

Zurich Personal Protection Terms and conditions



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Large print,
braille and
audio.

Please let us know if
you’d like a copy of
this in large print,
braille or audio.

If you’re 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.

This document sets out the terms and conditions relating to your Zurich Personal Protection policy. Your 'Confirmation of terms' sets out the specific cover we agree with you. Together these documents form the contract of your policy provided by Zurich Assurance Ltd. You should read them carefully.

1. Definitions

Zurich and you

Zurich is the company providing the policy to you. Throughout this document, when we say "we", "our", "us" or "Zurich", we're referring to Zurich Assurance Ltd. When we say "you" or "your" we're referring to the **policyholder** or **policyholders**.

Technical terms

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 17.

Please see section 14 for details of the general terms applying to your policy, as these are important.

2. What does the policy do?

Life Cover



Pays out your chosen **sum assured** if a **life assured** or both **lives assured** die or are diagnosed with a **terminal illness** before the policy ends.

Critical Illness



Pays out your chosen **sum assured** if a **life assured** is diagnosed with one of the critical illnesses covered by the policy before the policy ends and survives for ten days.

Life Cover and Critical Illness



Pays out your chosen **sum assured** if a **life assured** is diagnosed with one of the critical illnesses covered under the policy, a **terminal illness** or dies before the policy ends.

For more details, please see section 7.

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 can only pay out the **sum assured** once.

If the policy covers two people, you can choose whether the policy's **sum assured** is paid out after either:



the first **life assured** is diagnosed with a critical illness, **terminal illness**, or dies (depending on the cover you have). We call this **joint life first event**.

or



both **lives assured** die, or are diagnosed with a **terminal illness**. We call this **joint life second event**.

Once the **sum assured** is paid out, the policy will stop.

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) dies or suffers a critical illness.

Your policy offers the option of adding on cover for the **lives assured's children**. Further information can be found on page 16.

You must be a **UK resident** and registered with a **UK doctor** when this policy starts and for six months prior to applying.

The minimum and maximum ages for cover are shown in the table in section 12.

4. When will you be covered?



Your policy will run from the **start date** to the end of the **term**. These are shown in 'Your Zurich Personal Protection Policy Schedule'.

You can choose a **start date** up to 120 days in the future from the date we agree terms with you.

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 – please see section 6 'Your commitment' for more details.

You agree how long you want the **term** of your policy to be. This may be a specific number of years, or, if there is only one **life assured**, to a specific birthday. If you choose to take out your policy until a specific birthday, this may result in a **term** with partial years. In this case you must pay your **premiums** monthly rather than annually. The minimum and maximum **term** for the policy is shown in the table in section 12.



Your cover will stop before the end of the **term** if:

- we pay out the **sum assured**
- your **premiums** aren't paid when agreed (see section 10.4 for more details)
- 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, or may, violate any financial sanctions, laws or regulations
- in our reasonable opinion you're in material breach of these terms and conditions
- we cancel the policy within 30 days of the **start date** because a **life assured** doesn't give or withdraws consent to us accessing their medical records
- the **life assured** doesn't give or withdraws consent to access their medical records as part of our routine checks (see section 6 for more details).

You can end your policy at any time using the contact details on page 39. There is no cash-in value for the policy.



5. How much will you be covered for?

Your 'Confirmation of terms' shows the initial **sum assured** you're covered for, any specific **exclusions**, and how much you'll pay.

Your **premiums** will stay the same throughout the **term** of your policy unless:

- you choose the Increasing Cover option
- you ask us to change your cover during the **term** of the policy
- we receive additional information regarding your application details and your terms are changed because of this (see section 6 for more details).

At the start of your policy you choose whether you want Level Cover, Decreasing Cover or Increasing Cover. You can also choose Family Income Cover which can be level or increasing. You can only choose these options before your policy starts – you can't add them later.

See section 9 for changes you can make to your policy.



Level Cover

If you choose Level Cover the **sum assured** and **premiums** will stay the same throughout the **term** of your policy unless you change your cover. In the event of a successful claim, we'll pay the **sum assured** as a lump sum.



Decreasing Cover

You can choose to have your **sum assured** reduce, taking account of a fixed interest rate. If you choose this option your **sum assured** will decrease each month and will reduce to zero by the end of the **term**. The cover is designed to reduce in line with the outstanding amount on a repayment mortgage of the same interest rate.

When your policy starts, you can choose a fixed interest rate between 2% and 18% per year, at 2% intervals.

If you've chosen Children's Cover, Zurich Accelerate or Multi-Fracture Cover on your policy this benefit won't reduce.

Your **premiums** will stay the same over the **term** of your policy.

Remember, the percentage by which your **sum assured** will reduce may be different from the percentage decrease in your outstanding mortgage or loan, so there's a chance that the amount we would pay on a claim may be more or less than the amount you owe.

To reduce the risk of a claim amount being less than the amount you owe on your mortgage or loan, you can choose a fixed interest rate that is higher than your mortgage or loan interest rate.

If you choose Decreasing Cover, you won't be able to add the Conversion Option or Renewal Option to your policy as your **sum assured** will reduce to zero at the end of the **term**.

Decreasing Cover is not available if you've selected a **joint life second event** policy.



Family Income Cover

You can only select Family Income Cover when you first take out your policy.

If you select Family Income Cover, in the event of a successful claim, the **sum assured** will be paid as a monthly income over the remaining **term** of the policy.

If you select level Family Income Cover the **sum assured** and **premiums** will stay the same throughout the **term** of your policy unless you change your cover.

If you choose Family Income Cover, you won't be able to add the Conversion Option or Renewal Option to your policy.

Family Income Cover is not available if you've selected a **joint life second event** policy.



Increasing Cover and Increasing Family Income Cover

When your policy starts, you can choose for your cover to increase each year by 3%, 5%, or in line with the **Retail Price Index**. If you choose to increase your cover by the **Retail Price Index**, any increase will be limited to a maximum of 10% in any year.

The increase in cover will apply to all the benefits on your policy, apart from Children's Cover and Multi-Fracture Cover which, where selected, will stay at the same level throughout the **term** of the policy.

Your **premiums** will go up each year by 1.5% for each 1% increase in cover so that we can provide you with this extra cover.

If your 'Confirmation of terms' shows a **premium** loading on your policy, your **premiums** may go up by less than this.

If you have Children's Cover, your **premiums** for this benefit will stay the same throughout the **term** of the policy, unless you ask to change the **sum assured** of the Children's Cover benefit.

If you have Multi-Fracture Cover, your **premiums** for this benefit will stay the same throughout the **term** of the policy.

If you have Zurich Accelerate, the **premium** is reviewable so may change in future. However, it won't increase each year under Increasing Cover.

We'll make this change automatically each year on the anniversary of the **start date**. We'll let you know eight weeks in advance in your 'Annual statement' 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 your policy **term**, we'll remove Increasing Cover from your policy, 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 Life Cover **sum assured** would exceed £40m
- the Life Cover and Critical Illness **sum assured** would exceed £3m (or £2m if you have Total Permanent Disability benefit on your policy)
- the Critical Illness Cover **sum assured** would exceed £3m (or £2m if you have Total Permanent Disability benefit on your policy).

Applicable to Increasing Family Income Cover only:

- The limits detailed above will be applied to the **sum assured** multiplied by the remaining number of months on the policy **term**.
- In the event of a successful claim the **sum assured** will continue to increase by the selected rate during the claim until the end of the policy **term**.

If you want to check your current level of cover, you can do so by logging on to the **customer portal**.

6. Your commitment

If anything changes or is incorrect

For the purpose of this section only, when we say “you” or “your”, we mean 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 given in a previous application, it must be given again. If you don't answer the questions correctly 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.

The **policyholder** is ultimately responsible for the information given 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've 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 applying for the cover and the policy **start date**, it is important that you let us know as soon as possible.

As part of our routine checks on the accuracy of the information that has been given to us, we may use the permission you gave us, when applying for your policy, to access your medical records to obtain information for up to six months after your policy has started. If you withdraw your consent, we'll cancel your policy.

If our routine checks find incorrect information, or if you don't tell us about something that's incorrect or changes before the policy **start date**, 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.

Following our routine checks we may need to amend the terms of your cover and/or your **premium** to continue to keep you covered. We'll issue a new 'Confirmation of terms' and you'll have 30 days to decide whether or not you want to accept it. If you make a claim during this time, we'll take into account any additional information we receive as part of our routine checks. If you decide not to accept the new 'Confirmation of terms', we'll need to end your policy. If we do this from 30 days after your policy **start date**, we won't refund any paid **premiums**.

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 16.5 'Moving abroad' for more details.

Paying your premiums

It's your responsibility to ensure that the **premiums** are paid on time, even if your **premiums** are paid by a third party.

If you don't pay your **premium** on time, your policy will end, and we'll stop providing you with cover – see section 10.4 for how this works.

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. Any **premiums** you've already paid won't be refunded.

You can contact us to cancel using the contact details in section 16.1 'How to contact us'.

If you need to make a claim on your policy

You 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 11.

7. What cover does your policy provide?

At the start of your policy, you choose whether to have Life Cover, Critical Illness Cover or Life Cover and Critical Illness. You can't change this once your policy has started. Your 'Confirmation of terms' shows what cover you have and any **exclusions** we've applied to your policy.

Life Cover



If a **life assured** or **lives assured** die or are diagnosed with a **terminal illness** during the policy **term**



We'll pay out the **sum assured**



The policy will stop.



For joint policies, you can choose when you take out your policy, whether the cover will pay out after one or both of the **lives assured** die or are diagnosed with a **terminal illness**.

Special conditions for Life Cover

We won't pay a Life Cover claim in full or in respect of an increase in **sum assured** if the **life assured** dies as a result of suicide or intentional self-inflicted injury within 12 months of the **start date** or the date a requested increase or milestone benefit is exercised. Instead, we'll refund the **premiums** paid in respect of your cover.

Critical Illness Cover

Critical Illness Cover will cover you for 39 Full Payment conditions and 2 Additional Payment conditions. The Full Payment conditions will pay out your **sum assured**, and your policy will stop. The Additional Payment conditions will pay out a lower amount and your cover will continue.

These conditions are included in Appendix 1 on pages 44 to 49.

Full Payment conditions



If a **life assured** is diagnosed with a critical illness that meets one of the definitions listed in Appendix 1 and survives for at least ten days



We'll pay out the **sum assured**



The policy will stop.

Additional Payment conditions

If a **life assured** is diagnosed with an Additional Payment condition that meets one of the definitions listed in Appendix 1 and survives for at least ten days:

If you've selected a lump sum pay out



We'll pay out the lower of £25,000 or 25% of the **sum assured**



The policy will continue with no change to the **sum assured**.

If you've selected Family Income Cover



We'll pay the benefit as a lump sum. This will be the lower of £25,000 or 25% of the **sum assured** multiplied by the remaining months left on the policy



The policy will continue with no change to the **sum assured**.

Special conditions for Critical Illness Additional Payment conditions

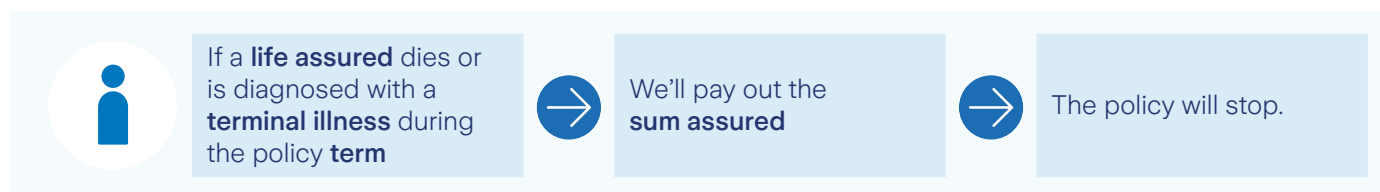
- If you make a claim that meets the definition of a Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the Full Payment condition.
- If the **life assured** suffers the same Additional Payment condition again, you won't be able to claim a second time.
- If the **life assured** were to suffer a different illness which we cover, you could make another claim.
- On a joint life policy, both **lives assured** can claim for the same Additional Payment condition.

Special conditions for Critical Illness Full Payment and Additional Payment Conditions

- We won't pay a claim if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details).
- The policy won't pay out if a **life assured** is diagnosed with a critical illness, that meets the definition of a Full Payment condition or Additional Payment condition and doesn't survive for ten days.

Life Cover and Critical Illness

Life Cover

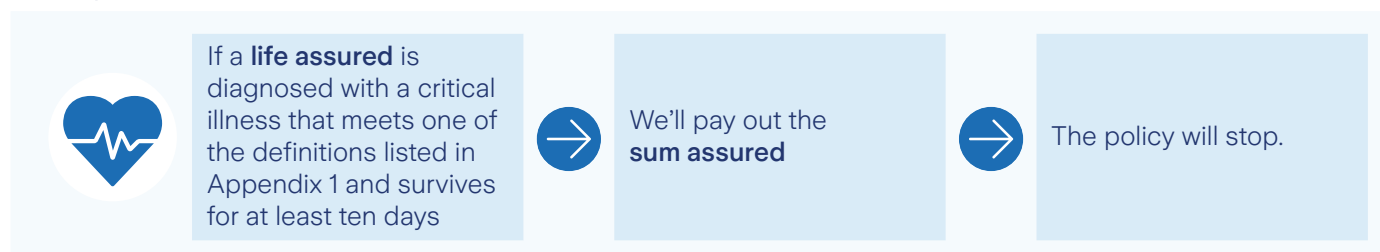


Critical Illness

Critical Illness will cover you for 39 Full Payment conditions and 2 Additional Payment conditions. The Full Payment conditions will pay out your **sum assured**, and your policy will stop. The Additional Payment conditions will pay out a lower amount and your cover will continue.

These conditions are included in Appendix 1 on pages 44 to 49.

Full Payment conditions



Additional Payment conditions

If a **life assured** is diagnosed with an Additional Payment condition that meets one of the definitions listed in Appendix 1 and survives for at least ten days:

If you've selected a lump sum pay out



We'll pay out the lower of £25,000 or 25% of the **sum assured**



The policy will continue with no change to the **sum assured**.

