

Zurich Business Protection Terms and conditions



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braille and
audio.

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if you’d like a copy
of this in large print,
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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 Business 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** dies or is 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**). If the policy covers two people, we'll pay out the **sum assured** when the first **life assured** suffers a critical illness, **terminal illness** or dies (depending on the cover you have). We call this **joint life first event**.

The policy can only pay out the **sum assured** once, 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'd suffer financially if the **life assured** or **lives assured** (for joint policies) dies or suffers a critical illness.

You and the **life** or **lives assured** must be **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.

If you're a business, you'll need to be registered or incorporated in the **UK**.

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 Business 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 or a **life assured** 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 policy 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 violate any financial sanctions, laws or regulations
- in our reasonable opinion you're in material breach of the 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. There is no cash-in value for the policy.

5. How much will you be covered for?

Your 'Confirmation of terms' shows the initial amount 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).

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

Level, Increasing or Decreasing Cover

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



Level Cover

If you choose Level Cover the **sum assured** 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.



Increasing 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.

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.

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 £5m (or £2m if you have Total Permanent Disability benefit on your policy).



Decreasing Cover

You can choose to have your cover reduce, taking account of a fixed interest rate. If you choose this option your cover 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 loan 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.

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

Remember, the percentage by which your cover will reduce may be different from the percentage decrease in your outstanding 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 loan, you can choose a fixed interest rate that is higher than your 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**.

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 have said. Our decision to offer cover, and the terms of that cover, will be based upon the recorded answers and won't take into account any verbal information not otherwise recorded.

If you think anything you've told us is wrong, or if anything changes between you 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 end your policy. If we do this from 30 or more days after your policy **start date**, we won't refund any paid **premiums**.

If we need to cancel your policy following our routine checks, we'll let you know and refund any **premiums** you've already paid.

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 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 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 will not be refunded.

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

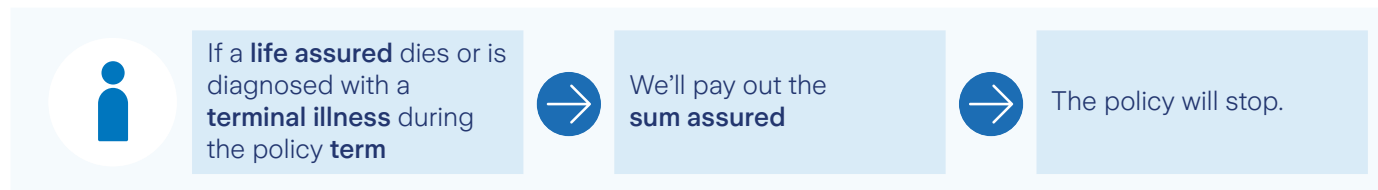
If you need to make a claim on your policy

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 have applied to your policy.

Life Cover



Special conditions for Life Cover

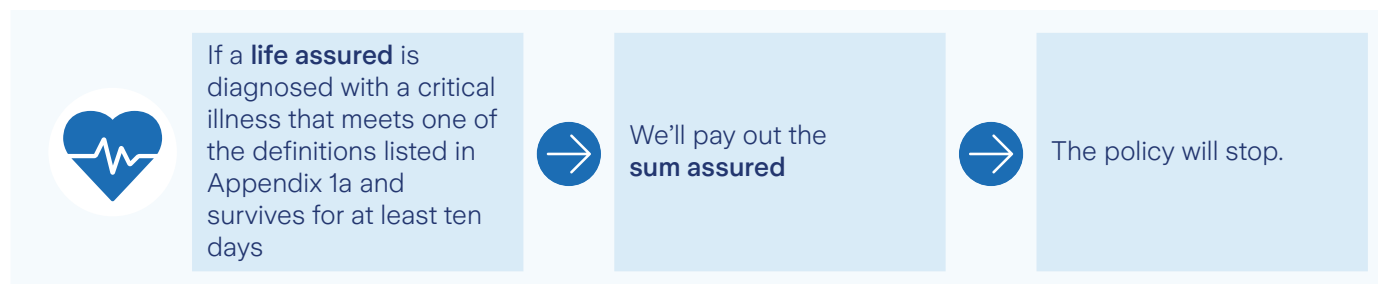
We won't pay a Life Cover claim in full or in respect of an increase in **sum assured** if the **life assured** dies as a result of suicide or intentional self-inflicted injury within 12 months of the **start date** or the date a requested increase or milestone benefit is exercised. Instead, we'll refund 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 33 to 38.

