefit**.

This **benefit** comes from your **Living Fund** and the amount is worked out using the **sum assured**.

#### If you're in paid work

If you're in paid **work** when you first become **incapacitated**, each month we will pay you the lower of:

- 1% of the current **sum assured**, or
- 50% of your pre-tax monthly **income** before you became **incapacitated**, less any **income** you are still receiving from your employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions.

If you're in paid **work** when you first become **incapacitated** and meet our **daily activities** definition of **incapacitated**, the maximum we will pay each month is 1% of the current **sum assured**. Up to this limit, we will pay you the higher of:

- 50% of your pre-tax monthly **income** before you became **incapacitated** less any **income** you are still receiving from your employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions, or
- £1,667.

Any **income** you receive from State Benefits will not affect what we pay you.

#### If you're not in paid work

If you're not in paid **work** when you first become **incapacitated**, each month we will pay you:

- 1% of the current **sum assured** up to a maximum monthly **benefit** of £1,667.

Any **income** you receive from State Benefits will not affect what we pay you.

### How we will pay you

We will pay the **benefit** monthly in arrears, directly into a UK bank account that you have nominated.

### When payments stop

We will stop **benefit** payments when the earliest of the following happens:

- you no longer meet the definition of **incapacitated** that applied when you first claimed, or
- you reach age 80, or
- your **Living Fund** runs out, or
- you die, or
- you return to **work** - although you may be able to continue to receive **benefits** if you are still **incapacitated**. This is explained in 'if you're **incapacitated** but return to **work**' on the next page.

We will only continue to pay the **benefit** beyond 26 weeks of your becoming **incapacitated** if you are **resident** in the UK, Channel Islands or Isle of Man.

If **benefit** payments stop part of the way through a month, we'll pay you for the days that you were eligible for **benefit** payments. This final payment will be a proportion of the full monthly **benefit**.

While we are paying you Income Protection, we can ask you to see a doctor or health specialist of our choice, to help us confirm whether you still meet the definition of **incapacitated** that applies to you.

## Section A: The covers and the benefits they pay

### If you're **incapacitated** but return to work

If you still meet the definition of **incapacitated** that applied when you made your original claim, but return to **work**, you may still be eligible to receive **benefit**, but at a reduced rate. What you're entitled to will depend on what definition of **incapacitated** applied to your claim, and what **occupation** you return to. This table summarises how this works:

The definition of <b>incapacitated</b> that applied when you made your claim	If you return to a different <b>occupation</b> for less money or to your own <b>occupation</b> for less money (because of restricted duties or reduced hours)
<b>Own occupation</b>	We will pay a reduced <b>benefit</b> until the earliest of the following happens: <ul style="list-style-type: none"> <li>your <b>income</b> is equal to or greater than it was when you stopped <b>work</b>, or</li> <li>there is no money left in your <b>Living Fund</b>.</li> </ul>
<b>Suited occupation</b>	We will pay a reduced <b>benefit</b> until the earliest of the following happens: <ul style="list-style-type: none"> <li>we have paid 12 months of reduced <b>benefit</b>, or</li> <li>your <b>income</b> is equal to or greater than it was when you stopped <b>work</b>, or</li> <li>there is no money left in your <b>Living Fund</b>.</li> </ul>
<b>Daily activities</b>	Your <b>benefit</b> payments will stop.

If the definition of **incapacitated** that applied to you when you made your claim was **Own Occupation** or **Suited Occupation** we will pay the reduced **benefit** if:

- we have been paying you Income Protection **benefit**
- your **income** is less than it was when you stopped **work**, and
- you still meet the definition of **incapacitated** which applied when you first made your claim.

We use the following formula to work out the reduced amount of **benefit** that we will pay:

$$\left( \begin{array}{c} \text{your } \mathbf{income} \text{ when you} \\ \text{stopped working } \mathbf{minus} \\ \text{your new } \mathbf{income} \end{array} \right) \text{ multiplied by } \left( \begin{array}{c} \text{the original } \mathbf{benefit} \text{ we paid} \\ \text{you } \mathbf{divided by} \text{ your } \mathbf{income} \\ \text{when you stopped working} \end{array} \right)$$

for example, if you:

- earned £1,000 a month before you had to give up **work**
- go back to **work** for £600 a month, and
- received £500 a month from your Income Protection

we would pay you:

$$(\pounds 1,000 - \pounds 600) \times \frac{\pounds 500}{\pounds 1,000} = \pounds 200 \text{ a month}$$

We will need evidence of your new **income**. If your new **income** varies, the amount of **benefit** we pay will also vary in line with the above formula.

Anything we've written in **bold** and *italics* is explained in section D.

**When we will not pay the *benefit***

We will not pay the ***benefit*** if any of the following apply:

- your diagnosis does not meet our definition of ***incapacitated*** or is not made by an appropriate ***consultant***, or
- you are ***incapacitated*** as the result of a cause that we have specifically excluded from your ***cover*** - this will be shown in your ***Cover Summary***, or
- you or your doctor do not give us medical or other evidence that we ask for, or
- you are no longer ***resident*** in an ***eligible country***, or you are travelling outside an ***eligible country*** when you become ***incapacitated*** and don't return to an ***eligible country*** before the end of the ***deferred period***, or
- there is no money left in your ***Living Fund***, or
- we find you have ***intentionally*** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover ***Plan***, or would have led us to offer you a ***Plan*** with different conditions, or
- your ***Plan*** is no longer ***active***.

We may not pay the full ***benefit*** if:

- we find you have ***negligently*** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover ***Plan***, or would have led us to offer you a ***Plan*** with different conditions.

## Section A: The covers and the benefits they pay

### A3.2 Critical Illness Cover

Critical Illness Cover will pay you a lump sum if you are diagnosed as having **cancer** - *excluding less advanced cases*, have a **heart attack** - *of specified severity* or a **stroke** - *resulting in permanent symptoms*. How we define each condition and the severity we specify is explained in Section D.

If you suffer from any other illness or the condition is not of the severity we specify, this cover will not pay anything. However, if the illness means you are **incapacitated**, we may be able to pay you a **benefit** under Income Protection.

Any lump sum payment for Critical Illness will be in addition to any monthly **benefit** payments under Income Protection that you might be entitled to. Any State Benefits that you receive will not affect the **benefit** we will pay.

#### When we will pay the benefit

We will pay the **benefit** if you are diagnosed as:

- having **cancer** - *excluding less advanced cases*, or
- having had a **heart attack** - *of specified severity*, or
- having had a **stroke** - *resulting in permanent symptoms*.

We will pay a benefit if your diagnosis meets our definition of these critical illnesses in section D.

You can make one claim for each **critical illness** during the **term of your cover**.

To confirm the diagnosis, we may ask you to be examined by a doctor or relevant health specialist of our choice. We may also ask for any other reasonable evidence to consider your claim.

#### How much we will pay

We will pay a lump sum equal to 12% of the current **sum assured**.

This money comes out of your **Living Fund**. If there is less than 12% of the current **sum assured** left in your **Fund**, we will pay you whatever is left.

#### How we will pay you

We will pay the **benefit** directly into a UK bank account that you have nominated.

