Zurich Whole of Life
Terms and conditions
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1. Definitions

Like many industries, insurance has a language all of its own. We’ve tried to remove jargon wherever we can. Where we need to use a technical or legal term we’ll show this in **bold**. A glossary of these terms can be found in section 15.

Please see section 12 for details of the general terms applying to your policy, as these are important.

2. What cover does your policy provide?

The main purpose of this policy is to provide a lump sum payment of the **sum assured** when a **life assured** (or both **lives assured**) dies. The policy will then end as it will only pay out once.

For more details, please see section 5.

3. Who will be covered?

The policy can cover one person (**life assured**) or two people jointly (**lives assured**). Where we’re covering two people jointly, the policy will only pay out the **sum assured** once – **you** can choose whether this is after the first **life assured** has died or been diagnosed with a **terminal illness** or after both **lives assured** have died or been diagnosed with a **terminal illness**.

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

The table below shows the minimum and maximum age a **life assured** can be to start a policy. For example if the age is shown as 83, it means before their 84th birthday. If the policy is for joint life, the maximum ages below apply to the older **life assured**.

<table>
<thead>
<tr>
<th>Life cover</th>
<th>Age at policy start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person policy</td>
<td>Minimum</td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Joint life policy – <strong>sum assured</strong> to be paid out after the first <strong>life assured</strong> dies</td>
<td>16</td>
</tr>
<tr>
<td>Joint life policy – <strong>sum assured</strong> to be paid out after both <strong>lives assured</strong> die</td>
<td>16</td>
</tr>
</tbody>
</table>

**You** must be a **UK resident** when **your** policy starts.
4. When will you be covered?

Your policy will run from the **start date** until we pay a claim following the death or diagnosis with a **terminal illness** of a **life assured** or the **lives assured**.

You can choose a **start date** up to 90 days in the future, providing your premiums won’t increase from those we’ve agreed with you, in which case you’ll need to choose an earlier date. This is because the age of the **life assured** or **lives assured** affects how much we’ll charge to provide this cover.

The policy will end when the **sum assured** has been paid.

Your policy will end earlier if:

- your premiums aren’t paid when agreed (see section 8)
- we cancel the policy because you or a **life assured** didn’t answer all the questions we asked fully, honestly, and accurately, to the best of your or their knowledge
- we cancel the policy because offering cover will violate any financial sanctions, laws or regulations
- in our reasonable opinion you are in material breach of these terms and conditions.
- the **life assured** doesn’t give us consent to access their medical reports as part of our routine checks (see section 7.1 for more details).

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

5. How much will you be covered for?

Your 'Confirmation of terms' shows the amount you’re covered for, any additional benefits and any specific exclusions we’ve applied to your policy. It also shows you how much you’ll pay.

Your **sum assured** will stay the same throughout the life of your policy unless you choose increasing cover (see below) or decide to make any other changes (see section 10).

If you want to check your current level of cover at any time, you can view your policy online on your customer portal.

<table>
<thead>
<tr>
<th>Whole of life cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <strong>sum assured</strong> will be payable when a <strong>life assured</strong> dies or if they are diagnosed with a <strong>terminal illness</strong> during the life of the policy. For joint policies, you can choose when you take out your policy whether this is after one or both of the <strong>lives assured</strong> die or are diagnosed with a <strong>terminal illness</strong>.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When you claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>As long as your claim is valid and meets the terms and conditions of your policy, we’ll pay out the <strong>sum assured</strong> and the policy will end.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>We won’t pay a claim in full or in respect of an increase in <strong>sum assured</strong> if the <strong>life assured</strong> commits suicide or dies as a result of intentional self-inflicted injury within 12 months of the <strong>start date</strong> or the date a requested increase or milestone benefit is exercised. Instead, we’ll refund the <strong>premiums</strong> paid in respect of your cover.</td>
</tr>
</tbody>
</table>
Level or increasing cover

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

Level cover

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

Increasing cover

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

Your premiums will go up each year by 2% for each 1% increase in cover we provide. If your ‘Confirmation of terms’ shows a premium loading on your policy, your premiums may go up by less than this.

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

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

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

We won’t increase your cover and premiums if it means that the sum assured would exceed £40m.
6. What additional benefits can the policy provide?

You can choose to include waiver of premium on your policy at extra cost. If the policy is a joint policy, this option can be taken for either or both lives assured. Your ‘Confirmation of terms’ will show if you have this cover and the cost.