Full Payment conditions



Additional Payment conditions



Special conditions for Critical Illness Additional Payment conditions

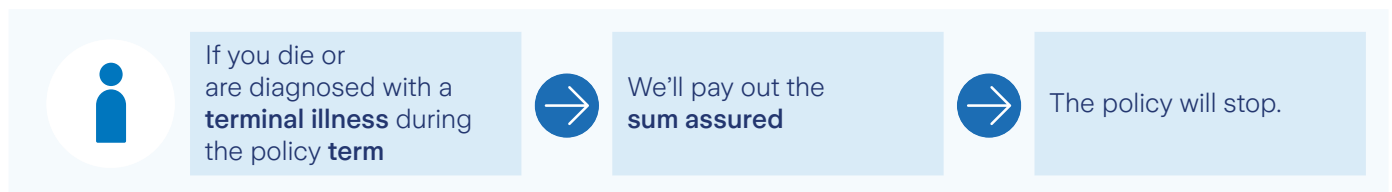
- If you make a claim that meets the definition for a Critical Illness Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the Critical Illness Full Payment condition.
- If the **life assured** suffers the same Additional Payment condition again, 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.
- If this is a joint life policy, the other **life assured** could 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

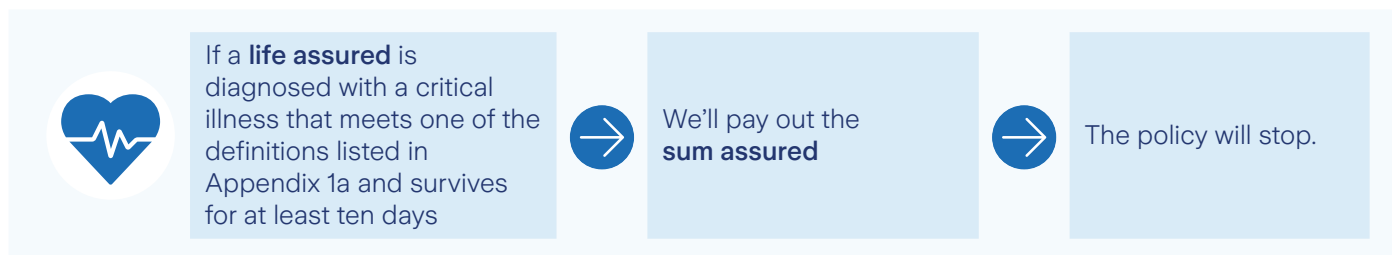


Critical Illness

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 33 to 38.

Full Payment conditions



Additional Payment conditions



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 for a Critical Illness Full Payment condition and for a Critical Illness 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 you're living abroad and don'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 have chosen Life Cover, Critical Illness Cover or Life Cover and Critical Illness.

Your 'Confirmation of terms' shows what additional benefits you've chosen.

All the policy options or **life assured** benefits below (except for Children's Benefit) must be added to your policy before the policy starts, they can't be added later.

	Life Cover	Life Cover and Critical Illness	Critical Illness Cover
Policy options			
Critical Illness Select	–	✓	✓
Children's Benefit	–	✓	✓
Renewal Option	✓	✓	✓
Conversion Option	✓	–	–
Life assured benefits			
Total Permanent Disability	–	✓	✓
Waiver of Premium	✓	✓	✓

You can't include both Renewal Option and Conversion Option on the same policy.