#### When we will not pay the benefit

We will not pay the **benefit** if any of the following apply:

- your diagnosis of having cancer, or having had a heart attack or stroke does not meet our definition or is not made by an appropriate **consultant**, or
- you are diagnosed with any illnesses other than cancer, heart attack or stroke, or
- your illness is the result of a cause that we have specifically excluded from your **cover** - this will be shown in your **Cover Summary**, or
- you or your doctor do not give us medical evidence that we ask for, or
- there is no money left in your **Living Fund**, or
- we find you have **intentionally** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- your **Plan** is no longer **active**.

We may not pay the full **benefit** if:

- we find you have **negligently** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- you do not have sufficient money left in your **Living Fund** to pay the full **benefit**.

Anything we've written in **bold** and *italics* is explained in section D.

## A3.3 Recuperation Cover

If you become **incapacitated**, Recuperation Cover helps you pay for services that could improve or maintain your health and help you return to **work**. What services might help you will depend on your situation. They could range from things like counselling or physiotherapy, to help travelling to **work** because you can no longer drive.

### When we will pay the **benefit**

We will pay the Recuperation Cover **benefit** as soon as we agree that you may have a valid Income Protection claim, as long as we approve the services or advice you want to spend the money on. This will depend on your situation and the advice of your doctor. There is no **deferred period** for Recuperation Cover. If we pay you a Recuperation Cover **benefit**, it doesn't necessarily mean we will approve your claim for Income Protection.

We need to agree the cost of the services with you before you use them. Afterwards, you need to send us the receipts. We will then refund the cost.

### How much we will pay

We will pay up to 3% of the current **sum assured**.

This money comes from your **Living Fund**.

You can make as many Recuperation Cover claims as you need, but the most we will pay in connection with any one potentially valid Income Protection claim is 3% of the **sum assured**. If the service that we approve is a course of treatment, for instance six sessions of physiotherapy, the whole course will count as one claim.

### How we will pay you

We will pay the **benefit** directly into a UK bank account that you have nominated.

### When we will not pay the **benefit**

We will not pay the **benefit** if any of the following apply:

- our Consultant Medical Officer does not agree that the services or advice you want to spend the money on will improve or maintain your health or help you return to **work**, or
- you do not submit receipts for the services or advice for the approved amount, or
- your claim is caused by something that we have specifically excluded from your **Plan** - this will be shown on your **Cover Summary**, or
- you or your doctor do not give us medical or other evidence that we ask for, or
- you are not **resident** in the UK, Channel Islands or Isle of Man, or
- we have already paid you the maximum Recuperation Cover, or
- there is no money left in your **Living Fund**, or
- you are over 70 years old, or
- we find you have **intentionally** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- your **Plan** is no longer **active**.

We may not pay the full **benefit** if:

- we find you have **negligently** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions.

## Section A: The covers and the benefits they pay

### A3.4 Child & Partner Carer's Cover

Child & Partner Carer's Cover will pay you a lump sum if you have to leave **full-time employment** to provide **full-time care** for your **child** or **partner**.

#### When we will pay the benefit

We will pay the **benefit** if you leave **full-time employment** to provide **full-time care** for your **child** or **partner**, and you are receiving **State Carer's Allowance** or whatever benefit replaces it. Your **child** or **partner** must meet the definition of **incapacitated** explained in section D. To confirm that your **child** or **partner** needs care we may ask for any reasonable evidence of their condition, and any other reasonable evidence to consider your claim.

You can only make one claim during the **term of your cover**.

We will pay you once you have left **full-time employment** and started receiving **State Carer's Allowance**.

#### How much we will pay

We will pay a lump sum equal to 12% of the current **sum assured**. This is equivalent to 12 months of Income Protection **benefit**.

This money comes out of your **Living Fund**. If there is less than 12% of the current **sum assured** left in your **Fund**, we will pay you whatever is left.

#### How we will pay you

We will pay the **benefit** directly into a UK bank account that you have nominated.

#### When we will not pay the benefit

We will not pay the **benefit** if any of the following apply:

- you leave **full-time employment** to provide **full-time care** for your **child** or **partner** but are not receiving **State Carer's Allowance**, or
- you are receiving **State Carer's Allowance** but do not leave **full-time employment** to provide **full-time care** for your **child** or **partner**, or
- you leave **full-time employment** to provide **full-time care** for someone other than your **child** or **partner**, or
- your **child** is less than 30 days old or more than 18 years old, or
- you or your doctor do not give us medical or other evidence that we ask for, or
- there is no money left in your **Living Fund**, or
- you are not **resident** in the UK, Channel Islands or Isle of Man, or
- your **Plan** is no longer **active**, or
- we find you have **intentionally** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- your claim is caused by something that we have specifically excluded from your **Plan** - this will be shown on your **Cover Summary**, or
- the condition that directly or indirectly causes the claim existed when your **child** or **partner** was first included in the **Plan**. However, we will pay a claim for:
  - a **child** born after the **Plan** started unless the condition is known to be hereditary and either **parent** received counselling or medical advice in relation to this condition before the birth;
  - a **child** born before the **Plan** started or for your **partner**, if:
    - all treatment for the condition has been completed before the **Plan** started and they have been discharged from follow-up, and
    - for the following 5 years they have not consulted any medical practitioner or received further treatment or advice for this condition.

We may not pay the full **benefit** if:

- we find you have **negligently** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- you don't have sufficient money left in your **Living Fund** for us to pay the full **benefit**.

Anything we've written in **bold** and *italics* is explained in section D.

## A4 Waiver of Premium

If Income Protection or Optional Unemployment and Extended Carer's Cover is paying you a monthly benefit, we will waive any **premium** due under this **Plan**.

### When we will stop waiving your premium

We will stop waiving your **premium** when the earliest of the following happens:

- you no longer meet the definition of **incapacitated** as a result of the same cause that applied when you first claimed, or
- you die, or
- you return to **work**.

If Income Protection stops paying you a monthly benefit because there is no money left in your **Living Fund**, we will continue to waive any **premium** due under this plan while you are still **incapacitated** from the same cause.

We will only continue to waive your **premium** beyond 26 weeks of your becoming **incapacitated** if you are **resident** in the UK, Channel Islands or Isle of Man.

While we are waiving your **premium**, we can ask you to see a doctor or health specialist of our choice, to help us confirm whether you still meet the definition of **incapacitated** that applies to you.

### When we will not waive your premium

We will not waive your **premium** if:

- you are claiming a **benefit** other than Income Protection or Optional Unemployment and Extended Carer's Cover, or
- you are no longer **incapacitated**, or
- you or your doctor do not give us medical or other evidence that we ask for.

## A5 Optional Unemployment and Extended Carer's Cover

You can add Optional Unemployment and Extended Carer's Cover as an additional **cover** under your Real Life Cover **Plan**. This will increase the cost of your **Plan**. This **cover** is arranged on a monthly basis. You must pay a **premium** each month to maintain your Optional Unemployment and Extended Carer's Cover active. It is underwritten by Fortis Insurance Limited, a company in the **Fortis Group**. We are agents of Fortis Insurance Limited for the payment and refund of **premiums** and act as administrators for this **cover**.

Optional Unemployment and Extended Carer's Cover will pay you a monthly **benefit** if you become **unemployed**, or have to give up **work** to care full-time for a **parent** or **parent-in-law** who is **incapacitated**. Optional Unemployment and Extended Carer's Cover **benefit** payments do not come from your **Living Fund**.

Your Optional Unemployment and Extended Carer's Cover will automatically continue on a monthly basis unless you or Fortis Insurance Limited cancel it. Fortis Insurance Limited will give you 90 days' notice if they intend to cancel the cover. On each anniversary of the date you took out this **cover**, the terms and conditions of the **cover** and the **premium** you pay may change. If they do, we will write to you with the details giving you at least 30 days' notice.

