

YourLife Plan - Income Protection Key Facts



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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

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 YourLife Plan

Income Protection

This booklet is the Key Facts.

If you're thinking about taking out YourLife Plan - Income Protection, this booklet should be able to answer any questions you might have. But 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**.

Full terms and conditions of YourLife Plan - Income Protection are available in the Cover Details. You can get a copy of the Cover Details from your financial adviser or by calling us on **0845 600 6820** or emailing us at **enquiries@fortislife.co.uk**.

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

About this Key Facts document

This document is a brief guide to the cover we offer. It complies with the Association of British Insurers (ABI) Statements of Best Practice. These statements were introduced to make it easier for customers to compare the different covers that providers offer.

This document is based on our understanding of current law and tax rules. If you're thinking of taking out a cover, it's a good idea to get expert advice from an adviser who can look at your personal circumstances and help you make the decision that's right for you.

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Who provides YourLife Plan?

YourLife Plan is provided by Fortis Life UK Limited. We only offer protection insurance - such as life insurance, critical illness cover and income protection.

YourLife Plan is only available to customers resident in the United Kingdom. It is not available to customers resident in the Channel Islands or Isle of Man.

A quick guide to the language we use in this booklet

YourLife Plan lets you choose from a range of **covers**. This Key Facts document is about YourLife Plan - Income Protection cover.

YourLife Plan - Income Protection lasts for a number of years, known as the **term of the cover**.

We call the money that we pay someone for a successful claim, the **benefit**.

We call the money that someone pays us for their cover, the **premium**.

Section A:

About YourLife Plan

A1 What is YourLife Plan?

YourLife Plan is a group of optional covers. You can choose which of these covers you want to take out, from all of them to just one. You can choose from Term Assurance, Critical Illness with Term Assurance, Family Income Benefit and Income Protection. Each cover protects you in a different way, and either pays a lump sum or a monthly benefit.

A2 YourLife Plan's aims

The table below explains the aim of each cover.

Cover	Aim
Term Assurance	To pay a lump sum if the person covered: <ul style="list-style-type: none"> • dies, or • is diagnosed with a terminal illness.
Critical Illness with Term Assurance	To pay a lump sum if the person covered: <ul style="list-style-type: none"> • dies, or • is diagnosed with a terminal illness, or • is diagnosed with a critical illness.
Family Income Benefit	To pay a monthly benefit if the person covered: <ul style="list-style-type: none"> • dies, or • is diagnosed with a terminal illness.
Income Protection	To pay a monthly benefit if the person covered can't work because: <ul style="list-style-type: none"> • they are incapacitated by illness, injury or disability, or • they are providing full-time care for their child who is incapacitated.

We have a Key Facts document for each of the covers. This Key Facts document is about YourLife Plan - Income Protection.

A3 How does YourLife Plan - Income Protection work?

The amount of cover

When you take out YourLife Plan - Income Protection, you choose the monthly benefit. This is the amount we will pay each month for a successful claim.

Once you have chosen the monthly benefit, you can choose whether it will stay at the same level for the term of your cover, or increase each year. Increasing it each year could help to protect your benefit against the effects of inflation. Your premium will increase to pay for the extra cover.

The term of the cover

The term of the cover is how long the cover lasts. You choose the term of the cover.

For a full explanation of the effect of each decision on the cover, please see the Cover Details.

A4 Your commitment

- To pay regular monthly or yearly premiums throughout the term of your cover
- To give us accurate, complete and true information when you apply for cover
- To give us any medical or other evidence that we ask for
- To tell us if you change your name, your address or your bank account
- To tell us immediately if any of the information in the Cover Summary or Application Details we send you is wrong

A5 Risk factors

YourLife Plan - Income Protection only protects you against events that happen during the term of your cover. If something happens outside that term you won't be covered.

If you don't review your cover in line with your earnings and lifestyle, you may have more or less cover than you need.

Inflation will reduce the spending power of any benefit you are paid in the future. To protect your cover against this effect, you can choose to set it up with a monthly benefit that increases in line with the Retail Prices Index, up to a maximum annual increase of 10%.

If you don't pay your first premium, your cover won't start and you won't be covered. If you miss a subsequent premium and it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel your cover and you will no longer be covered.

The monthly benefit you can receive under YourLife Plan - Income Protection is limited to 50% of your pre-tax monthly income before you had to stop work. This means that if you choose a monthly benefit that would pay you more than 50% of your income each month, you will not benefit immediately from the extra cover.