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

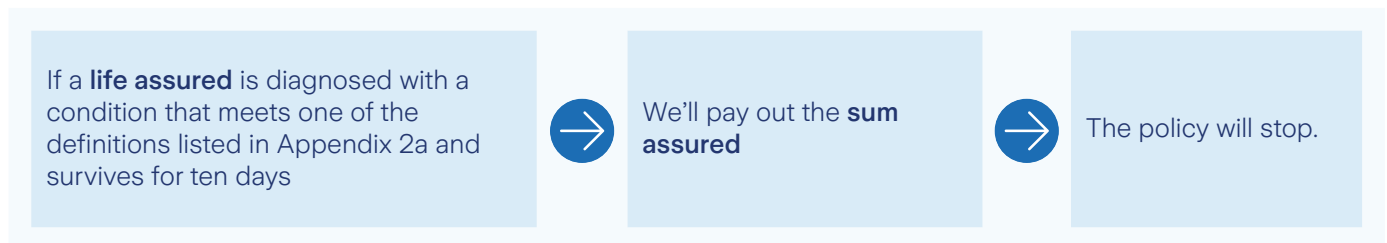
8.1 Critical Illness Select

If you choose Life Cover and Critical Illness or Critical Illness Cover, you can choose to upgrade to Critical Illness Select. 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 Select 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 33 to 38.

In addition, we'll cover you for an extra 10 Full Payment conditions and 30 Additional Payment conditions. The conditions covered under Critical Illness Enhanced are included in Appendix 2 on pages 39 to 45.

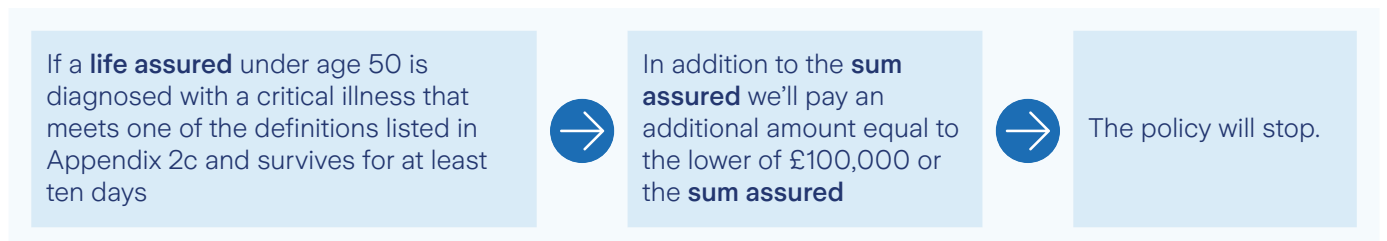
Critical Illness Full Payment conditions



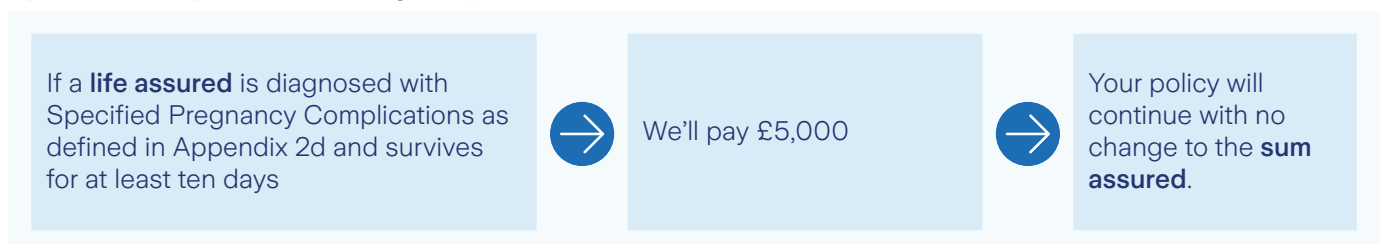
Critical Illness Additional Payment conditions



Critical Illness Benefit Uplift



Specified Complications of Pregnancy



Special conditions for Critical Illness Additional Payment conditions

- If you make a claim that meets the definition for a critical illness Full Payment condition and for an Additional Payment condition at the same time, we'll only pay the claim for the critical illness 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.
- If this is a joint life policy, the other **life assured** could claim for the same Additional Payment condition.