If you've selected Family Income Cover



We'll pay the benefit as a lump sum. This will be the lower of £25,000 or 25% of the **sum assured** multiplied by the remaining months left on the policy



Example: How Critical Illness Cover claims work

You have a Life Cover and Critical Illness policy with a **sum assured** of £130,000. You're diagnosed with "less advanced cancer of the breast – with surgical removal", and we pay out £25,000 (the lower of £25,000 or 25% of the **sum assured**). You later suffer a "stroke, resulting in specified symptoms", and we pay out the full **sum assured** of £130,000. The policy then stops.

Special conditions for Life Cover

We won't pay a Life Cover claim in full or in respect of an increase in **sum assured** if the **life assured** dies as a result of suicide or intentional self-inflicted injury within 12 months of the **start date** or the date a requested increase or milestone benefit is exercised. Instead, we'll refund the **premiums** paid in respect of your cover.

Special conditions for Critical Illness Additional Payment Conditions

- If you make a claim that meets the definition of a Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the Full Payment condition.
- If the **life assured** suffers the same Additional Payment condition again, you won't be able to claim a second time.
- If the **life assured** were to suffer a different illness which we cover, you could make another claim.
- On a joint life policy, both **lives assured** can claim for the same Additional Payment condition.

Special conditions for Critical Illness Full Payment and Additional Payment Conditions

- We won't pay a claim if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details).
- The policy won't pay out if a **life assured** is diagnosed with a critical illness, that meets the definition of a Full Payment condition or Additional Payment condition and doesn't survive for ten days.

8. What additional policy options and life assured benefits can the policy provide?

You can choose to include a number of additional policy options and **life assured** benefits on your policy at an extra cost. Some depend on whether you've chosen Life Cover, Critical Illness Cover or Life Cover and Critical Illness. These are split into policy options, which will apply to your policy, and **life assured** benefits, which will be specific to individual **lives assured** covered by the policy.

Your 'Confirmation of terms' shows what additional policy options and **life assured** benefits you've chosen.

	Life Cover	Critical Illness Cover	Life Cover and Critical Illness
Policy options			
Critical Illness Enhanced	–	✓	✓
Critical Illness Enhanced Plus	–	✓	✓
Children's Cover	✓	✓	✓
Children's Enhanced Cover		✓	✓
Pregnancy and Early Childhood Cover*	✓	✓	✓
Conversion Option**	✓	–	–
Renewal Option**	✓	✓	✓
Life assured benefits			
Total Permanent Disability	–	✓	✓
Waiver of Premium	✓	✓	✓
Zurich Accelerate	✓	✓	✓
Multi-Fracture Cover	✓	✓	✓

*Pregnancy and Early Childhood Cover is only available if you have Children's Cover or Children's Enhanced Cover

You can't include both Renewal Option and Conversion Option on the same policy and neither are available if you choose Decreasing Cover, Family Income Cover or select a **joint life second event policy.

You'll find more details on these additional policy options and **life assured** benefits on the following pages.

8.1 Critical Illness Enhanced

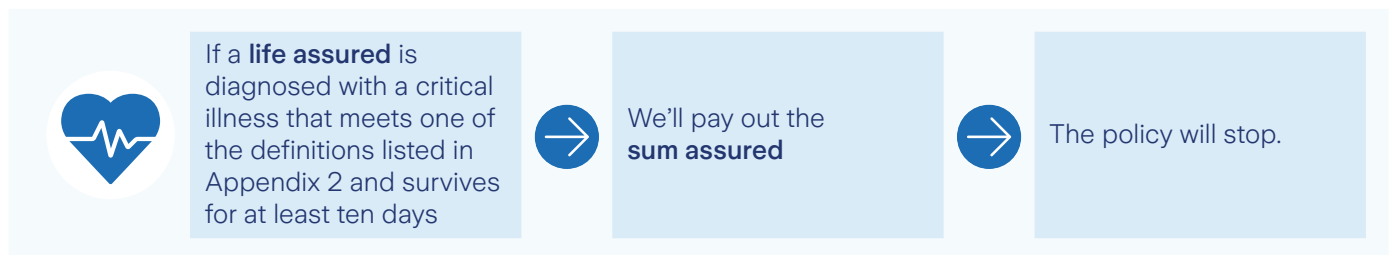


If you choose a Critical Illness Cover or Life Cover and Critical Illness policy, you can choose to upgrade to Critical Illness Enhanced. This offers a wider range of critical illness conditions. Your 'Confirmation of terms' will show if this benefit is included on your policy. You can only add Critical Illness Enhanced to your policy at the start. It can be removed at any time and your policy will revert to the conditions covered under Critical Illness.

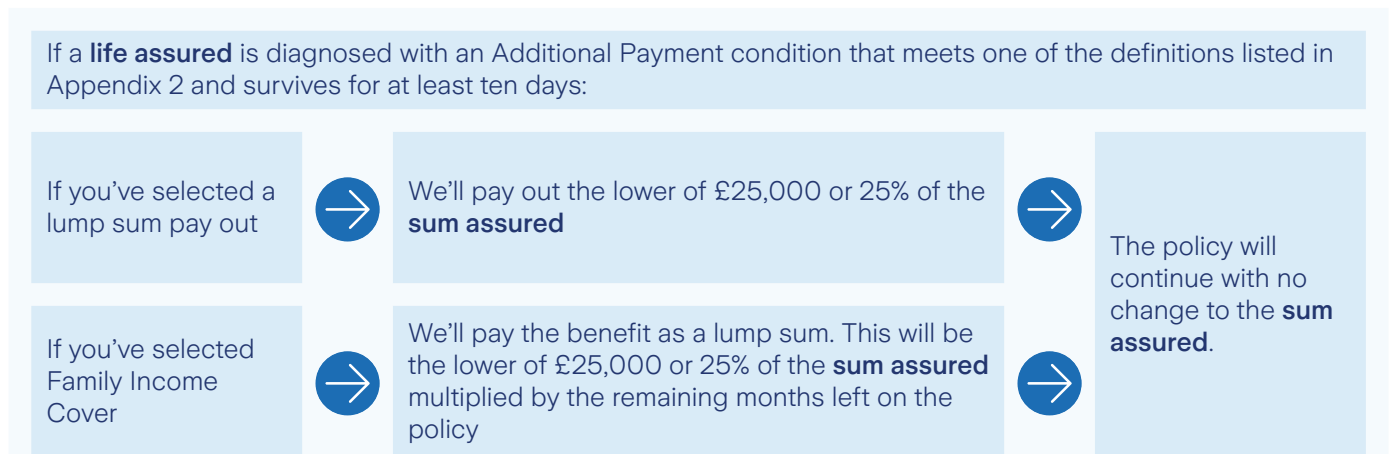
If you add this policy option, you'll still be covered for all the conditions covered under Critical Illness Cover or Life Cover and Critical Illness, detailed in Appendix 1 on pages 44 to 49.

In addition, we'll cover you for an extra 13 Full Payment conditions and 31 Additional Payment conditions. The conditions covered under Critical Illness Enhanced are included in Appendix 2 on pages 50 to 55.

Full Payment conditions



Additional Payment conditions



Special conditions for Critical Illness Enhanced Additional Payment conditions

- If you make a claim that meets the definition of a Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the Full Payment condition.
- If the **life assured** suffers the same Additional Payment condition again, you won't be able to claim a second time.
- If the **life assured** were to suffer a different illness which we cover, you could make another claim.
- On a joint life policy, both **lives assured** can claim for the same Additional Payment condition.

Special conditions for both

- We won't pay a claim if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details).
- The policy won't pay out if a **life assured** is diagnosed with a critical illness, that meets the definition of a Full Payment condition or Additional Payment condition and doesn't survive for ten days.

8.2 Critical Illness Enhanced Plus



If you choose a Critical Illness Cover or Life Cover and Critical Illness policy, you can choose to upgrade to Critical Illness Enhanced Plus. Your 'Confirmation of terms' will show if this policy option is included on your policy. You can **only** add Critical Illness Enhanced Plus to your policy at the start. It can be removed at any time and your policy will revert to the pay outs and conditions covered under Critical Illness Enhanced.

If you add this policy option, you'll still be covered for all the conditions covered under Critical Illness Cover or Critical Illness Enhanced detailed in Appendix 1 on pages 44 to 49 and Appendix 2 on pages 50 to 55.

Critical Illness Enhanced Plus includes Critical Illness Benefit Uplift and also increases the pay out amount for any Additional Payment conditions to the lower of £50,000 or 50% of the **sum assured**.

Critical Illness Benefit Uplift pays out an amount in addition to the **sum assured** if you're diagnosed with certain life-changing critical illnesses before you're age 55. There are 16 conditions covered by this benefit which are detailed in Appendix 3 on pages 56 to 58.

Additional Payment conditions

If a **life assured** is diagnosed with an Additional Payment condition that meets one of the definitions listed in Appendix 1 on pages 44 to 49 and Appendix 2 on pages 50 to 55, and survives for at least ten days:

If you've selected a lump sum pay out



We'll pay out the lower of £50,000 or 50% of the **sum assured**



The policy will continue with no change to the **sum assured**.

If you've selected Family Income Cover



We'll pay the benefit as a lump sum. This will be calculated as 50% of the monthly cover amount, multiplied by the remaining months left on the policy, up to a maximum of £50,000



Critical Illness Benefit Uplift

If a **life assured** under age 55 is diagnosed with a critical illness that meets one of the definitions listed in Appendix 3 and survives for at least ten days:

If you've selected a lump sum pay out



We'll pay out an additional amount of £200,000 or 100% of the **sum assured**, whichever is lower



The policy will stop.

If you've selected Family Income Cover



We'll pay the benefit as the lower of:
100% of the monthly cover amount
OR
£200,000 divided by the remaining months left on your policy, paid on top of the monthly cover amount





Example: How Critical Illness Benefit Uplift works (included on Critical Illness Enhanced Plus only)

Your policy provides £300,000 of Life Cover and Critical Illness and you've chosen to add Critical Illness Enhanced Plus to your policy. You're 52 years old and you're diagnosed with Parkinson's disease – resulting in permanent symptoms. We'll pay out the full **sum assured** of £300,000 on your policy and a Critical Illness Benefit Uplift of a further £200,000, making a total payment of £500,000. Your policy will then end.

Special conditions for Critical Illness Enhanced Plus Additional Payment conditions

- If you make a claim that meets the definition of a Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the Full Payment condition.
- If the **life assured** suffers the same Additional Payment condition again, you won't be able to claim a second time.
- If the **life assured** were to suffer a different illness which we cover, you could make another claim.
- On a joint life policy, both **lives assured** can claim for the same Additional Payment condition.

Special conditions for Critical Illness Benefit Uplift and Critical Illness Enhanced Plus Additional Payment conditions

- We won't pay a claim if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details).
- The policy won't pay out if a **life assured** is diagnosed with a critical illness, that meets the definition of a Critical Illness Benefit Uplift condition or Additional Payment condition and doesn't survive for ten days.

8.3 Children's Cover and Children's Enhanced Cover

If you choose a Life Cover, Critical Illness Cover or Life Cover and Critical Illness policy, you can add Children's Cover or Children's Enhanced Cover. You can only select Children's Cover for your **children** if you don't already have it on another Zurich policy.

These benefits cover your **children** up to their 22nd birthday. The **Children's Cover sum assured** is decided by you and can be between £10,000 and £100,000. The **Children's Cover sum assured** provided will be level throughout the **term** of the policy.

You can change the **Children's Cover sum assured**, move to a different level of Children's Cover or remove it completely if it is no longer appropriate for your family throughout the **term** of the policy.

8.3.1 Children's Cover



Children's Cover provides the following benefits:

- Children's Critical Illness Cover
- Children's Hospital Stay Benefit
- Children's Death Benefit.

Further details on these benefits can be found over the next pages.

Children's Critical Illness Cover

Your **children** will be covered for all 41 conditions confirmed in Appendix 1.

If a **child** is diagnosed with a condition that meets one of the definitions listed in Appendix 1 and they survive for ten days (or ten days following birth if later)



We'll pay out the **Children's Cover sum assured**



The policy will continue with no change to the **sum assured**. Children's Critical Illness Cover will end for the **child** but will continue for all other eligible **children** under the policy.

Key points (applicable to Children's Cover and Children's Enhanced Cover):

- We'll only pay one Children's Critical Illness Cover payment for each **child** covered.
- If you've had a successful claim for your **child** under the Children's Critical Illness Cover, you can still claim for that **child** under the Children's Death Benefit and Children's Hospital Stay Benefit.
- If you make a successful Children's Cover claim, your policy will continue.

Children's Hospital Stay Benefit

If a **child** is admitted to hospital as an inpatient after the 37th week of pregnancy for seven consecutive nights or more during the **term** of the policy



We'll pay £50 per night, for the 7th night and subsequent nights, payable as a lump sum



The policy will continue with no change to the **sum assured**.



Example: How Children's Hospital Stay Benefit works

Your **child** is admitted to hospital as an inpatient and stays for ten consecutive nights. We'll pay £50 per night for the 7th night and subsequent nights so you'd receive £200 for the last four nights.

Key points (applicable to Children's Cover and Children's Enhanced Cover):

- We'll pay this amount in addition to any amount we may have already paid under Children's Critical Illness Cover.
- We'll pay up to a maximum of 30 nights per **child** over the policy **term**.
- If, after they are discharged from hospital, the **child** returns as an inpatient for the same condition, the benefit will be paid from the first night up to a combined maximum of 30 nights.
- After a Children's Hospital Stay benefit claim is made, the Children's Cover will continue so that it can provide cover for any other **children** a **life assured** has, with no change to the **Children's Cover sum assured**.
- If you've had a successful claim for your **child** under the Children's Hospital Stay Benefit you can still claim for that **child** under the Children's Critical Illness Cover and Children's Death Benefit.

Children's Death Benefit

If a **child** dies between 30 days old and their 22nd birthday



We'll pay out £5,000.