If you do not want to continue this part of the **Plan** you can cancel it. We will then adjust your **premium** accordingly. If your Optional Unemployment and Extended Carer's Cover stops, it will not affect other parts of your Real Life Cover **Plan**. If you cancel your Real Life Cover **Plan**, we will cancel your Optional Unemployment and Extended Carer's Cover. It is not available on a standalone basis.

Optional Unemployment and Extended Carer's Cover is only valid if you are permanently **resident** and working in the UK.

## Section A: The covers and the benefits they pay

### When Fortis Insurance Limited will pay a benefit

Fortis Insurance Limited will pay a **benefit** if:

- **you were in full-time employment** at the time your **cover** started and have become **unemployed** through no fault of your own, you have registered as **unemployed** with the appropriate Government department and you're actively seeking **work**, or
- **you were self-employed** at the time your **cover** started, your business has totally and permanently stopped trading as a direct result of being unable to pay its debts, and you have registered as **unemployed** with the appropriate Government department and you're actively seeking **work**, or
- **you were a contract worker** at the time your **cover** started and you become **unemployed** after working continuously for one company for more than two years and have registered as **unemployed** with the appropriate Government department and you're actively seeking **work**, or
- **you have to leave full-time employment to care for a parent or parent-in-law** who is **incapacitated**, and you are receiving **State Carer's Allowance** to care for them.

If you are claiming because you have become **unemployed**, it needs to be for a continuous period that is longer than the **deferred period**. The **deferred period** for this **cover** is 8 weeks.

### If you return to work but then become unemployed again

If you return to **work** after we have been paying you a **benefit** for Optional Unemployment and Extended Carer's Cover, and need to make another claim within 26 weeks, there is no **deferred period** if:

- the claim is the same type as the original claim,
- you contact us within two weeks of your stopping **work** again, and
- you have paid your monthly **premiums** during that period.

Any **benefit** we pay under these circumstances will be subject to the overall maximum of 12% of the **sum assured**.

If you return to **work** for more than 26 weeks after we have been paying you Optional Unemployment and Extended Carer's Cover, you can only claim Optional Unemployment and Extended Carer's cover again under a subsequent monthly policy if:

- two years have passed since you last received a payment under Optional Unemployment and Extended Carer's cover

- you have been in full-time **work** during that time, and
- you have paid your monthly **premiums** during that period.

If we pay a **benefit** under these circumstances, a further **deferred period** will apply.

### How much Fortis Insurance Limited will pay

Fortis Insurance Limited will pay a monthly benefit, equal to the lower of:

- 1% of the **sum assured** at the time that you have to leave work, or
- 50% of your pre-tax monthly **income** before you had to leave **work**, less any **income** you are still receiving from your employer, from self-employment, from other similar insurance benefits or from pension arrangements other than State pensions.

Fortis Insurance Limited will pay up to an overall maximum of 12% of the **sum assured**, at the time you had to leave work.

Even if you increase your level of cover (see section B3) the maximum monthly **benefit** Optional Unemployment and Extended Carer's Cover will pay is £2,500 per month.

### How Fortis Insurance Limited will pay you

Fortis Insurance Limited will pay the **benefit** monthly in arrears, directly into a UK bank account that you have nominated.

### When payments stop

**Benefit** payments will stop on the date the first of the following happens:

- you are no longer registered as **unemployed** or receiving **State Carer's Allowance**, or
- as the result of an Optional Unemployment and Extended Carer's Cover claim, you have received 12% of what the **sum assured** was at the time that you had to leave work, or
- you have received 24 monthly payments, or
- your **parent** or **parent-in-law** no longer needs **full-time care**, or
- you reach your 70th birthday, or
- you die, or
- your **Plan** is no longer **active**.

If **benefit** payments stop part of the way through a month, Fortis Insurance Limited will pay you for the days that you were eligible for **benefit**. This final payment will be a proportion of the full monthly **benefit**.

Anything we've written in **bold** and *italics* is explained in section D.

#### When Fortis Insurance Limited will not pay a **benefit**

Fortis Insurance Limited will not pay a **benefit** if any of the following apply:

- you are **unemployed** but not registered as **unemployed** with the appropriate Government department, or
- you have made yourself **unemployed** intentionally, or
- you have been dismissed due to negligence or your own misconduct, or
- you knew when you took the **cover** out that you would become **unemployed** or your job was under threat, or
- you were **self-employed** and the reason your business closed down was not a direct result of being unable to pay its debts, or
- you were **employed** by a **family business** of which a member of your immediate family was an owner, shareholder or director, unless the business permanently and totally ceases to trade as a result of being unable to pay its debts, at the same time or immediately following you becoming **unemployed**, or
- you do not provide reasonable evidence that we ask for, or
- you were a **contract worker** but had not been working continuously for one company for more than two years before you became **unemployed**, or
- you knew your **work** was **seasonal employment** or **casual employment**, or
- you fail to actively seek **work**, or
- your unemployment results directly from industrial action in which you were involved, or
- you are not a permanent resident in the UK and do not work permanently in the UK, or
- you leave **work** to care for your **parent** or **parent-in-law** but are not receiving **State Carer's Allowance**, or
- you leave **work** to provide **full-time care** for someone other than your **parent** or **parent-in-law**, or
- your Optional Unemployment and Extended Carer's Cover is no longer **active**, or
- we find you have **intentionally** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions, or
- your claim is caused by something that we have specifically excluded from your **Plan**
  - this will be shown on your **Cover Summary**, or
- the condition that directly or indirectly causes the Extended Carer's Cover claim

existed when your **parent** or **parent-in-law** was first included in the **Plan**.

However, this exclusion will not apply if:

- all treatment for the condition has been completed before the **Plan** started and they have been discharged from follow-up, and
- for the following 5 years they have not consulted any medical practitioner or received further treatment or advice for this condition.

Fortis Insurance Limited may not pay the full **benefit** if:

- we find you have **negligently** given us inaccurate, incomplete or untrue information on your application which would have affected our decision to offer you a Real Life Cover **Plan**, or would have led us to offer you a **Plan** with different conditions.

## Section B:

# Managing your Plan

- B1 Paying for your Plan
- B2 Telling us about changes to your personal details
- B3 Changing your Plan
- B4 Claiming your benefit

## B1 Paying for your Plan

### When you pay for your *Plan*

The money you pay for your *Plan* is called the **premium**. How often you pay the **premium** and when you pay it is explained in the table below.

First <b>premium</b>	We will collect this by Direct Debit on, or shortly after, the date your <i>Plan</i> starts. The Direct Debit must be from a UK bank account. <b>Premiums</b> must be paid in sterling.
Regular <b>premium</b>	We will collect your regular <b>premium</b> between 1st and 28th of each month. You can choose a date that suits you. You will pay your <b>premium</b> every month for the term of your <i>Plan</i> unless we are waiving your <b>premiums</b> .
Final <b>premium</b>	The date of your final <b>premium</b> is shown on your <b>Cover Summary</b> .

### What happens if you don't pay a **premium**?

If you do not have a valid Direct Debit instruction or if you do not pay your first **premium**, your *Plan* will not start and you will not be covered.

If you miss a subsequent **premium**, we will write to tell you. If it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel your *Plan* and you will no longer be covered. We will write to you to tell you that your *Plan* has been cancelled.