Special conditions for Critical Illness Full Payment and Additional Payment conditions

- If you choose Critical Illness Cover only, the policy won't pay out if a **life assured** dies or is diagnosed with a critical illness and doesn't survive for ten days.

Special conditions for Critical Illness Benefit Uplift

- The policy won't pay out if a **life assured** dies or is diagnosed with a critical illness and doesn't survive for ten days.

Special conditions for Specified Complications of Pregnancy

- We won't pay a Specified Complications of Pregnancy payment if, at the same time, the **life assured** qualifies for either a critical illness Full Payment condition or Additional Payment condition.
- You can claim this benefit up to twice during the policy **term**, but only once per pregnancy.
- You can't claim this benefit during the first year from when this benefit started.

Special conditions applicable to Critical Illness Full Payment condition, Critical Illness Benefit Uplift, Critical Illness Additional Payment conditions and Specified Complications of Pregnancy

- 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).



Example of how Critical Illness Benefit Uplift works (included on Critical Illness Select only)

Your policy provides £150,000 of Life Cover and Critical Illness and you have chosen to add Critical Illness Select to your policy. You're 48 years old and you're diagnosed with Parkinson's disease – resulting in permanent symptoms. We'll pay out the full **sum assured** of £150,000 on your policy and a Critical Illness Benefit Uplift of a further £100,000, making a total payment of £250,000. Your policy will then end.

8.2 Children's Benefit and Enhanced Children's Benefit

If you choose Life Cover and Critical Illness, or Critical Illness Cover, you can add Children's Benefit.

If you choose Critical Illness Select, you can add Enhanced Children's Benefit.

These benefits cover any **children** a **life assured** has already, as well as any **children** the **life assured** has during the **term** of the policy. It will provide cover for **children** up to their 22nd birthday.

Children's Benefit

Children's Benefit provides the following benefits:

- Children's Critical Illness Cover
- Children's Additional Payment conditions
- Children's Death Benefit.

Children's Critical Illness Cover

Your **children** will be covered for all 39 conditions confirmed in Appendix 1.

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



We'll pay the lower of £25,000 or 50% of the **sum assured**



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

Key points (applicable to Children's Critical Illness Cover):

- You won't be able to make another Children's Critical Illness Cover or Additional Payment condition claim for the same **child**.
- You would still be able to claim this benefit for any other **child** covered by the policy.

Children's Additional Payment conditions

Your **children** will be covered for the two Additional Payment conditions listed in Appendix 1.

If a **child** is diagnosed with a critical illness that meets one of the Additional Payment conditions listed in Appendix 1b and survives for ten days (or ten days following birth if later)



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



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

Key points (applicable to Children's Additional Payment conditions):

- You won't be able to claim again for the same Additional Payment condition for the same **child**.
- Another claim can be made for the same child for a different Additional Payment condition.
- You would still be able to claim this benefit for any other **child** covered by the policy.

Children's Death Benefit

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



We'll pay £5,000



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

Key points (applicable to Children's Death Benefit):

- We'll pay this amount in addition to any amount we may have already paid under Children's Critical Illness Cover or Children's Additional Payment conditions.
- After a Children's Death Benefit claim is made, the Children's Benefit will continue so that it can provide cover for any other **children** a **life assured** has. If you no longer need cover, you can cancel this benefit at any time. See section 9 for more details.

Special conditions for Children's Critical Illness Cover

Please see section 8.2.1 for details of when we won't pay a Children's Critical Illness Cover claim.