Key points (applicable to Children's Cover and Children's Enhanced Cover):

- We'll pay this amount in addition to any amount we may have already paid for a **child** under Children's Critical Illness Cover or Children's Hospital Stay Benefit.
- After a Children's Death Benefit claim is made, the Children's Cover will continue so that it can provide cover for any other **children** a **life assured** has, with no change to the **Children's Cover sum assured**.

Special conditions for Children's Cover and Children's Enhanced Cover

We won't pay a claim for Children's Critical Illness Cover, Children's Hospital Stay Benefit or Children's Death Benefit, if;

- the cause of the claim, or symptoms relating to the cause of the claim, first arose before the **child** was covered by the Children's Cover; unless the **child** had already suffered a critical illness; and
 - Treatment for the condition has been completed; and
 - The **child** has been discharged from follow-up for the condition; and
 - The **child** has not seen any **medical practitioner** or received further treatment or advice for the condition within the last five years.
- the **life assured** or their **partner** were aware of an increased risk, or had received counselling or medical advice in relation to an increased risk, of the **child** suffering the condition relating to the cause of the claim before the **child** was covered by the Children's Cover.

Special conditions for Children's Critical Illness Cover

We won't pay a claim for Children's Critical Illness Cover if:

- a **child** is diagnosed with a critical illness that meets the definition of a condition covered under Children's Cover and doesn't survive for ten days
- the **child** is living abroad and doesn't get a diagnosis in one of the countries we accept (**UK**, the European Union (member states as of 2021), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA). See section 16.6 for more details.

8.3.2 Children's Enhanced Cover



You can choose to upgrade to Children's Enhanced Cover, which will provide you with the following:

- Children's Critical Illness Cover which will cover your **children** for the 41 conditions included under Children's Cover in Appendix 1, as well as an extra 44 conditions for this enhanced cover found in Appendix 2 and also cover for Permanent Dependence. This is a **children's** critical illness condition and will pay out your **Children's Cover sum assured**. The definition wording for Permanent Dependence is below.
- Children's Hospital Stay Benefit (see section 8.3.1)
- Children's Death Benefit (see section 8.3.1)

Permanent dependence – of specified severity

Confirmation by a **consultant** physician of permanent dependence and inability to live independently through illness or injury, to the extent that the **child** will require lifelong medical attention and supervision by another person.

The **child** must survive for 90 days from the date of confirmation.

The **Children's Cover sum assured** amount for Children's Enhanced Cover will be the same that you've selected under Children's Cover.

8.3.3 Children's Conversion Benefit

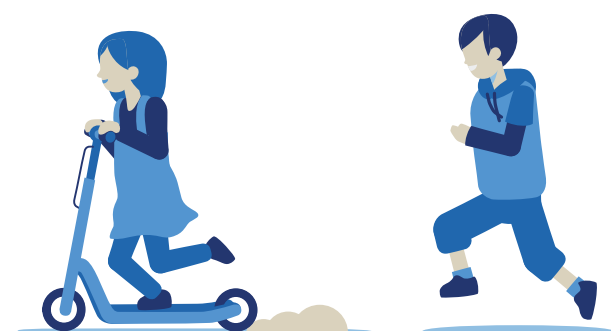
If you've added Children's Cover or Children's Enhanced Cover to your policy, we'll include Children's Cover Conversion Benefit on your policy. Any **child** covered under this policy can choose to start a new Critical Illness Cover or Life Cover and Critical Illness policy with us without telling us about their **personal circumstances**. The terms and conditions of the new policy will be those that apply to Zurich's Critical Illness Cover or Life Cover and Critical Illness product at the time of using the option.

Each **child** can choose cover up to the lower of £25,000 or the **Children's Cover sum assured** on this policy at the time of exercising the option. Total Permanent Disability may not be chosen by the **child** on their new policy.

Special conditions

At the time of using this option the **child**:

- must be aged between their 18th and 22nd birthday
- must not have been the subject of a claim, or an expected claim for Children's Cover or Children's Enhanced Cover under this policy.
- The new policy wouldn't provide cover for any critical illness where the **child** is unable to be the subject of a valid claim under this policy because either parent had received counselling or medical advice in relation to an increased risk of the **child** suffering the condition before the Children's Cover started.



8.4 Pregnancy and Early Childhood Cover



If you've selected Children's Cover or Children's Enhanced Cover, you can add on Pregnancy and Early Childhood Cover as an additional optional benefit. Pregnancy and Early Childhood cover is additional tailored protection if you're planning to start or grow your family.

The **Children's Cover sum assured** that you choose under Children's Cover or Children's Enhanced Cover will be the same **sum assured** you're eligible for under Pregnancy and Early Childhood Cover. It can be added or removed at any time throughout the **term** of the policy.

Pregnancy and Early Childhood Cover will provide the following benefits:

- Specified Complications of Pregnancy
- Children's Enhanced Death Benefit
- Children's Birth Defect Cover
- Children's Critical Illness Cover
- Premature Birth Hospital Stay Benefit

Specified Complications of Pregnancy

If you or your **partner** suffer with one of the pregnancy complications confirmed in Appendix 4



We'll pay out £5,000. If the claim is due to foetal death in utero, we'll pay £5,000 for each foetal death



The policy will continue with no change to the **sum assured**.

Children's Enhanced Death Benefit

If a **child** dies between birth and 30 days old, including stillbirth after the 24th week of pregnancy



We'll pay out £5,000



The policy will continue with no change to the **sum assured**.

Children's Birth Defect Cover

If a **child** is born with one of the specified birth defects confirmed in Appendix 4



We'll pay out £5,000



The policy will continue with no change to the **sum assured**.

Children's Critical Illness Cover

If a **child** is diagnosed with one of the ten conditions confirmed in Appendix 4 and survives for at least ten days



We'll pay out the **Children's Cover sum assured**



The policy will continue with no change to the **sum assured**. Children's Critical Illness Cover will end for the **child** but will continue for all other eligible **children** under the policy.

Premature Birth Hospital Stay Benefit

If a **child** is admitted to hospital as an inpatient before the 37th week of pregnancy for seven consecutive nights or more during the term of the policy



We'll pay £50 per night, for the seventh night and subsequent nights, payable as a lump sum



The policy will continue with no change to the **sum assured**.

Key points (applicable to Premature Birth Hospital Stay Benefit):

- We'll pay a claim per **child** where more than one **child** is admitted to hospital.
- If, after the **child** is discharged from hospital, the **child** returns as an inpatient before the 37th week of pregnancy, the benefit will be paid from the first night up to a combined maximum of 30 nights.
- If, after the **child** is discharged from hospital, the **child** returns as an inpatient but after the 37th week of pregnancy, a claim can be made under Children's Hospital Stay Benefit up to a maximum of 30 nights during the term of the policy. However, the **child** must be in hospital for at least seven consecutive nights before the benefit commences.

Key points (applicable to Pregnancy and Early Childhood Cover):

- We'll only pay one claim per policy per pregnancy for Specified Complications of Pregnancy
- We'll only pay one claim per policy per **child** for either Enhanced Children's Death Benefit or Children's Death Benefit
- We'll only pay one claim per policy per **child** for Children's Specified Birth Defects
- If a successful claim is made for Children's Critical Illness Cover under Pregnancy and Early Childhood Cover, no Children's Critical Illness Cover claims can be made under Children's Cover or Children's Enhanced Cover for that **child**.

Special conditions for Specified Complications of Pregnancy

- We won't pay a claim for Specified Complications of Pregnancy if the **life assured** or their **partner** had suffered from or was aware of an increased risk of having a complication in pregnancy before the cover started.
- We won't pay a claim if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (**UK**, the European Union (member states as of 2021), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA). See section 16.6 for more details.

Special conditions for Children's Critical Illness Cover, Enhanced Children's Death Benefit and Children's Birth Defect Cover

We won't pay a claim for Children's Critical Illness Cover, Enhanced Children's Death Benefit or Birth Defect Cover, if;

- the cause of the claim, or symptoms relating to the cause of the claim, first arose before the **child** was covered by the Children's Cover; unless the **child** had already suffered a critical illness; and
 - Treatment for the condition has been completed; and
 - The **child** has been discharged from follow-up for the condition; and
 - The **child** has not seen any medical practitioner or received further treatment or advice for the condition within the last five years.
- the **life assured** or their **partner** were aware of an increased risk, or had received counselling or medical advice in relation to an increased risk, of the **child** suffering the condition relating to the cause of the claim before the **child** was covered by the Children's Cover.

Special conditions for Premature Birth Hospital Stay Benefit

We won't pay a claim if, before the cover started, the **life assured** or their **partner** had received medical advice in relation to them needing to, or being at an increased risk of, giving birth before the 37th week of pregnancy.

Special conditions for Children's Critical Illness Cover

We won't pay a claim for Children's Critical Illness Cover if:

- a **child** is diagnosed with a critical illness that meets the definition of a condition covered under Pregnancy and Early Childhood Cover and doesn't survive for ten days
- the **child** is living abroad and doesn't get a diagnosis in one of the countries we accept (**UK**, the European Union (member states as of 2021), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA). See section 16.6 for more details.

8.5 Conversion Option



You can only choose this policy option if you have Life Cover only and if you have Level Cover or Increasing Cover. You can't include this policy option if you've chosen Decreasing Cover, Family Income Cover, the Renewal Option or if you've selected a **joint life second event** policy. The Conversion Option can only be added to your policy when you start the policy and can't be added at a later date. It can be removed at any time.

If you choose the Conversion Option:

- You can choose to convert all or part of your policy to a **whole of life** policy at any point before the end of the policy **term**. A **whole of life** policy provides cover for the rest of a **life assured's** life and will pay out the **sum assured** when they die.
- We won't need to ask about changes to **personal circumstances** for any **life assured**.
- If you have a **joint life first event** policy not in trust, you can choose to have a **whole of life** policy which provides cover on one or both **lives assured**, and whether the policy pays out when the first or last person dies. If you have a **joint life first event** policy in trust, you can only choose to have a **whole of life** policy which provides cover on both **lives assured** to pay out when the first person dies.
- The maximum age the oldest person can be to exercise the option to go to a **whole of life** joint life first death policy is 69. The maximum age the oldest person can be to exercise the option to go to a **whole of life** single life policy or a **whole of life** joint life second death policy is 83.

When you convert:

- Your **premiums** will increase to pay for this new cover. If this policy included an extra **premium** for your cover and/or any specific **exclusions** as a result of a **life assured's personal circumstances**, these will also apply to the new policy. The new **premiums** will also be based on the ages of each **life assured** when you convert this policy.
- The terms and conditions of the new policy will be those that apply to Zurich's **whole of life** policy at the time you convert.
- If you only convert part of your policy, we'll reduce the **sum assured** you have under this policy to keep your total cover the same. We'll also reduce your **premiums** on this policy to reflect the lower **sum assured** on this policy. If you convert all of your policy, this policy will end.
- If this policy includes Increasing Cover or Waiver of Premium, then these benefits can continue on the new **whole of life** policy subject to any age restrictions that apply to these benefits.

Special conditions – Conversion Option

- You can use this policy option at any time.
- If you took the policy out to cover someone else, when you use this option, you'll need to show again that you would suffer financially if the **life assured** or **lives assured** (for joint policies) dies or suffers a critical illness.
- If you used any milestone benefit on this policy, we'll reduce the milestone benefit on your new policy by the amount you've used. See section 9.2 for information on milestone benefit.
- Your new **whole of life** policy won't include Zurich Accelerate or Multi-Fracture Cover benefit.
- You must be a **UK resident** at the time you use this policy option.
- Please see section 12 for details of the minimum and maximum ages and **terms** that apply to this policy option.



Example: Conversion Option

You and your **partner** take out a **joint life first event** Life Cover policy for 30 years when you're both 49, and you choose to add the Conversion Option. After 25 years you decide to exercise the Conversion Option. As you're now both 74, you can only choose to either take out a new **whole of life** policy to cover one of you or both of you, so the policy pays out when the last person dies, as the maximum age to create a **whole of life** joint policy that pays out when the first person dies is age 69.

8.6 Renewal Option



You can only choose this policy option if you've chosen either Level Cover or Increasing Cover. This policy option can't be included if you've chosen Decreasing Cover, Family Income Cover, the Conversion Option or if you've selected a **joint life second event** policy. The Renewal Option can only be added to your policy when you start the policy and can't be added at a later date. It can be removed at any time.

If you choose the Renewal Option:

- You can renew your policy at the end of the **term**, for up to the same **term** as your original policy. The renewal will create a new policy, and any other additional policy options and **life assured** benefits you have on this policy will continue provided you've not reached the age when these benefits stop and subject to the special conditions.
- If your original policy is a joint life policy, the new policy must also be a joint life policy.
- We won't need to ask about changes to **personal circumstances** for any **life assured**.
- You can renew your policy as many times as you like, at any time before any **life assured** reaches age 70, as long as the policy will end before that **life assured** reaches 75 (Critical Illness Cover or Life Cover and Critical Illness policies) or age 90 (Life Cover policies).

When you renew:

- Your **premiums** will usually increase to pay for this new cover. If the original policy includes an extra **premium** for your cover and/or any specific **exclusions** as a result of a **life assured's personal circumstances**, these will continue to apply to the new policy. The new **premiums** will also be based on each **life assured's** age when you renew this policy and the **term** of the renewal.
- If the original policy includes Increasing Cover, then this will continue on the new policy.

Special conditions – Renewal Option

- If this policy was originally set up to run to an exact age, then the maximum **term** that it can be renewed for is the original **term** of this policy, rounded down to a whole number of years.
- On renewal we'll automatically include the option to renew your cover again at the end of the new **term**, providing this new **term** does not end after a **life assured's** 70th birthday. If you don't want to include the Renewal Option again, you can ask us to remove it.
- Please see section 12 for details of the minimum and maximum ages and **terms** that apply to this policy option.
- We'll be unable to offer any of the additional policy options or **life assured** benefits if they are no longer included on the policy we sell at the time.