### Restarting your *Plan*

If we cancel your *Plan* because you did not pay a **premium**, you can ask us to restart it. You can do this at any time up to one year after the date of the first missed **premium**. If you ask us to do this we will tell you what we need in order to do it. This is likely to include a declaration of health. You must also clear any **premium** arrears (this does not apply to any arrears in respect of the Optional Unemployment and Extended Carer's Cover). There may be circumstances when we are not able to restart your *Plan*. If this happens, we will explain our decision to you.

Anything we've written in **bold** and *italics* is explained in section D.

### When the *premium* you pay could change

If you have chosen a level ***sum assured*** the amount that you pay for the rest of your Real Life Cover ***Plan*** would only increase if you ask for a change to the ***cover***. This is explained in section B3.

If you have set up your ***Plan*** with an increasing ***sum assured***, your ***premium*** will increase every year. The amount of the increase will depend on your age and the remaining ***Plan*** term at that time. We will write to you to tell you what the additional ***premium*** will be. You can tell us if you do not want to accept the increase. If you do this, we will not increase your ***sum assured***. If you decide to stop the increase for three consecutive years, you no longer have the option to have an increasing ***sum assured***.

The amount you pay for Optional Unemployment and Extended Carer's Cover will be reviewed and may increase on each anniversary of your first monthly ***premium***.

## B2 Telling us about changes to your personal details

You need to tell us if you change:

- your name, or
- your address, or
- your bank account.

If you have Optional Unemployment and Extended Carer's Cover, you also need to tell us if you stop being ***resident*** in the UK.

Please have your Real Life Cover ***Plan*** number to hand when you contact us. We will also need to ask you some questions to confirm your identity.

You can:

- phone us on 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline, networks may vary)
- email us at enquiries@fortislife.co.uk
- write to us at Fortis Life, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except for bank holidays.

To make sure we have an accurate record of your instructions, we may record or monitor your phone call.

You do not need to tell us if you change your ***occupation***. We will assess any claim based on your ***occupation*** immediately before the claim event happened.

## Section B: Managing your Plan

### B3 Changing your Plan

There are lots of ways that you can change your **Plan** to make sure that it is still meeting your needs. All of the changes are explained below.

The options that increase the **sum assured** or the term of your **Plan** aren't available to everyone. This could be because, for example, someone has a particular medical condition when they apply for cover. Your **Cover Summary** will tell you whether these options are available to you.

If the option isn't available, it doesn't mean that you can't ask us to make the increase, it just means that we won't automatically say 'yes'. We might have to find out some more about you before we can make a decision.

Those options that are not automatically available to everyone have **limited** after the heading. Before you consider taking up any of these options, you should speak to your financial adviser.

#### Increasing the **sum assured** - limited

If this option is shown in your **Cover Summary**, you have the right to take out an additional **Plan**, with the same end date as your current **Plan**. You can do this up to 13 weeks after any of the following events:

- your marriage/civil partnership
- the birth or legal adoption of a **child**
- an increase to the amount of your mortgage to buy a new house or to pay for home improvements.

When you ask for the increase we will ask to see evidence of the event.

Your additional **Plan** will be on the terms and conditions that we apply at the time you take it out. We will send a new **Cover Summary** which gives the details of the additional **Plan**. The additional **Plan** won't include any 'limited' options but you will be able to take up any options that were in the original **Plan** but have not been fully used.

There is a limit to the **sum assured** of this new **Plan**. It can't be more than:

- 50% of the current **sum assured** of your original **Plan**, or
- £75,000.

If you are taking out this additional **Plan** to cover an increase in your mortgage, the **sum assured** of the new **Plan** can't be more than the amount that the mortgage has been increased by.

You can take out more than one new **Plan**, but you can only take out one new **Plan** for each event. When you add together the sums assured of all the new Plans, it mustn't come to more than the lower of:

- the current **sum assured** of your original **Plan**, or
- £150,000.

If you have more than one **cover** with us there is a limit to the increase which you can make under this option across all those covers. The limit is that the total of:

- the overall increase to **monthly benefit** payments under Family Income Benefit, another cover available from us, multiplied by the **term of the cover** (in months), added to
  - the overall increase to the **sum assured**,
- cannot exceed £150,000.

Increasing the **sum assured** in this way will increase the money available in your **Living Fund** by the same amount.

You can't take this option up:

- after your 55th birthday, or
- in the last five years of the term of your **Plan**, or
- while we are paying you a **benefit** under the **Plan**, or
- while you are in a position to make a claim, or
- if you've received **benefit** payments under the **Plan** in the last two years.

Anything we've written in **bold** and *italics* is explained in section D.

### Increasing the term of your **Plan** - limited

If this option is shown in your **Cover Summary** and you increase the term of your mortgage, you can change your **Plan** for one with a **term** that better meets your needs. You must do this within 13 weeks of increasing your mortgage term.

Your new **Plan** will be on the terms and conditions that we apply at the time you take it out. We will send a new **Cover Summary** which gives the details of the new **Plan**. The new **Plan** won't include any 'limited' options but you will be able to take up any options that were in the original **Plan** but have not been fully used.

You can extend the term of your **Plan** more than once but there is a limit to the total amount that the term can be extended. When you add the number of years that you are increasing your term to the term of the original **Plan**, the total mustn't come to more than 150% of the term of the original **Plan**.

In addition, the new **Plan** can't run beyond the earlier of the following dates:

- the day your new mortgage term ends, or
- your 65th birthday.

When you ask for the new **Plan** we will ask to see evidence of the increase to the term of your mortgage.

You can't take this option up:

- after your 55th birthday, or
- in the last five years of the term of your **Plan**, or
- while we are paying you a **benefit** under the **Plan**, or
- while you are in a position to make a claim, or
- if you have received **benefit** payments under the **Plan** in the last two years.

### Stopping and restarting annual increases

If you have set up your **Plan** with an annually increasing **sum assured**, you can stop your cover increasing annually at any time. You can do this by writing to us or phoning us.

Increases to your **sum assured** and to your **premiums** will then stop at the next anniversary

of the date your **Plan** started. You can ask us to start increasing the **sum assured** again. But we can't do this if:

- it has been frozen for three years or more, or
- we are paying you a **benefit** under your **Plan**, or
- you are in a position to make a claim, or
- you have received **benefit** payments in the last two years.

### Reducing your **sum assured**

You can reduce your **sum assured** at any time. You can reduce the **sum assured** by as much as you want, as long as the reduction doesn't mean you would be paying a **premium** that's below the minimum **premium** at the time of the reduction. If you reduce the **sum assured**, the **Living Fund** will go down by the same amount. If you later want to increase the **sum assured**, the amount by which you'll be able to do it will be based on the new, lower **sum assured**, not the initial one.

### Reducing the term of your **Plan**

You can reduce the term of your **Plan** at any time. You can reduce the term by as much as you want, as long as the reduction doesn't mean:

- the term is lower than our minimum term at the time of the reduction, or
- the cost of your **premiums** falls below our minimum level at the time of the reduction.

If you later want to take up the option to increase the term, the amount by which you will be able to do it will be based on the new, lower term, not the initial one.

### How these changes affect what you pay

If you increase the **sum assured** or the term of your **Plan**, your **premiums** will increase.

The amount of the increase will depend on:

- how much the **sum assured** increases
- how old you are when you make the increase
- the term of your **Plan**, and
- the **premium** rate we charge at the time of the increase.