Special conditions for Children's Additional Payment conditions

If you make a claim for Children's Benefit that meets the definition for Children's Critical Illness Cover and for a Children's Additional Payment condition at the same time, we'll only pay the claim for Children's Critical Illness Cover.

Please see section 8.2.1 for details of when we won't pay a Children's Additional Payment conditions claim.

Enhanced Children's Benefit

Enhanced Children's Benefit provides the following benefits:

- Enhanced Children's Critical Illness Cover
- Enhanced Children's Additional Payment conditions
- Enhanced Children's Critical Illness Benefit Uplift
- Enhanced Children's Death Benefit.

Enhanced Children's Critical Illness Cover

If a **child** is diagnosed with a critical illness that meets one of the definitions listed in Appendices 1a, 2a and 3a and survives for ten days (or ten days following birth if later)



We'll pay the lower of £25,000 or 50% of the **sum assured**



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

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

- You won't be able to make another Enhanced Children's Critical Illness Cover or Enhanced Additional Payment condition claim for the same **child**.
- You would still be able to claim for this benefit for any other **child** covered by the policy.

Special conditions for Enhanced Children's Critical Illness Cover

Please see section 8.2.1 for details of when we won't pay an Enhanced Children's Critical Illness Cover claim.

Enhanced Children's Additional Payment conditions

If a **child** is diagnosed with a critical illness that meets one of the Additional Payment conditions listed in Appendices 1b and 2b and survives for ten days (or ten days following birth if later)



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



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

Key points (applicable to Enhanced Children's Additional Payment conditions):

- You won't be able to claim again for the same Additional Payment condition for the same **child**.
- Another claim can be made for the same **child** for a different Additional Payment condition.
- You would still be able to claim this benefit for any other **child** covered by the policy.

Special conditions for Enhanced Children's Additional Payment conditions

If you make a claim for Enhanced Children's Benefit that meets the definition for Enhanced Children's Critical Illness Cover and for an Enhanced Children's Additional Payment condition at the same time, we'll only pay the claim for Enhanced Children's Critical Illness Cover.

Please see section 8.2.1 for details of when we won't pay an Enhanced Children's Additional Payment conditions claim.

Enhanced Children's Critical Illness Benefit Uplift

If a **child** meets the criteria for **children's** overseas treatment, or
If a **child** has a qualifying claim for cancer - excluding less advanced cases as listed in Appendix 3b



We'll pay the lower of
£25,000 or 50% of the **sum assured**



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

Key points (applicable to Enhanced Children's Critical Illness Benefit Uplift):

- We'll pay this amount in addition to the payment we'll have paid for Enhanced Children's Critical Illness Cover.
- If a claim meets the criteria for both **children's** overseas treatment and cancer, we'll pay the benefit uplift payment twice.

Special conditions for Enhanced Children's Critical Illness Benefit Uplift

Please see section 8.2.1 for details of when we won't pay an Enhanced Children's Critical Illness Benefit Uplift claim.

Enhanced Children's Death Benefit

If a **child** dies between birth and their 22nd birthday, including stillbirth where the **child** dies on or after the 24th week of pregnancy



We'll pay £5,000



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

Key points (applicable to Enhanced Children's Critical Illness Benefit Uplift):

- We'll pay this amount in addition to any amount we may have already paid under Enhanced Children's Critical Illness Cover or Enhanced Children's Additional Payment conditions.
- After an Enhanced Children's Death Benefit claim is made, your Enhanced Children's Benefit will continue so that it can provide cover for any other children a **life assured** has. If you no longer need cover, you can cancel this benefit at any time. See section 9 for more details.