Example: Renewal Option

You take out a Life Cover and Critical Illness policy for ten years when you're 47, and you choose to add the Renewal Option. At the end of the **term**, when you're 57, you choose to renew for a further ten years. At the end of this **term**, you're now 67 and you wish to renew again. The maximum **term** you can renew for at this time is seven years, as this will take you to age 74 and you can't renew past your 75th birthday.

8.7 Total Permanent Disability



You can only choose this **life assured** benefit if you've chosen Critical Illness Cover or Life Cover and Critical Illness. Your 'Confirmation of terms' shows if you have Total Permanent Disability on your policy and which of the following definitions applies. Total Permanent Disability can only be added to your policy when you start the policy and can't be added at a later date. It can be removed at any time.

Own Occupation – unable, before age 71, to do your own occupation ever again

If, before age 71, a **life assured**:

suffers an illness or injury which means that they can't ever do their **own occupation** again

and

meets our definition as defined in Appendix 5



We'll pay out the **sum assured**



The policy will stop.

Special conditions – Own Occupation

For these purposes the **life assured's own occupation** is the one they were performing immediately before stopping work as a result of the **disability**.

If the **life assured** isn't working when they become ill or injured, we'll consider the occupation on the application form as the **own occupation** when we're deciding if we can pay the claim.

The **life assured** must, if possible, take action to lessen the effect of a **disability**, or change the way they work to enable them to carry out all the tasks of the **own occupation**.

We won't pay a claim for Total Permanent Disability **own occupation** if:

- the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for details)
- the **life assured** had more than one occupation and they can still do the main duties of any of them.

If you make a claim that meets the definition for Total Permanent Disability **own occupation** and for a critical illness Full Payment condition or an Additional Payment condition at the same time, we'll only pay the **sum assured** once and the policy will stop.

Work Tasks – unable, before age 71, to do at least three of the six work tasks ever again

If, before age 71, a **life assured**:

suffers an illness or injury which means that they can't do at least three of the six work tasks ever again,

and

meets our definition as defined in Appendix 5



We'll pay out the **sum assured**



The policy will stop.

Special conditions – Work Tasks

The **life assured** must, if possible, take action to lessen the effect of a **disability**, or change the way they work to enable them to carry out the work tasks.

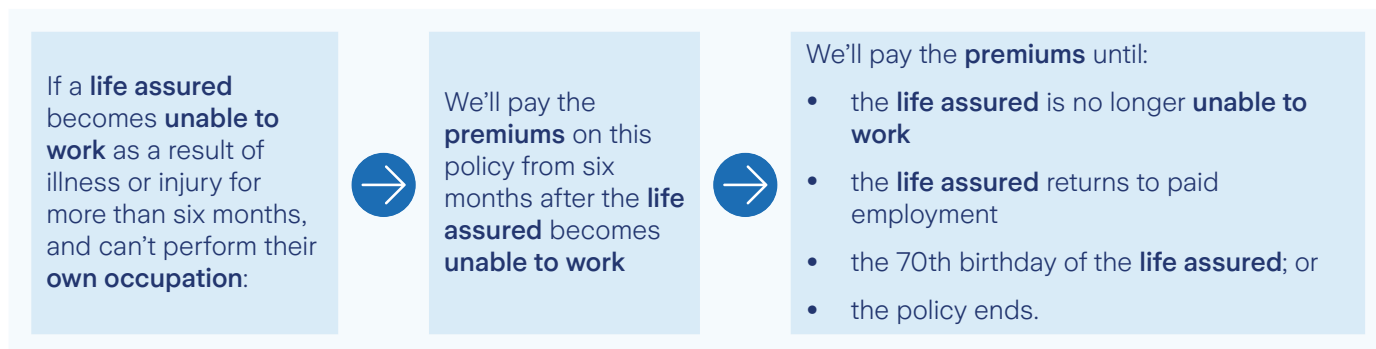
We won't pay a claim for Total Permanent Disability work tasks if the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for details).

If you make a claim that meets the definition for Total Permanent Disability work tasks and for a critical illness Full Payment condition or an Additional Payment condition at the same time, we'll only pay the **sum assured** once and the policy will stop.

8.8 Waiver of Premium



If the policy is a joint policy, this **life assured** benefit can be added for either or both **lives assured**. Waiver of Premium can only be added to your policy when you start the policy and can't be added at a later date. It can be removed at any time.



You must continue paying the **premiums** for the first six months after becoming **unable to work**.

You must restart paying the **premiums** on your policy when we stop paying them.

Special conditions – Waiver of Premium

We won't pay the Waiver of Premium benefit if:

- the **life assured** wasn't in a paid job when they became **unable to work**
- 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 **unable to work** throughout the first six months
- the Waiver of Premium benefit has less than six months to run when the **life assured** becomes **unable to work**. This is because the benefit is only payable after six months of becoming **unable to work**
- the **life assured** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details)
- you don't tell us about the claim within six months of being **unable to work**.

Key points (applicable to Waiver of Premium benefit):

- A 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 for Waiver of Premium.



Example: How Waiver of Premium works

You have a Life Cover policy and have chosen to add Waiver of Premium benefit. You're signed off work with stress and you make a valid claim for this benefit. You pay your **premiums** for the first six months you're **unable to work**. You're still **unable to work** after six months and we start paying your **premiums** for you. You go back to work after a year – when you return to work, we stop paying your **premiums** for you. Your Life Cover is unchanged during this period, and if you're **unable to work** again you could claim Waiver of Premium benefit again.

8.9 Zurich Accelerate



You can only include this **life assured** benefit if you're the **life assured** and you don't already have it on any other policy with Zurich. On a joint policy, it can be added for either or both **lives assured**. Cover will be provided by a separate Zurich Accelerate policy for each **life assured** covered. Accelerate can be added when you start your policy or at a later date subject to your **personal circumstances** at the time. If you select Accelerate you must have online access as all communications relating to an Accelerate claim will be made online.

You can remove the Accelerate benefit at any time. Otherwise, it will continue until either:

- your policy ends, or
- the day before your 70th birthday, or
- you become non-**uk** resident for tax purposes

The **premium** for Accelerate is reviewable so may change in future if there is a change in the cost of providing the services or the rate of Insurance premium tax.

We'll always give you as much notice as possible of any changes to **premiums**.

Accelerate provides you and your **children** with access to quick diagnosis and the best international treatments for cancer, heart and neurological conditions along with bone marrow and live donor transplants. It includes the following services:

Virtual Consultant – Initial consultations with a **consultant** following a GP referral for heart, cancer or neurological conditions

Private Diagnostics Plus – Quick referral to a private **UK** diagnostic centre for tests to diagnose your condition, and determine treatment options and plans

Second Medical Opinion – Expert medical opinion on your diagnosis or treatment plan from a heart, cancer, neurological or transplant **consultant**

Precision Cancer Medicine – Genetic profiling of cancer to create a personalised treatment plan for you

Cancer Clinical Trial Support – Support to identify, apply to, and attend a clinical trial if you ever need to

Global Treatment Plus – Treatment for cancer, heart surgery, neurosurgery or transplants at non-**UK** hospitals

Accelerate benefits are administered by the Further Group with all claims made online through their Trusteddoctor platform. Full details on the cover can be found in the Accelerate policy wording and Insurance Product Information Document.

8.10 Multi-Fracture Cover



You can only include this **life assured** benefit if you're the **life assured** and you don't already have it on any other policy with Zurich. If the policy is a joint policy, this **life assured** benefit can be added for either or both **lives assured**. Multi-Fracture Cover can only be added to your policy when you start the policy and can't be added at a later date. It can be removed at any time.

If you fracture a bone, dislocate a joint, rupture or tear a tendon or ligament, included in our list of injuries in Appendix 6



We'll pay a lump sum of £2,000, £4,000 or £6,000 depending on the location of the fracture, dislocation, rupture or tear



The policy will continue with no change to the **sum assured**.

You can claim for more than one injury as part of a single claim and there's no limit to the number of claims you can make during the term of the policy. The maximum amount we'll pay out for each **life assured** that is covered in any **policy year** is £6,000.

However, if the accident or injury results in fractures to more than one bone in either your Facial and Jaw bones, a Hand, a Foot, a Wrist or your Ribs, we'll treat these fractures as a single injury and not multiple injuries. We show how this works in practice in the following examples.



Examples of how Multi-Fracture Cover works for multiple injuries

1. You trip and break both your nose and jaw – we'll treat this as a single injury as both bones are in the Facial and Jaw bones definition and pay £2,000.
2. You fall off your bike fracturing your collar bone and several ribs – we'll treat the broken collar bone as a single injury and the broken ribs as a single injury and pay £4,000.
3. A heavy item drops breaking multiple bones in both your feet – we'll treat this as two separate injuries and pay £4,000.



Example: How Multi-Fracture Cover works

You have a Life Cover policy with a **sum assured** £80,000 and you've chosen to add Multi-Fracture Cover to your policy. You break your collar bone while ice skating and we pay out £2,000. Three months later you rupture your Achilles tendon playing volleyball and you make a claim. The maximum payment for this injury is £6,000, however, as both claims are in the same **policy year** we'll only pay out a further £4,000, as the annual limit for claims under Multi-Fracture Cover is £6,000.

If you have an injury after the end of that **policy year**, you could claim again. Your Life Cover **sum assured** remains unchanged, so if you were to die during the **term** of the policy, we would pay out £80,000.



Example: How Multi-Fracture Cover works

If you fall and dislocate your shoulder and it's able to be treated and relocated at the scene of the accident without anaesthesia or sedation – we won't pay.

If as a result of the accident, you're taken to hospital to relocate your shoulder with the use of anaesthesia or sedation, we would pay the claim.

The definition of specific bones covered within the Facial and Jaw bones, Hand, Foot, Wrist and Ribs are listed in Appendix 6 on pages 61 and 62.

Special conditions – Multi-Fracture Cover

We won't pay a claim for Multi-Fracture Cover if:

- the fracture is classified as fatigue, hairline, stress, avulsion, chip, or microfracture
- the dislocation is relocated without the use of regional, local, spinal or general anaesthesia or sedation
- the injury occurs as a result of osteoporosis
- the injury is self-inflicted
- the fracture, dislocation or rupture occurs within 12 months of the date of a previous injury to the same bone, joint, tendon or ligament
- the injury occurs as a result of a cosmetic surgical procedure
- your main occupation is a professional or semi-professional sportsperson
- the injury occurs by participation in any sport where you're paid or get compensated in another way to take part
- the injury relates to taking part in, or training for, any of the following sports or pursuits;
 - rugby, Gaelic football or American football
 - boxing, combat sports, martial arts or cage fighting
 - hockey, lacrosse, hurling or shinty
 - horse riding, horse jumping or polo
 - motorcar or motorcycle sport
 - BMX biking, mountain biking, rollerskating or skateboarding
 - skiing or snowboarding
 - extreme sports, for example, but not limited to, base jumping, parkour
 - rock climbing, mountaineering, caving, potholing or abseiling
 - private flying, paragliding, gliding or parachuting.
- you don't tell us about the claim within six months of injury
- you're living abroad and don't get a diagnosis in one of the countries we accept (see section 16.6 for details)
- the injury occurred before you took out the benefit
- your policy ends.

If you make a claim for Multi-Fracture Cover we'll ask you for copies of medical evidence, including radiological evidence where available, from a **doctor** or **surgeon** confirming full details of the fracture or injury. We reserve the right to get other imaging or objective evidence to confirm the claim.

If you have Multi-Fracture Cover on more than one policy, we'll only pay out the benefit on the earliest policy and will remove the benefit on your newer policy and refund any **premiums**.

9. What changes can you make to your policy?

The changes you can make to the policy options and **life assured** benefits on your policy are set out below. If you want to make any of these changes, please contact your 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 change your cover.

If you've made a successful claim and are receiving payments under Family Income Cover, you cannot make any changes to your policy.

If you want to make any other changes to your policy that are not covered below, please contact us using the contact details on page 39.

9.1 Changing the policy options and life assured benefits on your policy

Depending on whether you choose Life Cover, Life Cover and Critical Illness, or Critical Illness Cover or at the start of your policy, you have access to a range of policy options and **life assured** benefits as explained in section 8. The table below shows the policy options and **life assured** benefits that can be added or removed after your policy has started.

If you wish to add Children's Cover, Children's Enhanced Cover, Pregnancy and Early Childhood Cover or Zurich Accelerate, we'll add the **premium** for this to your policy.

You can remove Critical Illness Enhanced, Critical Illness Enhanced Plus, Renewal Option, Conversion Option, Total Permanent Disability, Waiver of Premium or Multi-Fracture Cover from your policy at any time. Once you've removed them, you won't be able to add them back again.

If you remove any policy options or **life assured** benefits, we'll reduce your **premium** to reflect the changes.

Additional policy options and life assured benefits which you can add to or remove from your policy			
	Available on Life Cover	Available on Life Cover and Critical Illness	Available on Critical Illness Cover
Policy options			
Critical Illness Enhanced	–	Remove only	Remove only
Critical Illness Enhanced Plus	–	Remove only	Remove only
Children's Cover	Add or remove	Add or remove	Add or remove
Children's Enhanced Cover	Add or remove	Add or remove	Add or remove
Pregnancy and Early Childhood Cover	Add or remove	Add or remove	Add or remove
Renewal Option	Remove only	Remove only	Remove only
Conversion Option	Remove only	–	–
Life assured benefits			
Total Permanent Disability	–	Remove only	Remove only
Waiver of Premium	Remove only	Remove only	Remove only
Zurich Accelerate	Add or Remove	Add or Remove	Add or Remove
Multi-Fracture Cover	Remove only	Remove only	Remove only

The ability to add Zurich Accelerate is dependent on availability at the time.

9.2 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.

If you have a Critical Illness Cover or Life Cover and Critical Illness Policy, we may offer a different set of critical illness definitions from those that were available when this policy was issued for the extra cover you've asked for. If this is the case, we'll tell you what the revised definitions are at the time you ask to make the change so you can decide.

If you have a Life Cover and Critical Illness policy, you'll have to keep the amounts of Life Cover and Critical Illness equal after the increase.