## Section B: Managing your Plan

If you set up your **Plan** with an increasing **sum assured**, the amount you pay will increase each year to pay for the extra cover. If you then change to a level lump sum, the **premium** will remain at the level it was when you made the change. If you restart annual increases, your **premiums** will increase again.

The amount of the increase will depend on:

- how much the **sum assured** increases
- how old you are when the increase happens
- the remaining term of your **Plan**, and
- the **premium** rate we set when the cover first started.

If you reduce your **sum assured** or the term of your **Plan**, it may reduce your **premiums**. The amount they reduce by will depend on:

- the amount of the new **sum assured**
- how old you are when you make the reduction
- the remaining term of your **Plan**, and
- the **premium** rate we charged at the date your cover first started.

### How these changes affect the terms and conditions

If you change the amount or the term of your **Plan**, this may affect the terms and conditions of your **Plan**.

### Asking us to change the cover

You can:

- phone us on 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline, networks may vary)
- email us at enquiries@fortislife.co.uk
- write to us at Fortis Life, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except for bank holidays.

To make sure we have an accurate record of your instructions, we may record or monitor your phone call.

## B4 Claiming your benefit

### When to claim

Please tell us as soon as you think you need to make a claim.

For Income Protection and Optional Unemployment and Extended Carer's Cover, please let us know about your claim as soon as you can. If possible, please tell us within 2 weeks of stopping **work**.

### How to make a claim

The person claiming can:

- phone us on 0845 600 6815 (calls should cost no more than 5p per minute from a BT landline, networks may vary)
- email us at claims@fortislife.co.uk
- write to us at Claims Team, Fortis Life, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except for bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

Once the person claiming has told us that they want to make a claim, a claims adviser will contact them to explain the process and tell them what information we'll need.

If the person claiming does not give us the evidence we ask for, or the information they do give us is inaccurate or incomplete, we reserve the right to decline a claim or stop paying one. We will pay the reasonable cost of all medical reports or evidence we ask for.

Anything we've written in **bold** and *italics* is explained in section D.

### Geographical restrictions

Some types of **cover** require you or the doctor that diagnoses your condition to be in a particular part of the world when you make a claim or when we are paying you a **benefit**. The table below explains how this works for your different covers:

<b>Cover</b>	<b>Where you must be to claim a benefit</b>
Life Cover	Anywhere in the world.
Income Protection	You must be <b>resident</b> in an <b>eligible country</b> when you become <b>incapacitated</b> . If you are travelling outside an <b>eligible country</b> when you become <b>incapacitated</b> you must return to one before the end of the <b>deferred period</b> . You must return to the UK, Channel Islands or Isle of Man within 26 weeks of becoming <b>incapacitated</b> and remain in the UK, Channel Islands or Isle of Man to continue receiving the <b>benefit</b> .
Critical Illness Cover	You need to be diagnosed by a <b>consultant</b> in an <b>eligible country</b> .
Recuperation Cover	You must be <b>resident</b> in the UK, Channel Islands or Isle of Man.
Child & Partner Carer's Cover	You must be <b>resident</b> in the UK, Channel Islands or Isle of Man.
Optional Unemployment and Extended Carer's Cover	You must be permanently <b>resident</b> and working in the UK.

Our definition of eligible countries is in Section D.

While we are assessing your claim, please carry on paying your usual **premiums**.

### Who we will pay the benefit to

We will pay the **benefit** to the person legally entitled to receive it. Who this will be depends on the nature of the claim, the circumstances at the time and whether the **Plan** has been put under trust.

Normally we will pay the **benefit** to the **Plan** owner or their personal representatives, if the **Plan** owner has died. Personal representatives need to send us the original Grant of Representation or Confirmation before we can pay any **benefit** to them.

Only the Life Cover part of your Real Life Cover **Plan** can be written in trust. If this is the case, we will pay this **benefit** to the trustees. Trustees need to send us the original trust deed and any deeds altering the trust before we can pay any **benefit** to them. We will return these when we pay the claim.

## Section C:

# Terms and conditions

All communication relating to your **Plan** will be written in English. We also produce large print, Braille and audio versions of all our documents. If you would like any of these, please let us know.

- C1 Cancelling your plan
- C2 Cash value
- C3 Payment of benefits
- C4 Interest
- C5 Data protection
- C6 Taxation, laws and regulations
- C7 Contract
- C8 Misstatement of age
- C9 Complaints
- C10 Failure to meet liabilities
- C11 Assignment
- C12 Rights of third parties
- C13 Disclosure verification
- C14 The limits of your cover

## C1 Cancelling your Plan

When your **Plan** starts, we will send you information about your right to change your mind and cancel your **Plan**. You have 30 days from the date you receive this information to cancel your **Plan**. If you cancel it in this time we will refund any **premiums** you have made to us, unless we have paid you a benefit before you cancel.

You can stop your **Plan** at any other time. Once you tell us, your **Plan** will end on the day your next **premium** is due. We will not refund any **premiums** you have made to us.

You can cancel Optional Unemployment and Extended Carer's Cover at any time, without it affecting other parts of your Real Life Cover **Plan**. Fortis Insurance Limited can also give you notice that they are not prepared to accept any further **premiums**, but only with effect from the next anniversary of the date you started paying your monthly **premiums**. If they do this, they will give you at least 90 days' notice, after which time your Optional Unemployment and Extended Carer's Cover will stop. This will not affect other parts of your Real Life Cover **Plan**.

## C2 Cash value

The **Plan** does not have any cash value at any time.

## C3 Payment of benefits

We will pay all **benefits** by direct credit to a UK bank account or by another method we agree with you.

## C4 Interest

If we start paying your **benefit** any later than 8 weeks after we receive all the information we need, we will pay you interest on the overdue amount from the date payment should have started. This will be at the Bank of England base rate at the time.

Anything we've written in **bold** and *italics* is explained in section D.

## C5 Data protection

### What we will use your personal information for

We will only use your personal information for:

- providing our products and services
- administration and customer services
- fraud prevention
- research and analysis
- legal and regulatory reasons, and
- marketing products and services of the **Fortis Group**, unless you have asked us not to in your application.

We will keep your information for a reasonable period of time for these purposes.

You have the right to ask for a copy of the information that we hold about you. We are entitled to charge you a small administrative fee for giving it to you.

### Where we may get your personal information from

We may get personal information from you, your financial adviser or from other sources - for instance your doctor.

We may ask your doctor for information before we offer you cover. We may also get a report from your doctor or telephone you for more information after your cover has started. If we find that we have been given incomplete, inaccurate or untrue information, or we do not receive the report from your doctor or you are unavailable for interview, we reserve the right to cancel your cover within 13 weeks.

### Who we will share your personal information with

We may share information about you solely for the purposes listed above in 'What we will use your personal information for'. We will only share this information with certain named third parties. These third parties are:

- **Fortis Group's** current auditors from time to time (the identity of which can be provided on request)
- our reinsurers (a list of these reinsurers can be provided on request)

- our third party service providers
- your financial adviser, unless you have made a confidential application
- other parts of the **Fortis Group**, and
- legal and regulatory bodies.

We may give copies of medical information we obtain about you to your own doctor.

### Giving us information about another person

If you give us information about another person, you confirm that they have given you the authority to consent to the processing of their personal data. You also confirm that you have informed them of our identity and the purposes for which we will use their personal data.