8.2.1 Special conditions

Special conditions applicable to Children's Critical Illness Cover, Children's Additional Payment conditions, Enhanced Children's Critical Illness Cover, Enhanced Children's Additional Payment conditions, Enhanced Children's Critical Illness Benefit Uplift

We won't pay a claim if:

- the **child** dies, or doesn't survive for ten days after any diagnosis of a critical illness
- the **child** suffered a critical illness where either parent had received counselling or medical advice in relation to an increased risk of the **child** suffering the condition before the Children's Benefit started
- the **child** was born before the Children's Benefit started and had already suffered a critical illness unless:
 - 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 **child** is living abroad and doesn't get a diagnosis in one of the countries we accept (see section 16.6 for more details).

8.2.2 Children's Conversion Benefit

If you choose Children's Benefit or Enhanced Children's Benefit, we include Children's Conversion Benefit on your policy. Any **child** covered under this policy can choose to start a new 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 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 50% of the **sum assured** on this policy at the time of exercising the option. Total Permanent Disability benefit may not be chosen by the **child** on their new policy.

Special conditions applicable to Children's Conversion Benefit

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 Benefit or Enhanced Children's Benefit 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 Benefit started.

8.3 Total Permanent Disability



You can only choose this option if you've chosen Life Cover and Critical Illness or Critical Illness Cover. 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 they can't ever do their **own occupation** again, and meets our definition as defined in Appendix 4a



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 they can't do at least three of the six work tasks ever again, and meets our definition as defined in Appendix 4b



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.

8.4 Waiver of Premium



If the policy is a joint policy, this option 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.

If a **life assured** is **unable to work** as a result of illness or injury for more than six months, and can't perform their **own occupation**



We'll pay the **premiums** on this policy from six months after the **life assured** becomes **unable to work**



We'll pay the **premiums** until:

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

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.

8.5 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 have chosen Decreasing Cover or the Renewal Option. 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 policy, you can choose to have a **whole of life** cover on one or both **lives assured**, and whether the policy pays out when the first or last 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.

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

- 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 is diagnosed with a **terminal illness**.
- If you used any milestone benefit on this policy, we'll reduce the milestone benefit on your new policy by the amount you have used. See section 9.2 for information on milestone benefit.
- You must be a **UK resident** at the time you use this option.
- Please see section 12 for details of the minimum and maximum ages and **terms** that apply to this 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 have chosen either Level Cover or Increasing Cover. This policy option can't be included if you have chosen Decreasing Cover or the Conversion Option. 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 have not reached the age when these benefits stop and subject to the special conditions.
- If your 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.

9. What changes can you make to your policy?

The changes you can make to the policy options and **life assured** benefits and cover 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 able to change your cover.

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 27.

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

If you wish to add Children's Benefit, we'll assess the **premium** for this benefit based on the current age of each **life assured** and the remaining **term** of the policy.

If you're removing Critical Illness Select and you also have Children's Benefit, your Children's Benefit will change.

If you remove Critical Illness Select



We'll replace Enhanced Children's Benefit with Children's Benefit.

You can remove Critical Illness Select, Renewal Option, Conversion Option, Total Permanent Disability or Waiver of Premium 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 benefits, we'll reduce your **premium** to reflect the changes.

Additional policy options and life assured benefits which you can add 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 Select	-	Remove only	Remove only
Children's Benefit	-	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

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 Life Cover and Critical Illness, or Critical Illness Cover 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 have 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 Cover 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 have specifically excluded it on your 'Confirmation of terms'. This benefit allows you to increase your **sum assured** within 90 days of a significant life event (see table below) without having to tell us all about the **life assured's personal circumstances** at the time.

At the time you want to use this option, you must be an employee or shareholding director in a private limited company, an equity member of a partnership or a sole trader.

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

The **life assured** has 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. The **policyholders** will need to agree to the increase in cover.