Requested increase

If you ask us to increase your **sum assured**, we'll ask you about any changes in each **life assured's personal circumstances** to see if we're able to offer this extra cover. If we are, we'll work out your new **premium** based on each **life assured's** latest **personal circumstances**, their age at the time you increase the cover, and the number of years left until the end of the policy's **term**.

To use the requested increase option, each **life assured** must be younger than the 'Maximum age at start date' as shown in the table in section 12. There must also be a minimum of 12 months left on the policy's **term**.

Milestone benefit

Your policy may include milestone benefit – this will be included on your policy unless we've 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. If you've selected Family Income Cover, the most you can increase your **sum assured** by with this benefit is the lower of your original **sum assured** or £200,000 divided by the number of remaining months left on the **term** of your policy. This limit applies across any policies you hold with us, so if you've 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 have to be 54 years old or younger when you use this benefit and your policy must have at least 12 months to run. If your policy covers two people, you'll both have to be 54 years old or younger and you'll both need to agree to increase your cover. If you're 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 you have a Critical Illness Cover or Life Cover and Critical Illness policy and you:

- have been diagnosed with one of the illnesses listed in your policy
- have had, or are due to have, one of the operations listed in your policy
- are undergoing medical investigations by either your own **doctor** or a hospital **consultant**.

See sections 7 and 8 and the Appendices for details of the definitions of the illnesses and operations in your policy.

You won't be able to use the milestone benefit to increase your cover if your policy includes Waiver of Premium benefit and you're **unable to work**.

Once the new cover is in place your **premiums** will increase to reflect the extra cover we're providing.

We'll work out your new **premium** based on your **personal circumstances** when you took out the policy, your age at the time you increase your cover, and the number of years left until the end of the policy's **term**.

The **term** of the policy will stay the same.

You must send us evidence of the significant life event within 90 days of the event. The following table shows the evidence we need:

Milestone	What documents do we need to see?
<p>Increasing your mortgage to purchase your home, to move house, or to improve your main home.</p> <p>If using this significant life event, you won't be able to increase your cover to more than the total outstanding mortgage on your main home.</p>	<p>One of the following:</p> <p>Copy of the lender's offer letter, solicitors' confirmation of completion letter or lenders confirmation of drawdown of the loan/ mortgage.</p>
Marrying or entering into a civil partnership.	Marriage or civil partnership certificate.
Divorcing, dissolving a civil partnership, or separation.	<p>Decree absolute, final order or dissolution order.</p> <p>Alternatively, for separation, evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses.</p>
Becoming the natural parent of a child or adopting a child .	Birth or adoption certificate.
<p>Increasing your salary by 10% or more after a promotion or change of job.</p> <p>This does not apply if you're self-employed or in a position where you can decide the amount of your own salary.</p> <p>If using this significant life event, the most you can increase your cover by is the percentage increase in your salary.</p>	Evidence of the promotion or change in job and increased annual salary.
<p>Increase:</p> <ul style="list-style-type: none"> to your rental payments imposed by your landlord, or to your rental payments when you move to a new rental property, or in your payments when you change from rental payments to mortgage payments, or in your payments when you change from mortgage to rental payments. <p>If using this significant life event, the most you can increase your cover by is the increase in your monthly payments multiplied by the number of months left on your policy.</p>	Evidence of the new rental or mortgage agreement and your previous rental or mortgage amount.
<p>Loss of group life cover from leaving a job that offered group life cover that is not then replaced by the new job.</p> <p>You must not have left your previous job due to ill health or early retirement. You must begin your new job within six months of leaving the job that offered the group cover.</p> <p>If using this significant life event, the most you can increase your cover by is the amount of Life Cover provided by your previous job.</p> <p>This significant life event can only be used if you've chosen Life Cover. It is not available if you've chosen Critical Illness Cover or Life Cover and Critical Illness.</p>	<p>Evidence of the group life cover offered at your old job and evidence that your new job does not provide group life cover.</p> <p>You must send us the evidence of loss of group life cover on starting a new job within 90 days of starting the new job.</p>

Milestone	What documents do we need to see?
<p>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.</p> <p>If using this significant life event, the most you can increase your cover by is the increase in your inheritance tax liability.</p> <p>This significant life event can only be used if you've chosen Life Cover. It is not available if you've chosen Critical Illness Cover or Life Cover and Critical Illness.</p> <p>This significant life event is not available if you've selected a Family Income Cover policy.</p>	<p>Evidence of the increase in inheritance tax liability.</p>
<p>Increase in inheritance tax liability due to a change in inheritance tax legislation.</p> <p>This includes increases due to changes in rates or bands, but excludes those arising from the removal of any tax exemption on existing assets.</p> <p>If using this significant life event, the most you can increase your cover by is the increase in your inheritance tax liability, even if this is higher than the maximum increase amount for milestone benefit (the lower of your original sum assured or £200,000) and milestone benefits you have on another Zurich policy will also be ignored.</p> <p>Any amount you use for this significant life event will reduce your remaining milestone benefit entitlement on this policy and other policies with us, depending on their terms.</p> <p>This significant life event can only be used if you've chosen Life Cover. It is not available if you've chosen Critical Illness Cover or Life Cover and Critical Illness.</p> <p>This significant life event is not available if you've selected a Family Income Cover policy.</p>	<p>Evidence of the change in legislation and increased inheritance tax liability.</p>



Example: How milestone benefit works

You have £100,000 **sum assured** on your Life Cover and Critical Illness policy. 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).

9.3 Reducing the amount of cover you have

If you want to reduce the **sum assured**, you can do this at any time. There is no limit on the amount you can reduce your cover by, providing your **premiums** do not go below us minimum **premium** amount (see section 10.1). Please see section 9.2 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**.

9.4 Removing the Increasing Cover option

If you've chosen Increasing Cover or Increasing Family Income Cover but want to change to Level Cover (see section 5, 'How much will you be covered for?'), 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.

9.5 Changing the term of your policy

Reducing the term of your policy

If you want to reduce the **term** of your policy so that the end date is brought forward, you can do this at any time. We'll recalculate your **premium** to reflect the new period of cover.

Increasing the term of your policy

If you want to increase the **term** of your policy so that the end date is later, we'll ask you about any changes in each **life assured's personal circumstances** to see if we're able to offer this increase in **term**. If we offer an increased **term**, we'll work out your new **premium** based on each **life assured's** latest **personal circumstances**, their age at the time you increase your cover, and the number of years left until the end of the policy's **term**.

Please see section 12 for details of minimum and maximum ages and terms available

To use this option, each **life assured** must be younger than the 'Maximum age at start date' as shown in the table in section 12. There must also be a minimum of 12 months left on the policy's **term**.

If your policy includes the Conversion Option or the Renewal Option, you may also be able to use these options to extend your policy **term**. See sections 8.7 and 8.8 for more details.

If you wish to increase the **term** on a Critical Illness Cover or Life Cover and Critical Illness policy, we may offer a different set of critical illness definitions from those that were available when this policy was issued. If this is the case, we'll tell you what the revised definitions are at the time you ask to make the change so you can decide.

9.6 Separation benefit

Your policy may include separation benefit – this will be included on your policy unless we've specifically excluded it on your 'Confirmation of terms'. If you have a joint policy and you separate, divorce, or have your civil partnership dissolved, you can cancel this policy and start individual policies for one or both of you, without giving us any more details about your **personal circumstances**.

To use this benefit:

- you must be the **lives assured** on this policy
- you must both agree to cancel this policy
- you must be within the age limits for taking out a new policy as set out in section 12
- the **term** remaining on this policy must be at least the minimum **term** of a new policy as set out in section 12
- the **premium** of each new policy must meet our minimum **premium** levels (see section 10)
- you must not have already been diagnosed with a **terminal illness**.

You'll have to send us the following evidence within 90 days of the event happening to use this benefit:

Event	Evidence needed
Mortgage is transferred to one of you or one of you takes out a new mortgage on a new property.	Copy of lender's offer letter
Divorce	Decree absolute or final order
Dissolution	Dissolution order
Separation	Evidence of a transfer of mortgage, new mortgage, or evidence of separate addresses. For joint life second event policies, we'll also need evidence of separate financial liabilities for both lives assured (e.g. inheritance tax liabilities).

The terms and conditions of the new policy will be those that apply to Zurich's Life Cover and Critical Illness product at the time. The new policy can include the same policy options and **life assured** benefits that are on this policy, providing they are available at the time. If you've made a claim on this policy for any of the benefits on this policy you won't be able to claim again against those benefits on the new policy. You can use this benefit if you're currently claiming for Waiver of Premium benefit on this policy.

For **joint life first event** policies, the **sum assured** on each new policy can be up to the current **sum assured** on this policy. For **joint life second event** policies, the total combined **sum assured** on the two new single life policies must not be more than the current **sum assured** on this policy.

The **term** of the new policy will be the remaining **term** on this policy. Where this policy is based on an exact number of years of cover, the **term** of the new policy may be up to 11 months longer than the remaining **term** of this policy so that the new policy also has an exact number of years of cover.

The **premium** for your new policy will be based on your current age, the number of years left until the end of the policy's **term**, and your **personal circumstances** when the policy started.

9.7 Gift inter vivos benefit

Your policy may include gift inter vivos benefit – this will be included on your policy unless we've specifically excluded it on your 'Confirmation of terms'.

If you have a **joint life second event** policy and a **life assured** makes a gift, you can use part of your **sum assured** to create five new single life policies for that **life assured**. This will help cover the potential inheritance tax liability if that **life assured** dies within seven years of making the gift. You won't have to give us any more details about your **personal circumstances**. Please speak to your adviser for more details.

To use this benefit:

- you must be the **lives assured** on this policy
- you must both agree to use part of the **sum assured** to set up new policies for one **life assured**
- you must be a **UK resident** at the time you use this benefit
- the **term** remaining on this policy must be at least seven years, and
- the **premium** of each new policy must meet our minimum **premium** levels.

You won't be able to use the gift inter vivos benefit if:

- you've already been diagnosed with a **terminal illness**
- your policy includes Waiver of Premium benefit and you're **unable to work**.

You'll have to send us the following evidence within 180 days of the event to use this benefit:

- Evidence of the date the gift was made.

The terms and conditions of the new policies will be those that apply to Zurich's Life Cover product at the time. The new policies can include the same policy options and **life assured** benefits that are on this policy, providing they are available at the time.

The total **sum assured** of the remaining **joint life second event** policy and the five new single life policies must not be greater than the **sum assured** on the original policy before the gift inter vivos benefit was used.

The maximum **sum assured** that a **life assured** can use under the gift inter vivos benefit is 50% of the original **sum assured**, including any increases if you've selected Increasing Cover. If one of the **lives assured** has died or been diagnosed with a **terminal illness**, then the remaining **life assured** can use up to 100% of the **sum assured** to cover the potential inheritance tax liability on a gift.

The **premium** for your five new policies will be based on your current age and your **personal circumstances** when the policy started.

The **term** of the new policies will be 3, 4, 5, 6 and 7 years to reflect the reducing inheritance tax liability for the **life assured**.



Example: How gift inter vivos benefit works

You have a **joint life second event** policy with a total **sum assured** of £250,000. You decide to gift some money to your grandchildren to reduce your inheritance tax liability. This creates a £100,000 IHT liability if you die in the first three years following the gift being made, falling to £20,000 by year seven. You choose to use your gift inter vivos benefit to reduce the cover on your **joint life second event** policy by £100,000 and use this to create five new single life policies to cover this liability each for £20,000, and running for three, four, five, six and seven years respectively.

9.8 Reviewing your smoker status

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** uses or has used tobacco or nicotine products.

If, since the start of the policy, a **life assured** has stopped using tobacco or nicotine products for 12 months or more, you can ask us to review your **premiums** to see if we can reduce them. We'll ask the **life assured** about any changes in their **personal circumstances** to see if we're able to do this.

If we can alter the status, we'll work out your new **premium** based on each **life assured's** latest **personal circumstances** at the time you change your cover.

10. Paying your premiums

10.1 How much you'll pay

Your 'Confirmation of terms' shows how much your **premiums** will be.

Your **premiums** will remain level throughout the term of your policy unless:

- You change your cover using the options detailed in section 9
- You've chosen the Increasing Cover or Increasing Family Income Cover options
- We receive additional information regarding your application and your terms are changed because of this (see section 6 for more details)
- You've selected Zurich Accelerate and we change the Accelerate **premium**.

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 1st January 2025, our minimum **premiums** are £5 a month or £50 a year (not including any **premium** you may also be paying for Children's Cover, Children's Enhanced Cover, Pregnancy and Early Childhood Cover, Zurich Accelerate or Multi-Fracture Cover).

10.2 How you can pay

We'll collect your **premiums** by direct debit. You can choose whether to pay monthly or annually when your policy starts. You're unable to change this later. If your policy or any policy option or **life assured** benefit runs to a specific birthday or you select Zurich Accelerate, you must pay monthly.

Premiums will only be collected from a bank account held in the **UK** and must be paid in sterling.

10.3 When you pay

You can choose which day of the month you wish us to collect the **premium** on (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 ten 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** you pay. You can change your **premium collection date** at any time.

10.4 If you don't pay your premium

If you don't pay a **premium** on the **premium collection date**, we'll write to remind you and tell you the next steps to ensure your cover continues.

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.

11. 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:

Your policy may not include all the benefits listed throughout this document. You should check your 'Confirmation of terms' to see what you're covered for before making a claim.



Call us on

0370 240 0073

Monday to Friday 9am to 5pm
(excluding bank holidays).

We may record or monitor calls to
improve our service.



Visit us online

Go to the **customer portal** at
www.zurich.co.uk/customer-portal

or the Zurich website at
www.zurich.co.uk/life-insurance/claim

Email us at

zurichmulticlaims@uk.zurich.com



Making a claim on Zurich Accelerate

Zurich Accelerate is an online service and you'll need to claim through your Trusteddoctor account.

If you want to make a claim for Accelerate, and have already registered for Trusteddoctor login at
www.trusteddoctor.com/zurich-accelerate.

If you haven't registered yet, please follow the instructions in the Welcome to Accelerate email we sent when your policy started. If you need help, you can get in touch with Trusteddoctor using the 'Chat' feature on their login page.