### Monitoring and recording telephone calls

We may monitor and record telephone calls and keep the recordings. This is to make sure we have an accurate record of your instructions and for use in training and quality assurance.

If you would like more information about how we will use your personal information or you would like to choose how you get marketing communications from us, you can:

- phone us on 0845 600 6820 (calls should cost no more than 5p per minute from a BT landline, networks may vary)
- email us on enquiries@fortislife.co.uk
- write to us at Fortis Life, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, 9.00am to 5.00pm, except for bank holidays.

## Section C: Terms and conditions

### C6 Taxation, laws and regulations

The Law of England and Wales will apply to this **Plan**.

The Optional Unemployment and Extended Carer's Cover **premium** includes insurance **premium** tax at the rate which currently applies.

If there is any change to tax laws, other laws, or State Benefits, the terms and conditions set out in your **Plan** documents may change.

By taking out this contract, you agree to submit to the exclusive jurisdiction of the courts relevant to the law of the contract if there is ever a dispute between you and Fortis Life UK Limited and Fortis Insurance Limited.

### C7 Contract

The contract between you and Fortis Life UK Limited and Fortis Insurance Limited (for Unemployment and Extended Carer's Cover) consists of:

- any information provided by you in your application and any subsequent information you have provided
- these terms and conditions, which we may amend from time to time
- any additional terms and conditions detailed in the **Cover Summary** we send you when your **Plan** starts, and
- any additional terms and conditions detailed in any subsequent **Cover Summary**, Key Facts or Annual Statement that we send you.

If there is a conflict between these terms and any of the terms set out in the **Cover Summary**, the terms set out in the **Cover Summary** will take precedence.

### C8 Misstatement of age

If, when you took out your **Plan**, you told us that you were older than you really were, we will reduce the **premium** you pay to the right level for someone of your age. We will also refund any **premiums** you have overpaid.

If you told us you were younger than you really were, we will reduce the amount of **benefit**. This means that, if you claim, we will pay an amount that is lower than the amount shown on your **Cover Summary**.

In some cases this may affect your right to take out the **Plan**. For instance, if you are under 17 or over 50 when you take out the **Plan**, we are unable to offer you cover. It may also affect how we have interpreted your medical evidence, which may result in a claim not being paid.

Anything we've written in **bold** and *italics* is explained in section D.

## C9 Complaints

If you have a complaint, please contact our customer care team at:

Fortis Life  
PO Box 205  
Wymondham  
NR18 8AH

Telephone: 0845 600 6813 (calls should cost no more than 5p per minute from a BT landline, networks may vary)  
Email: [complaints@fortislife.co.uk](mailto:complaints@fortislife.co.uk)

We are open Monday to Friday, 9.00am to 5.00pm, except bank holidays.

To make sure we have an accurate record of the instructions we are given, we may record or monitor phone calls.

We will try to resolve complaints as quickly as possible. If we can't deal with your complaint promptly, we will send you a letter to acknowledge it and then give you regular updates until it is resolved.

We are committed to resolving complaints through our own complaints procedures. However, if a matter cannot be resolved satisfactorily, you may be able to refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service helps settle disputes between consumers and financial firms. Their service is independent and does not cost you anything. They can decide if we have acted wrongly and if you have lost out as a result. If this is the case they will tell us how to put things right and whether we have to pay you compensation.

If you make a complaint, we will send you a leaflet explaining more about the Financial Ombudsman Service. You can also ask us to send you the leaflet at any other time. Alternatively, you can contact the Financial Ombudsman Service yourself at the following address:

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

Telephone: 0845 080 1800 (calls should cost no more than 5p per minute from a BT landline, networks may vary) or 020 7964 0500 (this number may be cheaper for calls from some mobile phones and other networks)  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

If you make a complaint, it will not affect your right to take legal proceedings.

## Section C: Terms and conditions

### C10 Failure to meet liabilities

Your **Plan** is covered by the Financial Services Compensation Scheme. The Scheme covers you if Fortis Life UK Limited or Fortis Insurance Limited (for Optional Unemployment and Extended Carer's Cover) cannot meet their liabilities or obligations.

You can get more information about compensation scheme arrangements from Fortis Life UK Limited, whose contact details are on page 2 of this booklet. Alternatively, you can contact the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme  
7th floor  
Lloyds Chambers  
Portsoken Street  
London  
E1 8BN

Telephone: 020 7892 7300  
Email: [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk)

### C11 Assignment

This **Plan** cannot be assigned. However, the Life Cover part of the **Plan** can be written in trust.

### C12 Rights of third parties

No term of this contract is enforceable under the Contracts (Right of Third Parties) Act 1999 by a person who is not party to this contract. This does not affect any right or remedy of a third party which may exist or be available otherwise than under that Act. The person covered and Fortis Life UK Limited and Fortis Insurance Limited are the parties to the contract.

### C13 Disclosure verification

We may select your application for a random disclosure check. To complete the check we will either ask your doctor for a report or call you for further information. You will be told when you submit your application to us if it has been selected for a check.

If we have selected your application for a check you must give permission for us to contact your doctor, and use all reasonable endeavours to ensure we are able to complete the check. If you do not respond to a request from us within 13 weeks we will cancel your Real Life Cover **Plan**.

Anything we've written in **bold** and *italics* is explained in section D.

## C14 The limits of your cover

### Life Cover and Living Cover

Maximum initial <b>sum assured</b>	£250,000
Minimum initial <b>sum assured</b>	No minimum, as long your <b>premium</b> is more than the minimum <b>premium</b> we charge at the time
Maximum term	53 years
Minimum term	5 years
Maximum age when the <b>cover</b> starts	50
Minimum age when the <b>cover</b> starts	17
Maximum age when the <b>cover</b> ends	70
Maximum age when <b>benefit</b> payments end	80

### Optional Unemployment and Extended Carer's Cover

Maximum initial <b>sum assured</b>	1% of the initial <b>sum assured</b> up to a maximum monthly <b>benefit</b> of £2,500
Maximum age when the <b>cover</b> starts	55
Minimum age when the <b>cover</b> starts	17
Maximum age when the <b>cover</b> ends	70
Maximum age when <b>benefit</b> payments end	70

## Section D:

# Definitions

### Active

Your **Plan** has started, is within its term, your **premiums** are up to date and we have not written to you to tell you that you are no longer covered.

### Application Details

A copy of all the information provided by you in your application. **If the information in the Application Details is not correct you should tell us immediately as this may affect your cover.**

### Benefit

Any payments you receive from Fortis Life UK Limited or Fortis Insurance Limited (for Unemployment and Extended Carer's Cover) under your Real Life Cover **Plan**.

**Cancer** - excluding less advanced cases

See **Critical Illness**

### Casual employment

Employment that does not have a contract of employment.

### Child

Anybody between 30 days and 18 years old who is your or your **partner's**:

- natural child, or
- legally adopted child, or
- legal stepchild.

### Consultant

A consultant doctor who:

- specialises in an area of medicine appropriate to the cause of the claim
- is employed at a hospital in an **eligible country**, and
- is treating you for your condition.

All diagnoses made by a consultant must be confirmed by our Consultant Medical Officer.

### Contract worker

Someone in paid **work** under:

- a contract of at least 12 months' duration with the same employer, which has been renewed at least once, or
- a contract of at least 6 months' duration with the same employer, which has been renewed at least three times, or
- a contract or consecutive contracts with the same employer for a continuous period of at least 24 months, or
- a fixed-term contract to which you were transferred following a period of employment with the same employer, without any break between contracts.