If you are resident outside the UK, Channel Islands or Isle of Man, and remain so throughout the period of your claim, we will only pay a YourLife Plan - Income Protection claim for a maximum of 26 weeks from the date of incapacity. This includes the deferred period. There are other circumstances in which we won't pay a claim. There's more information on these in section C of this booklet and in the Cover Details.

Your cover will not have a cash value at any time.

Section B:

The cover and the benefit

YourLife Plan - Income Protection will pay the monthly benefit if the person covered:

- is incapacitated for longer than the deferred period, or
- meets the definition of incapacitated and is diagnosed with an illness that meets our definition of a terminal illness, or
- has to leave full-time employment to provide full-time care for their child who is incapacitated.

If the person covered is incapacitated, we may also pay for services that could improve or maintain their health and help them return to work.

How do we define incapacitated?

We define incapacitated in one of three ways, depending on whether the person covered is working and if so, the kind of work they do.

The three definitions 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 based on their skills, experience or training
- their daily activities - the kinds of things people need to do in everyday life.

If we give the person covered an own occupation definition, we will pay the benefit if they're doing no paid work and have been diagnosed with an illness, injury or disability that totally prevents them from doing the essential duties of their occupation.

If we give the person covered a suited occupation definition, we will pay the benefit if they're doing no paid work and have been diagnosed with an illness, injury or disability that:

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

If we give the person covered a daily activities definition, we will pay the benefit if they are diagnosed with an illness or injury which:

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

We define mental failure and list the daily activities in the boxes on the next page.

Mental failure

A current mental impairment due to an organic brain disease or brain injury supported by evidence of the loss of ability to:

- remember, and
- reason, and
- perceive, understand and give effect to ideas,

which causes a significant reduction in mental and social functioning, requiring continuous supervision.

A Consultant Neurologist or Psychiatrist needs to make the diagnosis.

Daily activity	Definition
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	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 b) Understand simple messages in your first language; or c) Speak with sufficient clarity to be clearly understood in your first language.
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.

The Cover Summary shows which definition applies to the person covered when the cover is taken out. If the circumstances of the person covered change after the cover starts, a different definition may apply. For instance, if they are not in paid work when they become incapacitated, a daily activities definition will apply, even if we gave them a different definition when the cover was taken out. And if they retire while we are paying the benefit, we will reassess the claim using a daily activities definition. This might mean we stop making payments.

We define incapacitated in full in the Cover Details booklet.

How long does the person covered need to be incapacitated before we'll pay a benefit?

They need to be incapacitated for a continuous period that's longer than the deferred period. The deferred period is the time between them becoming incapacitated and payments starting. When you take out YourLife Plan - Income Protection, you choose a deferred period of 4, 8, 13, 26 or 52 weeks.

B1 When will we pay the benefit?

We will pay the benefit if the person covered:

1. is incapacitated, or
2. is incapacitated and needs services or advice that could help improve or maintain their health and help them return to work, or
3. meets the definition of incapacitated and is diagnosed with an illness which meets our definition of terminal illness, or
4. has to leave full-time employment to provide full-time care for their child who is incapacitated.

There are details of when exactly we will pay the benefit in each case, in the following tables.

1. If the person covered is incapacitated

We will pay a benefit if the person covered is incapacitated and meets the definition of incapacitated that applies to them. This definition will be shown on the Cover Summary and will be one of:

- own occupation
- suited occupation
- daily activities

To confirm that the person covered is incapacitated, we may ask them 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 the claim.

The person covered needs to be incapacitated for a continuous period that is longer than the deferred period. When they take out their YourLife Plan - Income Protection cover, the person covered chooses a deferred period of 4, 8, 13, 26 or 52 weeks.

If they return to work after we have been paying a monthly 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, and
- the person covered contacts us within two weeks of stopping work again.

2. If the person covered is incapacitated and needs services or advice that could help improve or maintain their health and help them return to work

If we agree that the person covered may have a valid YourLife Plan - Income Protection claim because they are incapacitated, we may also help them pay for services that could improve or maintain their health and help them return to work. What services might help them will depend on their situation. The services could range from physiotherapy or counselling, to help travelling to work because they can no longer drive.

We need to approve the services they want to spend the money on and agree the costs before they are incurred. Whether we approve the service depends on the situation of the person covered and the advice of their doctor.

There is no deferred period for this benefit. This means we will refund the cost as soon as we have received the receipts for the services that we agreed.