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.

If you give false or inaccurate information and fraud is identified, the matter will be investigated and appropriate action taken. Your policy will be cancelled. It may also result in your case being referred to the Insurance Fraud Enforcement Department (IFED) or other police forces and fraud prevention agencies. You may face fines or criminal prosecution. In addition, Zurich may register your name on the Insurance Fraud Register, an industry-wide fraud database.

11.1 Who we'll pay

If we accept a claim, we'll make any relevant payment to the person who is legally entitled to receive it.

If a policy is in trust, then the trust may need to be registered on HM Revenue & Customs' Trust Registration Service (TRS). This would apply when a:

- Life Cover claim is paid to the trustees and the trustees do not distribute the funds to the beneficiaries of the trust within two years of the date of death.
- Critical Illness Full Payment condition claim, Total Permanent Disability Cover claim or **terminal illness** claim is paid to the trustees. The trustees will have 90 days from the date the claim payment is received into the trustee bank account to register the trust on the TRS.
- Critical Illness Additional Payment Condition claim or Child's Critical Illness Cover claim is payable to the trustees. The trustees will have 90 days from the date the claim payment is received into the trustee bank account to register the trust on the TRS. As the policy wouldn't end following payment of the claim, we're required to get proof of the trust registration before we can make a subsequent payment.

If a trust is not correctly registered, HMRC may impose a penalty. More information about the TRS can be found at www.zurich.co.uk/insurance/trust-registration and www.gov.uk/guidance/register-a-trust-as-a-trustee.

11.2 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.

If you're claiming for:

- Critical Illness Full Payment Conditions
- Critical Illness Enhanced Plus Benefit Uplift
- Total Permanent Disability – Own Occupation
- Total Permanent Disability – Work Tasks
- **Terminal illness**

You'll need to make sure the **premiums** for your policy continue to be paid until we agree to pay the claim.

If you're claiming for:

- Critical Illness Additional Payments
- Specified Complications of Pregnancy
- Children's Critical Illness Cover
- Children's Death Benefit
- Children's Hospital Stay Benefit
- Multi-Fracture Cover

You'll need to make sure the **premiums** for your policy continue to be paid until we agree to pay the claim.

As this type of claim doesn't end the policy, your cover will continue with no change to the **sum assured**.

You'll need to ensure your **premiums** are paid after we've paid out if you want your cover to continue.

If you're claiming for:

- Waiver of Premium benefit

Please tell us as soon as possible, or at the latest within six months of the **life assured** becoming **unable to work**, so that you don't miss out on any cover.

You'll need to 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.

The benefit will stop on the **life assured's** 70th birthday. If you're claiming Waiver of Premium when the **life assured** reaches 70, you must restart paying the **premiums** on the policy to continue to have cover.

11.3 Family Income Cover claims

If you have Family Income Cover and we accept a claim, you can decide to take the **sum assured** as a cash lump sum instead of the monthly payments payable until the end of the policy **term**. The cash lump sum will be calculated on a fair and reasonable basis to reflect the amount being paid out in advance. This means it will be less than the total amount of the remaining monthly payments. The decision to take the cash lump sum instead of monthly payments can only be made at the start of the claim.

12. Minimum and maximum ages and terms

This table shows the minimum and maximum age each **life assured** can be to start a policy, and the maximum age a **life assured** can be when the policy ends. For example, if the age is shown as 83, it means before their 84th birthday.

Type of cover	Minimum age at start date	Maximum age at start date	Maximum age at end of term	Minimum term	Maximum term
Life Cover	18	83	89	1 year	50 years
– with Renewal Option		68	69		
– with Conversion Option		82	83		
Life Cover and Critical Illness	18	69	74	5 years	40 years
– with Renewal Option		64	69		
Critical Illness Cover	18	69	74	5 years	40 years
– with Renewal Option		64	69		
Life assured benefits that can end before the main cover					
Total Permanent Disability	18	65	70	5 years	40 years
Waiver of Premium	18	54	69	As main cover	As main cover
Zurich Accelerate	18	68	69	1 year	As main cover
Multi-Fracture Cover	18	64	69	5 years	As main cover

If you have a **life assured** benefit on your policy, we'll remove it and stop charging you for it when a **life assured** reaches the maximum age for that benefit. For Total Permanent Disability, this change will take place when the oldest **life assured** reaches their 71st birthday.

13. Changes we can make to the terms and conditions

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 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're 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're told we must not pass these onto our customers)
- if, in our reasonable opinion, we're 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'll 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**.

Zurich Accelerate has its own terms and circumstances for when we can make changes to the product or **premium**.

14. 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'll 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 16.1. 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've given 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.

15. Law

The policy is governed by the law of England. Your contract will be in English, and we'll always write and speak to you in English.

We won't 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.

16. Other information

16.1 How to contact us

**Call us on**

0370 850 5682
Monday to Friday 9am to 5.30pm
(excluding bank holidays).

We may record or monitor calls to
improve our service.

**Write to us at**

Zurich Customer Services
Protection Operations
PO Box 4157
Swindon
SN4 4QB

Email us at

life.service@uk.zurich.com

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.

16.2 How to complain

If you need to complain, please see 'How to contact us' in section 16.1.

You can ask us for details of our complaint handling process. If you're 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

Email: complaint.info@financial-ombudsman.org.uk

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're free to go to court instead if you wish.

16.3 Compensation

We're 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.

For details of the compensation arrangements that apply to Zurich Accelerate, please see the Zurich Accelerate Policy wording.

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

16.4 Data protection

Zurich 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.

16.5 Moving abroad

This policy is designed for customers who are resident in the **UK**.

The **policyholder** and **life assured** must be deemed permanent **UK residents** at the time the policy starts.

We don't provide any tax advice. If you decide to live outside of the **UK** after this policy has been issued, we recommend that you get independent advice in relation to this policy on the tax consequences of changing your country of residence. We're 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. This is to ensure we can maintain our customer records and check your policy options and **life assured** benefits are still available.

16.6 Living abroad

If you make a claim, all medical certificates and examinations that we require to assess the claim must be provided by a doctor in the **UK**, the European Union (member states as of 2021), Australia, Canada, Japan, New Zealand, Norway, Switzerland or the USA. We'll 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 doctor of our choice to confirm the diagnosis. We'll always act reasonably when reviewing evidence to support a claim.

16.7 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'll fully disclose it to you in line with our policy.

16.8 Interpretation

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

16.9 Our regulator

Zurich Assurance Ltd is an insurance company. We're authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. We're entered on the Financial Services register under number 147672. This is on the website www.fca.org.uk. You can phone the FCA free from a landline on 0800 111 6768.

17. 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.

Technical or legal term	Meaning
AFIP/Miettinen and Lasota classification	Air Forces Institute of Pathology (AFIP), Miettinen and Lasota refer to classifications used by the medical profession relating specifically to gastrointestinal stromal tumours. It provides information from histological findings of how aggressive tumours are and on the likelihood of them progressing to become more serious.
child, children	<p>The natural, step, legally adopted, under legal guardianship and/or future child of the life assured or their partner.</p> <p>A child born from surrogacy will be treated as a child within this definition once the legal parenthood has been transferred to the life assured through a parental order or through legal adoption, at which point we'll backdate cover to the date when the child would have first been covered by the policy.</p>
Children's Cover sum assured	The sum assured provided under your Children's Cover option.
consultant	A consultant registered, or provisionally registered, with the General Medical Council and licensed to practise in the UK .
customer portal	The online portal where you can find details of your policy and any communications we send to you.
deferred period	The amount of time you have to wait from when you become unable to work until we'll start paying your premiums under Waiver of Premium benefit. This is six months.
disability, disabled	See: inability to work, unable to work .
doctor	A doctor registered, or provisionally registered, with the General Medical Council and licensed to practise in the UK .
exclusion	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'.
Gastrointestinal stromal tumours (GISTs)	Rare tumours that occur in the gastrointestinal tract, most commonly in the stomach or small intestine. There is wide variation in prognosis with GISTs, depending upon different characteristics including the "grading" of the tumour.
inability to work, unable to work	An injury or illness that causes a life assured to be unable to do the main duties of their usual paid job. We'll look at the duties of the life assured's job and the life assured's ability to do them.
insurable interest	A person has an insurable interest in an individual if they would suffer financially if the key individual were to die or suffer a critical illness.
joint life first event	A policy that pays out a sum assured when the first life assured is diagnosed with a critical illness, terminal illness or dies (depending on the cover you have).
joint life second event	A policy that pays out a sum assured when both lives assured have died, or have been diagnosed with a terminal illness .
life assured or lives assured	The person or (for joint policies), the two people who are insured by this policy.
Mild cognitive impairment (MCI)	A condition where mental abilities such as memory and thinking are impaired to a greater extent than would normally be expected according to age. Symptoms are mild enough not to interfere significantly with daily life and so are not defined as the more serious condition of dementia.

Technical or legal term	Meaning
Neuroendocrine tumours (NETs)	Rare tumours that can develop in many different organs in the body. They affect nerve and gland cells that produce hormones (neuroendocrine cells). There is wide variation in prognosis with NETs, depending upon different characteristics including the “grading” of the tumour.
Neuropsychometric testing	A key diagnostic tool for the assessment of dementia and other neurological conditions.
non smoker	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 more than five years ago or has never smoked or used any nicotine products, including e-cigarettes or nicotine replacement products.
own occupation	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.
partner	Someone the life assured is married to or in a civil partnership with, or someone they have been living with for a minimum of two years as if they were married or in a civil partnership.
permanent neurological deficit with persisting clinical symptoms	<p>Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life assured's life.</p> <p>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 coordination, tremor, seizures, dementia, delirium and coma.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> • 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 • symptoms of psychological or psychiatric origin.
personal circumstances	These include details of your age, previous and current smoker status, occupation, health, family history, lifestyle, activities and travel.
policy year	The 12-month period running from the anniversary of the policy start date .
policyholder, policyholders	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 that they have an insurable interest .
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	<p>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 the 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.</p> <p>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.</p>
previous smoker	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 over 12 months ago but less than five years ago.

Technical or legal term	Meaning
Retail Price 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 Price 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've 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 won't change if there has been a fall, or no increase, in the index over this period.
smoker	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've chosen to take out insurance for. This will be a one-off lump sum payment, except if you've chosen Family Income Cover where the sum assured will be paid monthly following a successful claim until the end of the policy term .
surgeon	A surgeon registered, or provisionally registered, with the General Medical Council and licensed to practise in the UK .
term	The length of time your policy will provide cover for. You can select to have the policy run for a set number of years, or, if there is only one life assured on the policy, until the life assured reaches a certain age.
terminal illness	<p>A definite diagnosis by the attending consultant of an illness that satisfies both of the following:</p> <ul style="list-style-type: none"> 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.
UICC/TNM stage	Union for International Cancer Control (UICC) and TNM is a globally recognised standard for classifying the extent of spread by cancer using a numeric staging system.
UK	The United Kingdom of England, Northern Ireland, Scotland and Wales but for the avoidance of doubt excluding the Channel Islands and the Isle of Man.
UK resident	Habitually resident in the UK for a minimum of six months and being resident in the UK for tax purposes. Habitually resident means the UK is their centre for economic, domestic and social interests.
WHO	The World Health Organization (WHO) is a specialised agency of the United Nations responsible for international public health. It provides leadership on global health matters, medical research, setting health standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.
whole of life	A life cover policy which continues until you die.

Appendix 1 – Conditions covered under Critical Illness and Children's Cover

If you have Children's Cover, the pay out for Children's Critical Illness Cover will be your chosen **Children's Cover sum assured** regardless of whether the **child's** claim is for a Full Payment condition or an Additional Payment condition.

Depending on the critical illness definition, we may pay when:

- the condition has progressed to a specified severity
- you're diagnosed, or
- you receive a named treatment or surgery.

Critical Illness Full Payment conditions

Aorta graft surgery – for disease and trauma

The undergoing of, or inclusion on the NHS waiting list for, surgery to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

The following are not covered:

- any other surgical procedure, for example, the insertion of stents or endovascular repair.

Aplastic anaemia – with permanent bone marrow failure

A definite diagnosis of aplastic anaemia by a **consultant** haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – resulting in permanent symptoms

A definite diagnosis of bacterial meningitis by a **consultant** neurologist. There must be inflammation of the membranes of the brain or spinal cord resulting in **permanent neurological deficit with persisting clinical symptoms**.

The following are not covered:

- all other forms of meningitis including viral meningitis.

Benign brain tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms**; or
- undergoing invasive surgery to remove part or all of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- tumours in the pituitary gland
- angiomas and cholesteatoma.

Blindness – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

Brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms**.

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, essential thrombocythaemia, polycythaemia rubra vera and primary myelofibrosis
- Lymphoma and sarcoma except those that arise from and are confined to the skin (including cutaneous lymphomas and sarcomas)
- Pseudomyxoma peritonei
- Merkel cell cancer.

The following are not covered:

- all cancers which are histologically classified as any of the following:
 - pre-malignant;
 - cancer in-situ;
 - having borderline malignancy; or
 - having low malignant potential.
- all tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- all urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- **Neuroendocrine tumours (NETs)** without lymph node involvement or distant metastases unless classified as **WHO** Grade 2 or above.
- **Gastrointestinal stromal tumours (GISTs)** without lymph node involvement or distant metastases unless classified by either **AFIP/Miettinen and Lasota** as having a moderate or high risk of progression, or **UICC/ TNM8 stage** II or above.
- malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- any non-melanoma skin cancer that arises from and is confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).

Cardiac arrest – with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and either of the following devices being surgically implanted:

- implantable cardioverter-defibrillator (ICD); or
- cardiac resynchronisation therapy with defibrillator (CRT-D)

Cardiomyopathy – of specified severity

A definite diagnosis of cardiomyopathy by a **consultant** cardiologist. The diagnosis must be supported by echocardiogram. The disease must result in at least one of the following:

- left ventricular ejection fraction (LVEF) of less than 40% measured twice at an interval of at least three months
- marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the New York Heart Association classification) over a period of at least six months
- implantation of a Cardioverter Defibrillator (ICD) on the specific advice of a **consultant** cardiologist for the prevention of sudden cardiac death.