### Cover

One of either:

- Life Cover, or
- Income Protection, or
- Critical Illness Cover, or
- Recuperation Cover, or
- Child & Partner Carer's Cover, or
- Waiver of Premium, or
- Optional Unemployment and Extended Carer's Cover.

### Cover Summary

This is a document we send the person covered once we have agreed to offer them a **cover**. It explains any special conditions which apply to the **cover**, for example if there are any illnesses which are usually part of the **cover** but which we can't cover them for, and whether or not they have the automatic right to ask for an increase in the **sum assured** or **monthly benefit** should their circumstances change.

### Critical Illness

**Cancer** - *excluding less advanced cases*, a **heart attack** - *of specified severity* or a **stroke** - *resulting in permanent symptoms* that:

- meets the relevant definition below
- is diagnosed by a **consultant**
- is the major cause and unequivocal diagnosis of the illness, and
- is confirmed by our Consultant Medical Officer.

Our definitions of these illnesses are:

a. **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, lymphoma and sarcoma.

A malignant tumour causes uncontrolled growth of abnormal cells that invade, damage and destroy surrounding tissue. These cells can then spread and cause damage to other parts of the body.

The following table explains what is not covered under the above definition:

What's not covered	Why it's not covered
All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> <li>• pre-malignant,</li> <li>• non-invasive,</li> <li>• cancer in situ,</li> <li>• having borderline malignancy, or</li> <li>• having low malignant potential</li> </ul>	These are very early stage cancers that have not invaded surrounding tissue and have not spread to other areas of the body. Treatment is relatively easy and successful.
All tumours of the prostate unless histologically classified as having a Gleason score greater than six or having progressed to at least clinical TNM classification T2N0M0	Screening for prostate cancer in men is becoming widely available. This screening helps to detect prostate tumours at an early stage, before they cause any noticeable symptoms. At this stage the illness can be more easily treated and cured. More advanced and aggressive cases are covered.
Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A	This mainly affects older people, and often has no symptoms. Even if it progresses to Binet Stage A, this disease is usually monitored rather than actively treated.
Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)	Most skin cancers are easy to treat. But malignant melanoma is a serious form of skin cancer that can quickly spread throughout the body.

## Section D: Definitions

### b. **Heart attack** - of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- New characteristic electrocardiographic changes
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

The following table explains what is not covered under the above definition:

What's not covered	Why it's not covered
Other acute coronary syndromes including but not limited to angina	Angina has similar symptoms to a heart attack, but is caused by a spasm or partial blockage of the artery, rather than a complete blockage. Heart muscle does not die as a result.

### c. **Stroke** - resulting in permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in **permanent neurological deficit with persisting clinical symptoms**.

The following table explains what is not covered under the above definition:

What's not covered	Why it's not covered
Transient ischaemic attack, known as a 'mini stroke'	This does not cause permanent damage
Traumatic injury to brain tissue or blood vessels	This is not an illness, but an injury with similar symptoms

### Daily Activities

See **Incapacitated**

### Deferred period

The deferred period is the time between you becoming **incapacitated** or **unemployed** and the date we start paying a **benefit**. If your cover starts on a date after you become **incapacitated**, the start date of your cover is the start of the deferred period.

### Eligible Country

An eligible country is one of the following:

Australia	Germany	Luxembourg	Sweden
Austria	Gibraltar	Malta	Switzerland
Belgium	Greece	The Netherlands	United Kingdom
Canada	Hong Kong	New Zealand	USA
Channel Islands	Hungary	Norway	
Cyprus	Iceland	Poland	
Czech Republic	Ireland	Portugal	
Denmark	Isle of Man	Slovakia	
Finland	Italy	Slovenia	
France	Japan	Spain	

**Employed**

Paid work under a permanent contract of employment. You must be paying Class 1 National Insurance contributions.

**Family business**

A business you are employed in, where your husband, wife, civil partner, **partner**, **parent/parent-in-law**, **child**, brother or sister:

- is the owner of the business as a self-employed person, or
- is a director of the business and/or a shareholder (other than by way of bona fide investment in a company quoted on a recognised stock exchange), or
- is a partner in the business.

**Fortis Group**

Any wholly or partly owned, direct or indirect subsidiary of either Fortis SA/NV or Fortis NV.

**Full-time employment**

Working for one employer for more than 30 hours a week.

**Fund**

See **Living Fund**

**Full-time care**

Caring for one person for more than 35 hours a week.

**Heart attack - of specified severity**

See **Critical Illness**

**Incapacitated**

How we define incapacitated depends on whether it refers to:

- the person covered, or
- their **child** or **partner**, or
- their **parent** or **parent-in-law**.

Incapacitated - the person covered

There are three different ways we define incapacitated in relation to the person covered.

These are based on their ability to do:

- their own occupation - the kind of job they did before they had to stop **work**
- their suited occupation - the kind of job they could do
- their daily activities - the things people need to do in everyday life.

Definition 1. Own occupation

You are not doing any paid **work** and you have been diagnosed with an illness, injury or disability that totally prevents you from doing the essential duties of your occupation.

By essential duties, we mean the ones necessary to perform your generic trade or profession and not those required to perform your specific job.

We don't take the availability of **work** into account.

Definition 2. Suited occupation

You are not doing any paid **work** and you have been diagnosed with an illness, injury or disability that:

- in the first 12 months following the date you stopped **work**, totally prevents you from doing the essential duties of your occupation;
- after you have been off **work** for more than 12 months, totally prevents you from doing the essential duties of an occupation you are reasonably qualified to undertake using your skills, experience or training.

## Section D: Definitions

By essential duties, we mean the ones necessary to perform your generic trade or profession and not those required to perform your specific job.

We don't take the availability of **work** into account.

Definition 3. Daily activities

You have been diagnosed with an illness or injury which:

- causes mental failure, or
- prevents you from doing at least two out of the six daily activities, without the help of another person, but with the use of appropriate assistive aids.

Mental failure	<p>A current mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:</p> <ul style="list-style-type: none"> <li>• remember, and</li> <li>• reason, and</li> <li>• perceive, understand and give effect to ideas,</li> </ul> <p>which causes a significant reduction in mental and social functioning, requiring continuous supervision.</p> <p>A Consultant Neurologist or Psychiatrist needs to make the diagnosis.</p>
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Daily activities	Seeing	The ability to see well enough to read 16 point print using glasses or other reasonable aids
	Bending/ kneeling	The ability to bend, kneel or squat to pick up a paperback book or similar object from the floor, and straighten up again
	Lifting	The ability to pick up an everyday object of up to 1kg in weight with either hand from table height and carry it for 5 metres
	Communicating	<p>a) Clearly hear (with a hearing aid or other aid that could be reasonably used) conversational speech in a quiet room in your first language; or</p> <p>b) Understand simple messages in your first language; or</p> <p>c) Speak with sufficient clarity to be clearly understood in your first language</p>
	Dexterity	The ability to use a pen, pencil or keyboard to write a short note or shopping list
	Walking	Walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body

Which of these three definitions applies to you depends on:

- whether you are in paid **work**, and
- what kind of **work** you do.

Your **Cover Summary** shows which definition applied to you when you took out your Real Life Cover **Plan**. If your circumstances change, a different definition may apply.