You won't be able to use the milestone benefit to increase your cover if you have a Life Cover and Critical Illness, or Critical Illness Cover policy and a **life assured**:

- has been diagnosed with one of the illnesses listed in your policy
- has had, or is due to have, one of the operations listed in your policy
- is undergoing medical investigations by either their own GP 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 a **life assured** is **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 each **life assured's personal circumstances** when you took out the policy, 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>An increase in the value of your business based on the value of your shareholding, or your share, in a private limited company or partnership.</p> <p>If using this significant event, you won't be able to increase your cover by more than the increase in the value of your share of the business, company or partnership.</p> <p>You can't use this option if you're a sole trader.</p>	<p>Evidence of the increase in business value, including financial accounts and valuation of your company.</p> <p>We'll need the above evidence, including the company's valuation at the policy start date as well as the latest valuation.</p>
<p>Increase in the value of a key individual to your business.</p> <p>If using this significant event, you won't be able to increase your cover by more than the increase in the value of the key individual to your business.</p> <p>You can't use this option if you're a sole trader.</p>	<p>Evidence of the increase in value of the key individual, including financial accounts.</p> <p>We'll need to know the value of the key individual when the policy started, the latest valuation and how you have calculated these.</p>

Milestone	What documents do we need to see?
Entering into a new commercial loan or increasing an existing one.	Evidence of the loan, or increased loan, from the lender.
If using this significant event, you won't be able to increase your cover by more than the total amount of the new or increased commercial loan.	You cannot increase your cover if the loan does not proceed.



Example: How milestone benefit works

You have £100,000 **sum assured** on your Life Cover and Critical Illness policy. You take out a new business loan of £40,000. You choose to use your milestone benefit to increase your cover by this amount to £140,000. A year later you increase your business loan and wish to use the milestone benefit again. As you have 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 our 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 but want to change to Level Cover (see section 5), 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, you can ask us to do this at any time. We'll ask you about any changes in each **life assured's personal circumstances** to see if we can offer this increase in **term**. If we can 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**.

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.

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 8.5 and 8.6 for more details.

If you wish to increase the **term** on a Life Cover and Critical Illness, or Critical Illness Cover 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 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** are guaranteed – this means they won't change unless:

- you change your cover using the options detailed in section 9
- you've chosen Increasing Cover
- we receive additional information regarding your application and your terms are changed because of this (see further details in section 6).

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.

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, 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** (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

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 provide 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 conditions claim, Total Permanent Disability claim, or a **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 Children'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 would not end following payment of the claim, we're required to obtain 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 Benefit Uplift
- Total Permanent Disability
- **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 Payment conditions
- Specified Complications of Pregnancy
- Children's Critical Illness Cover
- Children's Additional Payment conditions
- Children's Death Benefit

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 have paid out if you want your cover to continue.

If you're claiming for:

- Waiver of Premium

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.

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		
Additional benefits which can end before the main cover					
Waiver of Premium	18	54	69	As main cover	As main cover
Total Permanent Disability	18	65	70	5 years	40 years

If you have an additional benefit on your policy, when a **life assured** reaches the maximum age for that benefit, we'll remove it and stop charging you for it. 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 your 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**.

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

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 contact us using the details above.

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

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

This service is free to you, and you can find out more at any time by contacting the Financial Ombudsman Service. You don't 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.

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 do not provide any tax advice. If you decide to live outside of the **UK** after this policy has been issued, we recommend that you obtain independent advice in relation to this policy on the tax consequences of changing your country of residence. We'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 (GISTs) . 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>
consultant	A consultant registered, or provisionally registered, with the General Medical Council and licensed to practice 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: unable to work
doctor	A doctor registered, or provisionally registered, with the General Medical Council and licensed to practice 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.
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).
life assured, lives assured	The person or (for joint policies), the two people who are insured by this policy.
Mild cognitive impairment	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.
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.