For each potentially valid claim that they make for monthly benefit payments, we will make a maximum of one benefit payment to help the person covered improve or maintain their health. Please remember that if we pay this benefit, it does not necessarily mean we will approve a claim for monthly benefit payments under YourLife Plan - Income Protection. See section B2 for more details.

3. If the person covered meets the definition of incapacitated and is diagnosed with an illness that meets our definition of a terminal illness

We will pay the monthly benefit if the person covered meets the definition of incapacitated and is diagnosed with an illness that meets our definition of a terminal illness. There is no deferred period for this benefit.

4. If the person covered has to leave full-time employment to provide full-time care for their child who is incapacitated

We will pay the monthly benefit if the person covered leaves full-time employment to provide full-time care for their child, and they are receiving State Carer's Allowance to care for their child. Their child must meet the definition of incapacitated explained in the Cover Details. To confirm that they need care we may ask for any reasonable evidence of their condition, and any other reasonable evidence to consider the claim. We will pay the benefit once the person covered stops full-time employment and starts receiving State Carer's Allowance.

B2 How much will we pay each month?

The amount we pay will be the monthly benefit or an amount based on the monthly benefit. When the cover is taken out, a level or increasing monthly benefit is chosen and this affects what we will pay.

What's shown in the Cover Summary	What we base benefit payments on
Level monthly benefit	We will base payments on the monthly benefit shown in the Cover Summary.
Annually increasing monthly benefit	<p>For the first year of the cover we will base payments on the monthly benefit shown in the Cover Summary.</p> <p>Each year, on the anniversary of when the cover started, the amount of the monthly benefit will increase in line with the Retail Prices Index, up to a maximum annual increase of 10%. We will write to the person covered each year to confirm the new amount. The premium will also increase.</p> <p>During a claim, the benefit we pay will increase each year in the same way.</p>

The other factors that affect how much we will pay are:

- the cause of the claim
- whether the person covered is in work when they make a claim, and if so what their income is, and
- how incapacitated they are.

The following tables explain how these affect what we pay.

If the cause of the claim is that the person covered is incapacitated, each month we will pay the following amount:		
	If the person covered is in paid work	If the person covered is not in paid work
The person covered meets the definition of incapacitated that applies to them, but does not meet our daily activities definition of incapacitated	<p>We will pay the lower of:</p> <ul style="list-style-type: none"> • the current monthly benefit, or • 50% of their pre-tax monthly income before they became incapacitated, less any income they are still receiving from their employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions. <p>Any income received from State Benefits will not affect what we pay.</p>	We will pay nothing.
The person covered meets our daily activities definition of incapacitated	<p>We will pay the higher of:</p> <ul style="list-style-type: none"> • £1,667 a month, or • 50% of their pre-tax monthly income before they became incapacitated, less any income they are still receiving from their employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions. <p>However, we will not pay more than the current monthly benefit.</p> <p>Any income received from State Benefits will not affect what we pay.</p>	<p>We will pay the lower of:</p> <ul style="list-style-type: none"> • the current monthly benefit, or • £1,667 a month.

What happens if the person covered is still incapacitated but goes back to work?

If the person covered still meets the definition of incapacitated that applied to them when the original claim was made but they return to work for less money than they were earning before they became incapacitated, we may still pay the benefit, but at a reduced rate. It may also be for a limited period. Whether they can continue to claim, what they're entitled to and how long we'll pay a benefit will depend on the occupation the person covered returns to, and the definition of incapacitated that applied to the claim. This is explained in the Cover Details.

If the cause of the claim is that the person covered is incapacitated and needs services that could improve or maintain their health and help them return to work

We will pay up to three times the value of a monthly benefit payment. We need to approve the services they want to spend the money on and agree the costs before they are incurred. Whether we approve the service depends on the situation of the person covered and the advice of their doctor.

Please remember that if we pay this benefit, it does not necessarily mean we will approve a claim for monthly benefit payments under YourLife Plan - Income Protection.

If the cause of the claim is that the person covered has to leave full-time employment to provide full-time care for their child who is incapacitated, every month we will pay:**If the person covered is in full-time employment**

We will pay the lower of:

- the current monthly benefit, or
- 50% of their pre-tax monthly income before their child became incapacitated, less any income they are still receiving from their employer, from self-employment, from other insurance benefits or from pension arrangements other than State Pensions.

Any income received from State Benefits will not affect what we pay the person covered.

The person covered can claim more than once but we will only pay a maximum of 6 monthly benefit payments under the cover.