For instance, if you are under 70 and not in paid **work** when you become incapacitated, a daily activities definition will apply. If you retire from paid employment while we are paying you a **benefit**, we will reassess your claim using a daily activities definition. This might mean we stop making payments.

In all cases, your incapacity must be confirmed by appropriate medical evidence and agreed by our Consultant Medical Officer.

#### Incapacitated - **child**

The **child** must need **full-time care** and supervision by another person because of an illness or injury that is expected to continue beyond 12 months. This must be confirmed by a **consultant** who is treating the **child** and agreed by our Consultant Medical Officer.

#### Incapacitated - **partner, parent** or **parent-in-law**

The **partner, parent** or **parent-in-law** must need **full-time care** and supervision by another person because of an illness or injury that is expected to continue beyond 12 months. This must either:

- cause mental failure, as defined in 'daily activities' above, or
- prevent them from doing two out of the following five daily activities without the help of another person, but with the use of appropriate assistive aids:

Washing	The ability to get into the bath or shower, wash and get out again
Dressing	The ability to put on, take off, fasten and unfasten all everyday items of clothing without help from another person
Moving	The ability to move from room to room indoors on a level surface
Feeding	The ability to feed oneself food and drink that has been prepared
Continence	The ability to manage bowel and bladder functions so that an adequate level of personal hygiene can be maintained

This must be confirmed by a **consultant** who is treating the **partner, parent** or **parent-in-law** and agreed by our Consultant Medical Officer.

#### Income

Income before you had to stop **work**

**If you are employed**, this means your total pre-tax earnings for PAYE assessment purposes (excluding benefits in kind) in the 12 months before your claim. This may include:

- regular bonuses
- commission
- overtime, and
- shift allowances.

We will also take into account any dividends from a private limited company in which you and no more than 3 other shareholders are employed as full-time working directors.

The dividend amount must:

- represent your share in the net trading profit of that company from its normal regular business
- be consistent with the trading position of the company, and
- stop being paid as a result of your incapacity.

**If you are self-employed**, this means your total share of pre-tax profit from your trade profession or vocation for the purposes of Schedule D Case I and II of the Income and Corporation Taxes Act 1988 for the 12 months before you became **incapacitated**.

If your earnings vary from one year to another, for example because they are made up mainly of commission or bonuses, we will use your average earnings over the last 3 years before the claim.

We will not include any income from savings and investments.

## Section D: Definitions

Income while we are paying you a **benefit**

When we work out your income while we are paying you a **benefit**, we take into account:

- Real Life Cover **benefit** payments
- payments from other insurance benefits, including other income protection policies as well as accident and sickness cover
- any income you are still receiving from your employer
- income you are still receiving from your business, and
- pension payments.

We don't take into account any State Benefits, including statutory sick pay, State Pensions and incapacity benefit.

### Intentionally

We use this word to describe a way that you might have given us incorrect, incomplete or untrue information either deliberately or without any care. By intentionally we mean doing it in order to get terms or cover different from the ones we would offer you if we had the correct, complete or true information.

### Living Fund

When you take out a Real Life Cover **Plan** you choose the amount of Life Cover you want and we set aside a Fund of the same value. This is called your 'Living Fund'. You can't pay into this Fund or take money out of it and when your **Plan** comes to an end you can't cash it in. Every time we pay you a **benefit**, the Fund goes down by the amount we pay you.

If you increase the **sum assured** (the ways you can do this are explained in section B3) the Living Fund will go up by the same amount. If you reduce the **sum assured** the Living Fund will go down by the same amount.

### Mental failure

See **Incapacitated**

### Negligently

We use this word to describe a way that you might have given us incorrect, incomplete or untrue information. By negligently we mean doing it without taking the amount of care that it would be reasonable for us to expect you to take when providing information for an insurance **Plan** like Real Life Cover.

### Occupation

The generic duties of a trade, profession or type of **work** undertaken for profit or pay. It is not your specific job with your particular employer and is independent of location.

### Own occupation

See **Incapacitated**

### Parent/Parent-in-Law

This definition applies to Optional Unemployment and Extended Carer's Cover.

Parent or Parent-in-law means:

- your natural parent, or
- your adoptive parent, or
- your partner's natural parent, or
- your partner's adoptive parent.

### Partner

Someone you're married to or in a civil partnership with, or someone you have been living with for a minimum of 2 years as if you were married or in a civil partnership.

### Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout your life.

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 co-ordination
- tremor
- seizures
- lethargy
- dementia
- delirium
- coma.

The following are not covered:

- 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, and
- symptoms of psychological or psychiatric origin.

### Plan

The group of **covers** that make up your Real Life Cover.

### Premium/premiums

Your monthly payment to Fortis Life UK Limited and Fortis Insurance Limited for your Real Life Cover **Plan**.

### Resident

You are resident in a country if you live in the country for at least 10 months in any 12 month period.

### Seasonal employment

Seasonal employment provides temporary **work** that is expected to last only until the end of a 'season' - the period for which services are in demand. This might include jobs such as fruit picking, jobs in the tourist industry, and Christmas **work** in shops.

### Self-employed

- Actively working alone or with others in a partnership
- Paying Class 2 and Class 4 National Insurance contributions, and
- Being assessed for Income Tax under Schedule D Case I or II

### State Carer's Allowance

Carer's Allowance provided by the UK Government or whatever benefit replaces it.

### Stroke - resulting in permanent symptoms

See **Critical Illness**

### Suited occupation

See **Incapacitated**

### Sum assured

The amount we would pay for a successful claim on your life cover. In other words, the amount we pay out if you die or get a **terminal illness** within the term of the **Plan**. The sum assured is also the amount on which we base your **Living Fund** and is used to calculate **benefit** payments for your Living Cover. The ways that you can change the sum assured during the term of your **Plan** are explained in section B3.

## Section D: Definitions

### **Term of the/your cover**

How long the cover lasts. In other words, the period between the date cover starts and the date it ends. The ways that you can change the term of your **Plan** are explained in section B3.

### **Terminal illness**

An advanced or rapidly progressing incurable illness where, in the opinion of an attending **consultant** and our Consultant Medical Officer, life expectancy is no more than 12 months.

### **Unemployed**

If you were employed or a **contract worker**, unemployed means:

- you are unemployed
- you did not make yourself unemployed intentionally
- you were not dismissed due to negligence or your own misconduct
- you were not made unemployed as a direct result of industrial action in which you were involved
- you are registered as unemployed with the appropriate Government department, and
- you are receiving the correct amount of National Insurance credits because of unemployment.

If you were **self-employed**, unemployed means:

- your business has totally and permanently stopped trading as a direct result of being unable to pay its debts and this was not as a result of:
  - your negligence or misconduct or,
  - industrial action in which you were involved.

### **Work**

Paid employment or self-employment of 30 hours a week or more.

**Fortis Life UK Limited  
Registered Address**

5 Aldermanbury Square  
London  
EC2V 7HR

Telephone 0845 600 6820

Registered in England and Wales  
Number 6367921.

Fortis Life UK Limited is authorised  
and regulated by the Financial Services  
Authority. The registration number  
is 473752.

RLC 0002M 09/2008

**Fortis Insurance Limited  
Registered Address**

Fortis House  
Tollgate  
Eastleigh  
Hampshire  
SO53 3YA

Telephone 023 8064 4455

Registered in England and Wales  
Number 354568.

Fortis Insurance Limited is authorised  
and regulated by the Financial Services  
Authority. The registration number  
is 202039.