**Waiver of premium**

This benefit is payable if a life assured is incapacitated as a result of illness or injury for more than six months, and can’t perform their own occupation. This period of six months before any benefit is paid is known as the ‘deferred period’. If the policy is a joint policy, the waiver of premium option can be taken for either or both lives assured.

The benefit can start any time between the age of 16 and the day before the life assured’s 55th birthday, and will end the day before their 70th birthday. We’ll stop charging you for this benefit at this time and will reduce your premiums accordingly. If it’s a joint policy, this benefit will end for each life assured when they reach the maximum age.

**When you claim**

As long as your claim is valid and meets the terms and conditions of your policy, we’ll pay the premiums on this policy from six months after the life assured becomes incapacitated.

We’ll pay the premiums until:

- the life assured no longer meets our definition of incapacitated
- the life assured returns to paid employment
- the 70th birthday of the life assured, or
- the policy ends.

You must restart paying the premiums on your policy when we stop paying them or your cover will end.

**Special conditions**

We won’t pay the waiver of premium benefit if:

- the life assured wasn’t in a paid job when they became incapacitated
- the life assured has more than one occupation and they can still do the main duties of any of them
- the life assured is not continuously incapacitated throughout the first six months
- the entitlement to the waiver of premium benefit has less than six months to run when the life assured becomes incapacitated. This is because the benefit is only payable after six months of incapacity
- the life assured is living abroad and doesn’t get a diagnosis in one of the countries we accept (see section 14.5)
- you don’t tell us about the claim within six months of being unable to work (see section 9).

**Example – waiver of premium**

If you’re signed off work with stress and make a valid claim for this benefit, you’d pay your premiums for the first six months that you’re unable to work. If you’re still unable to work after six months, we’d start paying your premiums for you. If you go back to work after a year, when you return to work we’d stop paying your premiums for you. Your life cover is unchanged during this period, and if you’re unable to work again in the future, you can make another claim under the waiver of premium benefit.
7. Your commitment

7.1 If anything changes or is incorrect

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

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

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

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

If you don’t tell us about something that’s incorrect or has changed, the policy may be cancelled, its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.

If you tell us about something that’s incorrect or has changed but it does not affect the cover we have offered then we may alter the policy to the extent required to keep our records up to date but your premiums and these terms will not change.

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

7.2 If your contact details change

You can make changes to your contact details on the customer portal. Please let us know as soon as possible if your or a life assured’s name, address or contact details change. If you or a life assured move abroad, you must let us know – please see section 14.4 for more details.

7.3 If you want to cancel

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

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

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

7.4 If you need to make a claim on your policy

You, or the person dealing with your affairs, should tell us as soon as possible if you need to make a claim. For more information on how to make a claim, please see section 9.
8. Paying your premiums

8.1 How much you’ll pay

Your ‘Confirmation of terms’ shows how much your premiums will be.

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

Any changes you make to your policy must not reduce your premium below our minimum premium amount. As at May 2018, our minimum premiums are £8 a month or £80 a year.

8.2 How you can pay

We’ll collect your premiums by direct debit. You can choose whether to pay monthly or annually. Premiums will only be collected from a bank account held in the UK and must be paid in sterling.

8.3 When you pay

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

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

You can also at any time:
- change from monthly to annual premiums, or
- change from annual to monthly premiums.

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

8.4 If you don’t pay your premium

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

We won’t reinstate a policy which has ended – if you still need cover you’ll need to apply for a new policy.
9. Making a claim

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

Call **us** on:

**Tel. 0370 243 0827**

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

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

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

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

9.1 What information we’ll need

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

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

9.2 Waiver of premium benefit

Please tell **us** as soon as possible, or at the latest within six months of the **life assured** becoming **incapacitated**, so that **you** don’t miss out on any cover. **You** must continue paying **your** premiums during the **deferred period** or until **we** agree **your** claim, if later. **We’ll** refund any **premiums you** pay between the end of the **deferred period** and when **we** accept **your** claim.

The **life assured** must be receiving regular medical care and supervision for their condition and **we** can ask them, or their **doctor**, for medical evidence at regular intervals to check whether or not **you’re** still eligible to claim.
10. What changes can you make to your policy?

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

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

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

10.1 Increasing the amount of cover you have

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

**Requested increase**

You can ask us to increase your sum assured at any time. We’ll ask you about any changes in each life assured’s personal circumstances to see if we’re willing to offer this extra cover. If we are, we’ll work out your new premium based on each life assured’s latest personal circumstances and their age at the time you increase the cover.