If the person covered is not in full-time employment

We will pay nothing.

B3 How long will we pay a benefit for?

If the person covered is incapacitated, we will continue to pay a benefit until the earliest of the following happens to them:

- they no longer meet the definition of incapacitated that applied when they first claimed, or
- they return to work - although they may be able to continue to make a claim if they are still incapacitated, or
- their cover ends, or
- they die.

For claims to continue beyond 26 weeks of the person covered becoming incapacitated, they need to be resident in the UK, Channel Islands or Isle of Man.

If the person covered has to leave full-time employment to provide full-time care for their child, we will continue to pay a benefit until the earliest of the following happens:

- they return to work, or
- their child no longer needs full-time care, or
- they stop receiving State Carer's Allowance, or
- they die, or
- we have made 6 monthly payments.

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

While we are paying a benefit under YourLife Plan - Income Protection, we can ask the person covered to see a doctor or health specialist of our choice, to help us confirm whether they still meet the definition of incapacitated that applies to them.

B4 Waiver of Premium

While we are paying a monthly benefit for YourLife Plan - Income Protection, we will also waive the cost of the YourLife Plan - Income Protection premiums.

How long will we waive your premiums for?

We will stop waiving premiums when the earliest of the following happens:

- the person covered no longer meets the definition of incapacitated that applied when they first claimed, or
- they die, or
- we stop paying a monthly benefit for YourLife Plan - Income Protection, or
- the cover ends.

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

While we are waiving premiums, we can ask the person covered to see a doctor or health specialist of our choice, to help us confirm whether they still meet the definition of incapacitated that applies to them.

Section C:

Questions about YourLife Plan

C1 Questions people often ask about YourLife Plan - Income Protection

Q. How much cover can I apply for?

A. The maximum monthly benefit is 50% of the person covered's pre-tax monthly income (up to a maximum of £12,500).

Q. When will the cover not pay out?

A. There are specific circumstances in which we won't pay a benefit. We will not pay a benefit if:

- the person covered or their legal representatives do not give us medical or other evidence that we ask for, or
- their diagnosis does not meet our definition of incapacitated or terminal illness, or for terminal illness it is not made by a consultant, or
- the claim is caused by something that we have specifically excluded from this cover - this will be shown on the Cover Summary, or
- they are no longer resident in an eligible country, or
- we find they have intentionally given us inaccurate, incomplete or untrue information on the application which would have affected our decision to offer them this cover, or would have led us to offer it with different conditions, or
- the cover is no longer active, or
- our Consultant Medical Officer does not agree that the services or advice the person covered wants to spend the money on will help them return to work, or
- they do not submit receipts for the services or advice for the approved amount, or
- the person covered leaves full-time employment to provide full-time care for their child but they are not receiving State Carer's Allowance, or
- the person covered is receiving State Carer's Allowance but they do not leave full-time employment to provide full-time care for their child, or
- the person covered leaves full-time employment to provide full-time care for someone other than their child, or
- the condition that directly or indirectly causes the claim existed when the child of the person covered was first included in the cover. However, we will pay a claim for:
 - a child born after the cover 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, and

- a child born before the cover started if:
 - all treatment for the condition has been completed before the cover started and they have been discharged from follow-up, and
 - for the following 5 years they had not consulted any medical practitioner or received further treatment or advice for this condition.

We may not pay the full benefit if:

- we find the person covered has negligently given us inaccurate, incomplete or untrue information on the application which would have affected our decision to offer them this cover, or would have led us to offer it with different conditions.

Q. How flexible is YourLife Plan - Income Protection cover?

A. Under YourLife Plan - Income Protection cover, you can choose:

- the monthly benefit
- whether the monthly benefit stays at the same level throughout the term of your cover, or increases in line with the Retail Prices Index, up to a maximum annual increase of 10%
- how soon YourLife Plan - Income Protection payments start after you become incapacitated - this can be either 4, 8, 13, 26 or 52 weeks, and
- the term of the cover.

Q. What if I change my mind and want to cancel my cover?

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

Once you tell us, your cover will end on the day before your next monthly premium to us is due. If you are paying annual premiums, your cover will end on the day before the next monthly anniversary of the cover. We will refund the cost of any full months of cover between the date of cancellation and the date your next annual premium is due.

Q. Once my cover starts, can I change it?

A. There are lots of ways that you can change your cover to make sure that it is still meeting your needs. All of the changes that can be made are explained in the Cover Details.