The following are not covered:

- all other forms of heart disease, heart enlargement and myocarditis.

Coma – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, which:

- requires the use of life support systems; and
- with associated **permanent neurological deficit with persisting clinical symptoms**

Coronary artery bypass graft

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a **consultant** cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Creutzfeldt-Jakob disease

A definite diagnosis of Creutzfeldt-Jakob disease by a **consultant** neurologist.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard is 90 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's disease – of specified severity

A definite diagnosis of Dementia, including Alzheimer's disease by a **consultant** geriatrician, neurologist, neuropsychologist or psychiatrist supported by evidence including **neuropsychometric testing**.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

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

The following are not covered:

- **Mild Cognitive Impairment (MCI).**
-

Encephalitis – resulting in permanent symptoms

A definite diagnosis of encephalitis by a **consultant** neurologist resulting in **permanent neurological deficit with persisting clinical symptoms**.

Heart attack – of specified severity

A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- the characteristic rise of cardiac enzymes or troponins
- new characteristic electrocardiographic changes or new diagnostic imaging changes.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- angina without myocardial infarction
 - myocardial injury without myocardial infarction.
-

Heart surgery – with thoracotomy

The undergoing of, or inclusion on the NHS waiting list for, heart surgery requiring thoracotomy on the advice of a **consultant** cardiologist to correct a structural abnormality of the heart.

The following are not covered:

- any percutaneous, transluminal or investigative procedure.
-

Heart valve replacement or repair

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a **consultant** cardiologist to replace or repair one or more heart valve.

Interstitial lung disease

A definite diagnosis of interstitial lung disease by a **consultant** respiratory physician resulting in all of the following:

- radiological evidence of pulmonary fibrosis
 - permanent and irreversible DLCO (diffusing capacity of the lung for carbon monoxide) below 40% of predicted
-

Kidney failure – requiring permanent dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Liver failure – end stage

End stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Loss of hand or foot – permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

Loss of speech – total permanent and irreversible

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Major organ transplant from another donor

The undergoing as a recipient of a transplant from either a human donor, animal or insertion of an artificial device, or inclusion on an official **UK** waiting list, for any of the following:

- transplant of bone marrow;
- transplant of haematopoietic stem cells preceded by total bone marrow ablation;
- transplant of a complete heart, kidney, liver, lung or pancreas;
- transplant of a lobe of liver or lung.

The following are not covered:

- transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a **consultant** neurologist:

- amyotrophic lateral sclerosis (ALS)
- primary lateral sclerosis (PLS)
- progressive bulbar palsy (PBP)
- progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

Multiple sclerosis

A definite diagnosis of Multiple Sclerosis by a **consultant** neurologist that has resulted in either of the following:

- clinical impairment of motor or sensory function that has persisted from the time of diagnosis; or
- clinical impairment of motor or sensory function that has recovered with evidence on Magnetic Resonance Imaging (MRI).

Paralysis of limb – total and irreversible

Total and irreversible loss of muscle function to the whole of any limb.

Parkinson plus syndrome – resulting in permanent symptoms

A definite diagnosis by a **consultant** neurologist or **consultant** geriatrician of one of the following Parkinson plus syndromes:

- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease
- Multiple system atrophy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Progressive supranuclear palsy.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
- eye movement disorder; or
- postural instability; or
- dementia.

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a **consultant** neurologist or **consultant** geriatrician.

There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.

The following are not covered:

- Parkinsonian syndromes/Parkinsonism.

Pneumonectomy – for disease or trauma

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a **consultant** physician to remove an entire lung due to disease or trauma.

The following are not covered:

- removal of a lobe of the lungs (lobectomy)
- lung resection or incision.

Pulmonary artery replacement – with surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery on the advice of a **consultant** cardiothoracic **surgeon** for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Pulmonary hypertension – of specified severity

A definite diagnosis of pulmonary hypertension by a **consultant** cardiologist or specialist in respiratory medicine. There must be clinical impairment of the heart function resulting in the permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association Classification of functional capacity.

For the purposes of this condition, NYHA Class III means:

- a marked limitation of physical activity of the **life assured** due to symptoms of less than ordinary activity causing fatigue, palpitations, dyspnoea or anginal pain. The **life assured** is only comfortable at rest.

Removal of an eyeball as a result of injury or disease – permanent physical severance

Permanent surgical removal of an eyeball as a result of injury or disease.

Respiratory failure – of specified severity

Confirmation by a **consultant** physician of severe lung disease with permanent impairment of lung function resulting in all of the following:

- the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months
 - forced expiratory volume at 1 second (FEV1) below 50% of normal; and
 - forced vital capacity (FVC) below 50% of normal.
-

Spinal stroke

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in either:

- **permanent neurological deficit with persisting clinical symptoms**
- definite evidence of death of spinal cord tissue or haemorrhage within the spinal column on a relevant scan and neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attacks.
-

Stroke – resulting in specified symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

- **permanent neurological deficit with persisting clinical symptoms;** or
- definite evidence of death of tissue or haemorrhage on a brain scan; and
- neurological deficit with persistent clinical symptoms lasting at least 24 hours.

The following are not covered:

- transient ischaemic attacks
 - death of tissue of the optic nerve or retina/eye stroke.
-

Systemic lupus erythematosus – of specified severity

A definite diagnosis of systemic lupus erythematosus by a **consultant** rheumatologist resulting in either of the following

- **permanent neurological deficit with persisting clinical symptoms;** or
 - permanent impairment of kidney function with Glomerular Filtration Rate (GFR) below 30 ml/min.
-

Terminal illness – where death is expected within 12 months

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.
-

Third-degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or covering 20% of the face's surface area.

Critical Illness Additional Payment Conditions

Less advanced cancer of the breast – with surgical removal

A positive diagnosis with histological confirmation of either of the following that has been treated by surgery to remove the tumour:

- cancer in situ of the breast, or
 - **neuroendocrine tumour (NET)** of the breast without lymph node involvement or distant metastases classified as **WHO** grade 1.
-

Less advanced cancer of the prostate – requiring specified treatment

Tumours of the prostate histologically classified with a Gleason score of 6 that have progressed to at least clinical TNM classification T1N0M0 and must have resulted in the undergoing of any treatment to remove or destroy tumour cells.

The following are not covered:

- Tumours undergoing active surveillance or observation only.
-

Appendix 2 – Conditions covered under Critical Illness Enhanced and Children's Enhanced Cover

These are in addition to the conditions covered in Appendix 1

If you have Children's Enhanced Cover, the pay out for Children's Critical Illness Cover will be your chosen **Children's Cover sum assured** regardless of whether the **child's** claim is for a Full Payment condition or an Additional Payment condition.

13 Critical Illness Full Payment conditions

Benign spinal cord tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- **permanent neurological deficit with persisting clinical symptoms;** or
- surgical removal of part or all of the tumour; or
- undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- angiomas.

Brain abscess – drained via craniotomy

Surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy by a **consultant** neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

Cauda equina syndrome – with permanent symptoms

Compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction; and
- permanent weakness and loss of sensation in the legs.

The diagnosis must be supported by appropriate neurological evidence.

Heart failure – of specified severity

A definite diagnosis of heart failure by a **consultant** cardiologist. There must be permanent clinical impairment of heart function resulting in all of the following:

- permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain); and
- permanent and irreversible ejection fraction of less than 40%.

Intensive care – ten days continuous duration

Any sickness or injury resulting in continuous mechanical ventilation by means of tracheal intubation for ten consecutive days (24 hours per day) or more in an intensive care unit in a **UK** hospital.

The following are not covered:

- **children** born prematurely (before 37 weeks of pregnancy).
-

Mental health condition – of specified severity

A severe mental health condition diagnosed by a **consultant** psychiatrist that has resulted in all of the following:

- an admission to a psychiatric ward, on the advice of a **consultant** psychiatrist, where treatment was provided for at least 14 consecutive nights, or continuous home care by a Crisis Resolution and Home Treatment Team for at least 14 consecutive days, requiring at least 2 visits per day; and
- chronic unremitting symptoms; and
- no response to comprehensive management and treatment, under the supervision of a **consultant** psychiatrist, for which the person has completed on best clinical practice for more than 1 year; and
- the inability to perform any type of work for payment or reward for a period of at least one year or if not in employment at the time of diagnosis, in the opinion of the treating **consultant**, the **life assured** will be unable to perform any type of work for payment or reward for a period of at least one year.

The following are not covered:

- conditions related to or exacerbated by alcohol or drug abuse.

Necrotising fasciitis

A definite diagnosis of life threatening necrotising fasciitis or gas gangrene by a **consultant** physician, requiring immediate surgery to remove necrotic tissue and intravenous antibiotic treatment to prevent imminent death.

The following are not covered:

- all other forms of gangrene or cellulitis.

Neurodegenerative disorders not already covered – of specified severity

A definite diagnosis by a **consultant** neurologist, psychiatrist or geriatrician of a neurodegenerative disorder resulting in permanent clinical impairment of motor function affecting body movement.

The following are not covered:

- symptoms of psychological or psychiatric origin
- essential tremor, fibromyalgia or chronic fatigue syndrome
- conditions related to or exacerbated by alcohol or drug usage.

Neuromyelitis optica (Devic's disease) – with persisting clinical symptoms

A definite diagnosis of neuromyelitis optica by a **consultant** neurologist. There must have been clinical impairment of motor or sensory function caused by neuromyelitis optica.

Peripheral vascular disease – with bypass surgery

A definite diagnosis of peripheral vascular disease with objective evidence from an ultrasound of obstruction in the arteries which results in the undergoing of, or inclusion on the NHS waiting list for, bypass graft surgery to the arteries of the legs.

The following are not covered:

- Angioplasty.

Primary sclerosing cholangitis – of specified severity

A definite diagnosis of primary sclerosing cholangitis as evidenced by imaging confirmation of typical multifocal formation of bile duct strictures and dilation of intrahepatic and/or extrahepatic bile ducts.

The following are not covered:

- all other causes of bile duct stricture formation and dilation.

Severe bowel disease – treated with two intestinal resections or total colectomy

A definite diagnosis by a **consultant** gastroenterologist of a bowel disease resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of the entire large bowel).

Syringomyelia or syringobulbia – requiring surgery

The undergoing of, or inclusion on the NHS waiting list for, surgery to treat a syrinx in the spinal cord or brain stem.

31 Critical Illness Additional Payment conditions

Accident hospitalisation

An accident that results in physical injury which requires the **life assured** to stay in hospital for 28 consecutive days or more on the advice of an appropriate **consultant**.

Aortic aneurysm – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

The following are not covered:

- procedures to any branches of the thoracic or abdominal aorta.

Aplastic anaemia – of specified severity

A definite diagnosis of aplastic anaemia by a **consultant** haematologist. There must be bone marrow hypocellularity confirmed by biopsy with at least two of the following:

- absolute neutrophil count (ANC) $< 0.5 \times 10^9/L$
- platelet count $< 20 \times 10^9/L$
- Hb $< 100 \text{ g/L}$ ($< 10 \text{ g/dL}$)

The following are not covered:

- other types of anaemia.

Bladder removal

Complete surgical removal of the urinary bladder (total cystectomy).

The following are not covered:

- urinary bladder biopsy
- removal of a portion of the urinary bladder.

Bowel disease – with specified surgery

A definite diagnosis by a **consultant** gastroenterologist of a bowel disease treated with, or inclusion on the NHS waiting list for, surgical intestinal resection.

The following are not covered:

- local excision and polypectomy.

Carotid artery stenosis – with surgical repair

The undergoing of endarterectomy or angioplasty with or without stent on the advice of a **consultant** physician to treat severe symptomatic stenosis in a carotid artery. This operation must be to treat at least 50% diameter narrowing which has been confirmed by angiographic evidence.

Central retinal artery occlusion or central retinal vein occlusion (eye stroke) – resulting in permanent visual loss

Death of optic nerve or retinal tissue due to inadequate blood supply within the central retinal artery or vein.

This must result in permanent visual impairment.

The following are not covered:

- branch retinal artery or branch retinal vein occlusion or haemorrhage
- traumatic injury to tissue of the optic nerve or retina.

Cerebral or spinal aneurysm – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or embolisation treatment using coils or other materials, in order to treat a cerebral aneurysm; or
- surgical resection, wrapping, clipping or embolisation of a spinal aneurysm.

Cerebral or spinal arteriovenous malformation – with specified surgery

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) or endovascular treatment using coils or other materials, in order to treat a cerebral arteriovenous malformation; or
 - surgical correction or embolisation of a spinal arteriovenous malformation.
-

Coronary angioplasty

The undergoing of balloon angioplasty, including atherectomy, laser treatment or stent insertion on the advice of a **consultant** cardiologist to the Left Main Stem or two or more main coronary arteries to correct narrowing or blockages.

The main coronary arteries for this purpose are defined as Right Coronary Artery, Left Anterior Descending and Circumflex. Angiographic evidence will be required. Two coronary angioplasty procedures performed in different arteries at different times is covered.

The following are not covered:

- diagnostic angioplasty
 - two angioplasty procedures to a single main artery or branches of the same artery.
-

Diabetes Mellitus Type 1

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- gestational diabetes
 - type 2 diabetes (including type 2 diabetes treated with insulin).
-

Drug resistant epilepsy – with specified surgery

Epilepsy that cannot be controlled by oral medication resulting in either of the following:

- invasive surgery to brain tissue, including the insertion of electrodes for deep brain stimulation; or
- the implantation of a vagus nerve stimulator

The following are not covered:

- brain stimulation from external devices.
-

Facial reconstruction surgery

Le Fort III Reconstruction of the maxillofacial bones for severe facial trauma.

Guillain-Barré syndrome – with persisting clinical symptoms

A definite diagnosis of Guillain-Barré syndrome by a **consultant** neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

Infective bacterial endocarditis

A definite diagnosis by a **consultant** cardiologist of infective bacterial endocarditis.