**Milestone benefit**

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

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

You’ll need to be 54 years old or younger when you use this benefit. If your policy covers two people, you’ll both need to be 54 years old or younger and will both need to agree to increase your cover. If you are using this option in connection with an increase in inheritance tax liability, you’ll need to be 69 years old or younger.

You won’t be able to use the milestone benefit to increase your cover if your policy includes waiver of premium benefit and a life assured is incapacitated.

Once the new cover is in place your premiums will increase to reflect the extra cover we are providing. We’ll work out your new premium based on your personal circumstances when you took out the policy and your age at the time you increase your cover.
You must send us evidence of the significant life event within 90 days of the event. The following table shows the evidence we require:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>What documents do we need to see?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marrying or entering into a civil partnership.</td>
<td>Marriage certificate or civil partnership certificate.</td>
</tr>
<tr>
<td>Divorcing, dissolving a civil partnership, or separation.</td>
<td>Decree absolute or dissolution order. Alternatively, for separation, evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses.</td>
</tr>
<tr>
<td>Becoming a natural parent or adopting a child.</td>
<td>Birth certificate or adoption certificate.</td>
</tr>
<tr>
<td>Increasing your mortgage to purchase your home, move house or improve your main home.</td>
<td>Copy of the lender’s offer letter.</td>
</tr>
<tr>
<td>Increasing your salary by 10% or more after a promotion or change of job. This does not apply if you are self-employed or in a position where you can decide the amount of your own salary.</td>
<td>Evidence of the promotion or change in job and increased annual salary.</td>
</tr>
<tr>
<td>Increase in inheritance tax liability if you receive an inheritance or the value of your estate increases due to inflation, stock market movements, interest paid on your savings or a salary increase.</td>
<td>Evidence of the increase in inheritance tax liability.</td>
</tr>
<tr>
<td>Increase in inheritance tax liability due to a change in inheritance tax legislation. This includes increases due to changes in rates or bands, but excludes those arising from the removal of any tax exemption on existing assets.</td>
<td>Evidence of the change in legislation and increased inheritance tax liability.</td>
</tr>
</tbody>
</table>

Example – milestone benefit

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

If you want to reduce the sum assured, you can do this at any time. There’s no limit on the amount you can reduce your cover by, providing your premiums don’t go below our minimum premium amount (see section 8). Please see section 10.1 for what will happen if you want to increase your cover again. If you reduce your cover, your new premium will be based on your new sum assured.

10.3 Changing the rate your policy increases

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

10.4 Removing the increasing cover option

If you’ve chosen increasing cover but want to change to level cover (see section 5, ‘Level or increasing cover’), you can do this at any time. Once you’ve removed this option, you won’t be able to add it back again. It’s not possible to change from level cover to increasing cover at any time.

10.5 Adding or removing the waiver of premium benefit

Your policy also provides you with access to the waiver of premium additional benefit, as explained in section 6. This can be added or removed after your policy has started. You can only add it if each life assured’s age is within the permitted age range.

If you wish to add the waiver of premium benefit, we’ll ask you about any changes in each of the life assured’s personal circumstances to see if we’re willing to add this benefit. If we are, we’ll work out your new premium based on each life assured’s latest personal circumstances and their age at the time you change your cover.

If you wish to remove the waiver of premium benefit, we’ll reduce your premium to reflect this change.

10.6 Reviewing your premium if you’ve previously smoked

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

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

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

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

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

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

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

12. General terms

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

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

If the ownership of this policy is transferred to someone else, **we** must be informed by a ‘notice of assignment’ at **our** address shown in section 16. This protects the legal position of the person to whom it is transferred. Notices of assignment must give the date and details of the assignment, including the full name of the person to whom the policy ownership is being transferred.

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

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

If there are joint policyholders, you’ll both need to agree to exercise any options on the policy.
13. Law

The policy is governed by the law of England.

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

14. Other information

14.1 How to complain

If **you** need to complain, please see section 16, ‘How to contact us’.

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

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

Telephone: 0800 023 4567 or 0300 123 9123

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

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

14.2 Compensation

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

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

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

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

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

Telephone: 0800 678 1100 or 020 7741 4100

Or visit the website www.fscs.org.uk
14.3 Data Protection

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

14.4 Moving abroad

This policy is designed for customers who are resident in the United Kingdom. The policyholder and life assured must be deemed permanent UK residents at the time the policy starts.

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

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

14.5 Living abroad

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

14.6 Conflicts of interest

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

14.7 Interpretation

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

Within the pages of this document we’ve highlighted in **bold** type a number of defined terms. The definition of these can be found below.