The changes that can be made to your cover include:

- adding other covers - Term Assurance, Critical Illness with Term Assurance, and Family Income Benefit
- increasing the monthly benefit
- increasing the term of the cover
- reducing the monthly benefit
- reducing the term of the cover
- stopping and restarting annual increases
- changing how soon YourLife Plan - Income Protection benefit payments start, and
- changing from annual to monthly premium payments or vice versa.

The options that increase the monthly benefit or the term of a cover aren't available to everyone. This could be because, for example, someone has a particular medical condition when they apply for cover.

If the option isn't available, it doesn't mean that they 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 the person covered before we can make a decision. The Cover Summary will show whether these options are available.

How these changes affect what you pay

If the monthly benefit or term of the cover increases, the premium for the cover will increase. If you set up a cover with an increasing monthly benefit, the amount you pay will increase each year to pay for the extra cover. If you then change to a level monthly benefit, the premium will remain at the level it was when you made the change. If you restart the annual increase, your premium will increase again.

If the monthly benefit or term of a cover reduces, it may reduce the premium.

How these changes affect the terms and conditions

If you change the amount or the term of the cover, it may affect the terms and conditions of your cover.

Q. How much will my cover cost?

A. The amount of the monthly or yearly premium will be shown on the YourLife Plan - Income Protection Cover Summary we send you when your cover starts.

Q. What if I stop paying?

A. If you don't pay your first premium, your cover will not start and you won't be covered. If you miss a subsequent premium, we will write to you to let you know. If it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel your cover and you will no longer be covered.

If we cancel your cover because you didn't pay a premium, you can ask us to restart it 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 and you must clear any premium arrears. There may be circumstances when we can't restart your cover. If this happens, we'll explain our decision to you.

Q. Can my premium change in the future?

The premium that you pay will only change if:

- you ask for a change to the cover, or
- we have accepted a Waiver of Premium claim - in which case you won't pay for this cover during this time. You'll still pay premiums for those covers which you haven't chosen Waiver of Premium for, or
- you have misstated your age, or
- you have chosen an increasing monthly benefit - in which case your premium will increase annually. The amount of the increase will depend on the age of the person covered and the remaining term at that time. We will write to tell you what the additional premium will be. You can tell us that you do not want the increase. If you do this, we will keep the monthly benefit at its current level.

Q. How do I make a claim?

- A. Please tell us as soon as you think you need to make a claim. You can:
- call us on 0845 600 6815 (calls should cost no more than 5p per minute from a BT landline, networks may vary), or
 - email us at claims@fortislife.co.uk, or
 - write to us at Claims Team, Fortis Life, PO Box 205, Wymondham, NR18 8AH.

We are open Monday to Friday, from 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.

A claims adviser will explain the process and what information we'll need. There is more information about claiming your benefit in the Cover Details.

Q. Who will you pay the benefit to?

- A. We will pay the benefit to the person legally entitled to receive it. Who this will be depends on the nature of the claim and the circumstances at the time.

Q. How can I contact you?

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

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.

Q. How do I make a complaint?

- A. If you have a complaint, please contact our customer care team at the following address:
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

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

Website: www.financial-ombudsman.org.uk

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

C2 Other information

The Law

The Law of England and Wales will apply to this cover.

Language

All our communications with you now, and throughout the term of the Plan, will be in English.

Financial Services Compensation Scheme

Your cover is covered by the Financial Services Compensation Scheme. The scheme covers you if we cannot meet our obligations. You can get more information about compensation scheme arrangements from us - our contact details are on page 16.

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

What we will use personal information for

We will only use personal information about the person covered 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 they have asked us not to in the application.

We will keep their information for a reasonable period for these purposes.

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

Where we may get personal information from

We may get personal information about the person covered from: them, their financial adviser, or from other sources - for instance their doctor.

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

Who we will share personal information with

We may share personal information about the person covered solely for the purposes listed in 'What we will use personal information for' 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
- other parts of the Fortis Group, and
- legal and regulatory bodies.

We may give copies of medical information we obtain about them to their own doctor.

Giving us information about another person

If the person covered gives us information about another person, they confirm that the other person has given them the authority to consent to the processing of their personal data. The person covered also confirms that they have informed the other person 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 instructions and for us to use in training and quality assurance.

If the person covered would like more information about how we will use their personal information or they would like to choose how they get marketing communications from us, they can:

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

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

Fortis Life UK Limited
Registered Address

5 Aldermanbury Square
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Telephone 0845 600 6820

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