Less advanced cancer of the larynx – with specified treatment

A positive diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

Less advanced cancer of the ovary – with surgical removal

A positive diagnosis with histological confirmation of ovarian tumour of borderline malignancy/low malignant potential and has resulted in surgical removal of an ovary.

The following are not covered:

- removal of an ovary due to a cyst.
-

Less advanced cancer of the renal pelvis (of the kidney) or ureter – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

The following are not covered:

- non-invasive papillary carcinoma
 - tumours of TNM classification stage Ta.
-

Less advanced cancer of the testicle – with specified surgery

A positive diagnosis with histological confirmation of benign testicular tumour or intra-tubular germ cell neoplasia unclassified (ITGCNU) resulting in orchidectomy (removal of a testicle).

Less advanced cancer of the urinary bladder – of specified severity

A positive diagnosis with histological confirmation of cancer in situ of the urinary bladder.

The following are not covered:

- non-invasive papillary carcinoma
- TNM classification stage Ta bladder cancer.

Less advanced cancer of other sites – with surgical removal

A positive diagnosis with histological confirmation of any of the following that has been treated by surgery to remove the tumour:

- cancer in situ, or
- **neuroendocrine tumour (NET)** without lymph node involvement or distant metastases classified as **WHO** grade 1, or
- **gastrointestinal stromal tumour (GIST)** without lymph node involvement or distant metastases classified as being either:
 - no, very low or low risk of progression by **AFIP/Miettinen and Lasota**, or
 - stage I by **UICC/TNM8**.

The following are not covered:

- any skin cancer (including melanoma)
- tumours treated with radiotherapy, laser therapy, conisation, loop excision, cryotherapy or diathermy treatment
- intra-epithelial neoplasia grade 1 or 2.

A claim can be made more than once under this definition for less advanced cancers of different sites. Once a claim has been accepted, the **life assured** will no longer be covered for the same cancer in situ, NET or GIST against this or any of the other definitions under this policy.

Liver resection

The undergoing of a partial hepatectomy (liver resection) on the advice of a specialist **surgeon** in gastroenterology and hepatology.

The following are not covered:

- surgery for liver donation (as a donor)
- liver biopsy.

Non-malignant pituitary adenoma – with specified treatment

Diagnosis of a non-malignant pituitary tumour requiring radiotherapy or surgical removal.

The following are not covered:

- non-malignant tumours of the pituitary gland treated by other methods.

Pericarditis – chronic constrictive pericarditis or requiring surgery

A definite diagnosis by a **consultant** cardiologist of either of the following:

- chronic constrictive pericarditis; or
- pericarditis treated with surgery to remove fluid or heart tissue.

The following are not covered:

- other forms of pericarditis.

Permanent pacemaker or ICD insertion – for heartbeat abnormalities

The definite diagnosis of an abnormal rhythm of heartbeat by a **consultant** cardiologist resulting in the insertion of an artificial pacemaker or implantable cardioverter defibrillator (ICD) on a permanent basis.

Removal of one or more lobe(s) of the lung

The undergoing of surgery for the removal of one or more lobes of the lung due to underlying disease or trauma.

The surgery must be carried out on the advice of a **consultant** physician.

Severe sepsis – resulting in admission to a critical care unit for 3 days or more

A definite diagnosis of sepsis by a **consultant** physician resulting in admission to either an intensive care unit (ICU) or a high dependency unit (HDU) for at least 3 continuous days.

Significant hearing loss – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the quietest sound that can be heard is 70-89 decibels across all frequencies in the better ear using a pure tone audiogram.

Significant visual loss – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as certified by an ophthalmologist.

Skin cancer – advanced stage as specified

Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm);
- invasion into subcutaneous tissue (Clark level V);
- invasion into nerves in the skin (perineural invasion);
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
- has recurred despite previous treatments.

The following are not covered:

- melanoma.
-

Third-degree burns – less extensive – covering 5% of the body's surface area or 19% of the face's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% of the body's surface area or 19% of the face's surface area.

Appendix 3 – Conditions qualifying for Critical Illness Benefit Uplift

Critical Illness Benefit Uplift qualifying conditions

Blindness – permanent and irreversible

Permanent and irreversible loss of sight before age 55 to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

Brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) before age 55 resulting in **permanent neurological deficit with persisting clinical symptoms**.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing before age 55 to the extent that the loss is greater than 90 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's Disease – of specified severity

A definite diagnosis before age 55 of Dementia, including Alzheimer's disease by a **consultant** geriatrician, neurologist, neuropsychologist or psychiatrist supported by evidence including **neuropsychometric testing**.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

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

The following are not covered:

- **Mild Cognitive Impairment (MCI)**.

Heart failure – of specified severity

A definite diagnosis before age 55 of heart failure by a **consultant** cardiologist. There must be permanent clinical impairment of heart function resulting in all of the following:

- permanent loss of ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain); and
- permanent and irreversible ejection fraction of less than 40%.

Kidney failure – requiring permanent dialysis

Chronic and end stage failure of both kidneys to function before age 55, as a result of which regular dialysis is permanently required.

Liver failure – end stage

End stage liver failure due to cirrhosis before age 55 and resulting in all of the following:

- permanent jaundice
- ascites
- encephalopathy.

Loss of two hands or feet – permanent physical severance

Permanent physical severance of any combination of two or more hands or feet at or above the wrist or ankle joints before age 55.

Loss of speech – total permanent and irreversible

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease before age 55.

Major organ transplant from another donor

The undergoing as a recipient of a transplant from either a human donor, animal or insertion of an artificial device, or inclusion on an official **UK** waiting list, before age 55 for any of the following:

- transplant of bone marrow;
- transplant of haematopoietic stem cells preceded by total bone marrow ablation;
- transplant of a complete heart, kidney, liver, lung or pancreas;
- transplant of a lobe of liver or lung.

The following are not covered:

- transplant of any other organs, parts of organs, tissues or cells.
-

Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms

A definite diagnosis before age 55 of one of the following motor neurone diseases by a **consultant** neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA)
- Spinal muscular atrophy (SMA).

There must also be permanent clinical impairment of motor function.

Neurodegenerative disorders not already covered – of specified severity

A definite diagnosis before age 55 by a **consultant** neurologist, psychiatrist or geriatrician of a neurodegenerative disorder resulting in permanent clinical impairment of motor function affecting body movement.

The following are not covered:

- symptoms of psychological or psychiatric origin
 - essential tremor, fibromyalgia or chronic fatigue syndrome
 - conditions related to or exacerbated by alcohol or drug usage.
-

Paralysis of two limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of any two limbs before age 55.

Parkinson plus syndrome – resulting in permanent symptoms

A definite diagnosis before age 55 by a **consultant** neurologist or **consultant** geriatrician of one of the following Parkinson plus syndromes:

- Corticobasal ganglionic degeneration
- Diffuse Lewy body disease
- Multiple system atrophy
- Parkinsonism-dementia-amyotrophic lateral sclerosis complex
- Progressive supranuclear palsy.

There must also be permanent clinical impairment of at least one of the following:

- motor function; or
 - eye movement disorder; or
 - postural instability; or
 - dementia.
-

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis before age 55 of Parkinson's disease by a **consultant** neurologist or **consultant** geriatrician.

There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity. The following are not covered:

- Parkinsonian syndromes/Parkinsonism.

Respiratory failure – of specified severity

Confirmation before age 55 by a **consultant** physician of severe lung disease with permanent impairment of lung function resulting in all of the following:

- the need for daily oxygen therapy for a minimum of 15 hours per day for at least six months
 - forced expiratory volume at 1 second (FEV1) below 50% of normal; and
 - forced vital capacity (FVC) below 50% of normal.
-

Appendix 4 – Conditions covered under Pregnancy and Early Childhood Cover

Specified Complications of Pregnancy

A definite diagnosis by a **consultant** obstetrician of one of the following conditions:

- benign hydatidiform mole
- disseminated intravascular coagulation (DIC)
- eclampsia
- ectopic pregnancy
- foetal death in utero between 20 and 24 weeks' gestation
- placental abruption

The following are not covered:

- pre-eclampsia

Birth Defect Cover

Cleft lip

A definite diagnosis of a cleft lip by a paediatrician or cleft nurse requiring the undergoing of surgery to repair the defect.

Cleft palate

A definite diagnosis of a cleft palate by a paediatrician or cleft nurse requiring the undergoing of surgery to repair the defect.

Congenital talipes equinovarus (Club foot)

A definite diagnosis of congenital talipes equinovarus following the routine post-birth examination and requiring treatment using the Ponseti method.

Developmental dysplasia of the hip

A definite diagnosis of a developmental dysplasia of the hip by a paediatrician **consultant** requiring surgery followed by a minimum of six weeks in plaster cast or abduction brace.

Children's Critical Illness Cover

Cerebral palsy before age seven

A definite diagnosis of cerebral palsy before age seven made by an attending **consultant**.

Craniosynostosis – requiring surgery

A definite diagnosis of craniosynostosis by a **consultant** neurosurgeon which has been treated surgically.

Cystic fibrosis

A definite diagnosis of cystic fibrosis made by an attending **consultant**.

Down's syndrome

A definite diagnosis of Down's syndrome by an attending paediatrician.

Edwards' syndrome

A definite diagnosis of Edwards' syndrome by an appropriate medical specialist.

Hydrocephalus before age seven – treated with insertion of a shunt

A definite diagnosis of hydrocephalus before age seven which is treated with the insertion of a shunt.

Muscular dystrophy before age seven

A definite diagnosis of muscular dystrophy before age seven made by a **consultant** neurologist.

Osteogenesis Imperfecta before age seven

A definite diagnosis of Osteogenesis imperfecta before age seven by an appropriate medical specialist.

The following are not covered:

- Type 1 Osteogenesis Imperfecta.
-

Patau's syndrome

A definite diagnosis of Patau's syndrome by an appropriate medical specialist.

Spina bifida

A definite diagnosis of spina bifida myelomeningocele or rachischisis by an attending paediatrician.

The following are not covered:

- spina bifida occulta
 - spina bifida with meningocele.
-

Appendix 5 – Total Permanent Disability

Own Occupation

Unable, before age 71, to do your own occupation ever again

Loss of the physical or mental ability through an illness or injury before age 71 to the extent that the **life assured** is unable to do the material and substantial duties of their **own occupation** ever again.

The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's **own occupation** that cannot reasonably be omitted or modified.

Own occupation means your trade, profession or type of work you do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant specialists must reasonably expect that the **disability** will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the **life assured** expects to retire. From the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered. The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcomes of the illness, condition or disease.

Work Tasks

Unable, before age 71, to do at least three of the six work tasks ever again

Loss of the physical ability through an illness or injury before age 71 to do at least three of the six work tasks listed below ever again. The relevant specialists must reasonably expect that the **disability** will last throughout life with no prospect of improvement, irrespective of when the cover ends, or the **life assured** expects to retire. The **life assured** must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

Work tasks	Definition
Walking	The ability to walk more than 200 metres on a level surface.
Climbing	The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
Lifting	The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
Bending	The ability to bend or kneel to touch the floor and straighten up again.
Getting in and out of a car	The ability to get into a standard saloon car, and out again, including being able to unlock and operate the door latches and locks.
Writing	The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered. The definition of a clear prognosis is where a relevant specialist is able to provide the likely outcome of the illness, condition or disease.

Appendix 6 – Multi-Fracture Cover

We'll pay the amount specified below for each fracture, dislocation, rupture or tear, subject to the annual limit of £6,000 per **policy year**. All the bones listed are included in our cover.

Type of injury	Amount per injury (subject to a limit of £6,000 per policy year)		
	£6,000	£4,000	£2,000
<p>Fracture The specified fractures are covered unless the fracture is classified as avulsion, fatigue, stress, hairline, chip, or microfracture. Fractures of sesamoid bones are not covered.</p> <p>If the accident or injury results in fractures to more than one bone in either your Facial and Jaw bones, a Hand, a Foot, a Wrist or your Ribs, we'll treat these fractures as a single injury and not multiple injuries.</p>	<p>Skull: – cranium only excluding facial bones and jaw bones</p> <p>Upper leg/hip: – femur</p> <p>Knee: – patella</p> <p>Lower leg/ankle: – tibia – fibula – talus</p> <p>Pelvis: – ilium Excluding ramus</p>	<p>Upper arm: – humerus</p> <p>Lower arm: – radius – ulna</p> <p>Wrist: – distal radius – distal ulna – carpal bones</p> <p>Spine: – vertebra – cervical – thoracic – lumbar – sacrum – coccyx Excluding injury to the spinal discs</p>	<p>Ribs</p> <p>Collar bone: – clavicle</p> <p>Facial and jaw bones: – zygomatic – mandible – maxilla – nasal – lacrimal – palatine – vomer – inferior nasal concha</p> <p>Shoulder blade: – scapula</p> <p>Breast bone: – sternum</p> <p>Hand: – metacarpal Excluding all digits (phalanges)</p> <p>Foot: – metatarsals – cuneiform – cuboid – navicular – calcaneus Excluding all digits (phalanges)</p>

Type of injury	Amount per injury (subject to a limit of £6,000 per policy year)		
	£6,000	£4,000	£2,000
Dislocation All joints are covered for dislocation except fingers, thumbs and toes (phalanges). This is defined as the displacement of bone from its normal position at the joint requiring either regional, local, spinal or general anaesthesia or sedation.	Spine: – vertebra – cervical – thoracic – lumbar – sacrum – coccyx Excluding injury to the spinal discs. Hip Knee: – joint – patella Ankle – tibiotalar joint or subtalar joint	Shoulder Elbow Wrist	Jaw Middle ear bones: – Ossicular chain disruption
Achilles tendon rupture This covers the rupture or complete tear of the Achilles tendon.	Achilles tendon		
Knee ligament rupture This covers the rupture or complete tear of a cruciate knee ligament. Partial tears, and tears to collateral knee ligaments are not covered.	Knee: – anterior cruciate ligament (ACL) – posterior cruciate ligament (PCL)		

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