<table>
<thead>
<tr>
<th>Technical or legal term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>customer portal</td>
<td>The online portal where you can find details of your policy and any communications we send to you.</td>
</tr>
<tr>
<td>deferred period</td>
<td>The amount of time you have to wait from when you become incapacitated until we will start paying your premiums under waiver of premium benefit. This is six months.</td>
</tr>
<tr>
<td>doctor</td>
<td>A doctor or surgeon registered, or provisionally registered, with the General Medical Council and licensed to practice in the UK.</td>
</tr>
<tr>
<td>exclusion</td>
<td>An exclusion removes our obligation to pay the cover or the benefits (or both) where the claim results from you taking part in certain specified occupations, pursuits or activities, or where you suffer from certain specified illnesses, disabilities or medical conditions. We’ll include any specific exclusions on your ‘Confirmation of terms’.</td>
</tr>
<tr>
<td>incapacitated, incapacity</td>
<td>Incapacity means an injury or illness that causes a life assured to be unable to do the main duties of his or her usual paid job. We’ll look at the duties of the life assured’s job and the life assured’s ability to do them. For example, the life assured might be a personal assistant whose main duties include writing and typing letters and using the telephone to organise meetings and diaries. We would still pay waiver of premium benefit if the life assured could no longer write and type letters and organise meetings and diaries, even if he or she was still able to use the telephone. Paid job does not include undertaking domestic tasks, for example as a housewife or househusband, in the life assured’s own home. If the life assured was looking after someone else’s house and being paid to do so, this does count as a paid job. We’ll always act reasonably in considering a claim to be incapacitated.</td>
</tr>
<tr>
<td>life assured, lives assured</td>
<td>The person or (for joint policies), the two people who are insured by this policy.</td>
</tr>
<tr>
<td>own occupation</td>
<td>The life assured’s trade, profession or type of work which they do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.</td>
</tr>
<tr>
<td>personal circumstances</td>
<td>These include details of your age, previous and current smoker status, occupation, health, family history, lifestyle, activities and travel.</td>
</tr>
<tr>
<td>policy year</td>
<td>The 12 month period running from the anniversary of the policy start date.</td>
</tr>
<tr>
<td>policyholder, policyholders</td>
<td>The person or persons who take out the policy. They don’t have to be the life assured or lives assured, but if they’re not, they will have to show they would suffer financially if any individual who is insured by this policy were to die or be diagnosed with a terminal illness.</td>
</tr>
</tbody>
</table>
**premium, premiums**  
The monthly or annual amount **you** pay for **your** cover.

**premium collection date**  
The day of the month **you** choose for **your premiums** to be collected.

**premium due date**  
If **you** choose to pay monthly the first **premium** will be due on the **start date** of the policy, and subsequent **premiums** will be due on the same day of each month after that. If **your** policy **start date** is on 29th, 30th or 31st of the month, in any month which doesn’t have one of those dates in it, the due date will be the last day of that month.

If **you** choose to pay annually, the first **premium** will be due on the **start date** of the policy, and subsequent **premiums** on each anniversary of the **start date** after that.

**Retail Prices Index (RPI)**  
This is a measure of inflation in the United Kingdom as compiled by the Office for National Statistics, or any official published retail prices index that **we** adopt in its place. It measures the average change each month in the prices of goods and services bought by most households in the United Kingdom. If **you** have chosen to have **your** cover increase by **RPI**, **your** cover will increase by the same percentage as **RPI** increased over the 12 month period that ended four months before the relevant anniversary of the **start date**. **Your** level of cover will not change if there has been a fall, or no increase, in the index over this period.

**smoker, smoking**  
Someone who last smoked cigarettes or cigars, used a pipe or any other form of tobacco or nicotine products, including e-cigarettes or nicotine replacement products, in the last 12 months.

**start date**  
The date **your** cover starts.

**sum assured**  
The amount of cover **you** have chosen to take out insurance for. This is a lump sum, one-off payment.

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

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

**UK resident**  
Habitually resident in the UK for a minimum of 6 months and being resident in the UK for tax purposes. Habitually resident means the UK is their centre for economic, domestic and social interests.

**we, our, us or Zurich**  
Zurich Assurance Ltd – the company providing the policy.

**you, your**  
Except for the part of section 7, ‘Your commitment’ under the heading ‘If anything changes or is incorrect’, this means the **policyholder** or **policyholders**.
16. How to contact us

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

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

Write to: Zurich Assurance Ltd
Tricentre One
New Bridge Square
Swindon
SN1 1HN
UK

Keep in touch

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

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

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

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