Technical or legal term	Meaning
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 insured person'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 a life assured's 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 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 Prices Index (RPI)	This is a measure of inflation in the UK 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 UK . If you have chosen to have your cover increase by RPI , your cover will increase by the same percentage as the 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 is a lump sum, one-off payment.
surgeon	A surgeon registered, or provisionally registered, with the General Medical Council and licensed to practice 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	Someone who is habitually resident in the UK for a minimum of six months and for tax purposes. Habitually resident means the UK is their centre for economic, domestic and social interests. If you're a business, it means being registered or incorporated in the UK .
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.
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 Benefit

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

- the condition has progressed to a specified severity
- the **life assured** is diagnosed, or
- the **life assured** receives a named treatment or surgery.

1a - 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 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 cT2bNOM0 or pT2NOM0 following prostatectomy (removal of the prostate).
- all urothelial tumours unless histologically classified as having progressed to at least **TNM** classification T1NOM0.
- **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 3 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 valves.

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.

1b - 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 Select and Enhanced Children's Benefit

If Critical Illness Select is included on your policy, we'll cover each **life assured** for all the conditions included in Appendix 1 plus the following list of conditions.

2a – Critical Illness Select 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.

Crohn's disease – treated with two intestinal resections or total colectomy

A definite diagnosis by a **consultant** gastroenterologist of Crohn's 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 entire large bowel).

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 3 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, 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.

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.

The following are not covered:

- Neuromyelitis optica spectrum disorder.

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.

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.

2b - Critical Illness Select Additional Payment conditions

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 of one of the following bowel diseases by a **consultant** gastroenterologist, treated with, or inclusion on the NHS waiting list for, surgical intestinal resection:

- Crohn's disease
- Diverticulitis
- Intestinal ischaemia
- Ulcerative colitis.

The following are not covered:

- local excision and polypectomy.

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.

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.

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.

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 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 Main Stem, 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

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following are not covered:

- deep brain stimulation
- vagus nerve stimulation.

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.

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.

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 amicroscope), 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.

2c - Conditions qualifying for Critical Illness Select Benefit Uplift

Blindness – permanent and irreversible

Permanent and irreversible loss of sight before age 50 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 before age 50 due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in **permanent neurological deficit with persisting clinical symptoms**.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing before age 50 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 50 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).

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 50.

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 50.

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

A definite diagnosis before age 50 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.

Paralysis of two limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of any two limbs before age 50.

Parkinson plus syndrome – resulting in permanent symptoms

A definite diagnosis before age 50 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 50 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.
-

2d - Specified Complications of Pregnancy

Specified Complications of Pregnancy – before age 45

A definite diagnosis by a **consultant** obstetrician before age 45 of one of the following conditions:

- Benign hydatidiform mole
- Disseminated Intravascular Coagulation (DIC) directly caused by complications of pregnancy
- Eclampsia which has resulted in all of the following:
 - Tonic-clonic seizure(s); and
 - Pregnancy related hypertension; and
 - Proteinuria.
- Ectopic pregnancy requiring emergency surgery
- Placental abruption which requires medical intervention

The following are not covered:

- Pre-eclampsia.

Appendix 3 - Enhanced Children's Benefit

If Critical Illness Select and Enhanced Children's Benefit are included on your policy, we'll cover the **children** of each **life assured** for all the conditions in Appendices 1 and 2 plus the following list of conditions:

3a - Conditions qualifying for Full Enhanced Children's Critical Illness Payments

Cerebral palsy

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

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.

Hydrocephalus – treated with the insertion of a shunt

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

Muscular dystrophy

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

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.

3b - Conditions qualifying for Enhanced Children's Critical Illness Benefit Uplift

Children's overseas treatment

If any of your **children** are diagnosed with an enhanced **children's** critical illness which in the opinion of the treating **consultant**:

- the **child** is unable to receive treatment for the **children's** critical illness in the **UK** that is effective in curing or preventing further deterioration of the condition; and
- a treatment that is effective, curative or prevents further deterioration is available overseas.

Cancer – excluding less advanced cases

If a **child** has a qualifying claim for cancer – excluding less advanced cases (as defined in Appendix 1a).

Appendix 4 - Total Permanent Disability

Own occupation

4a - 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.

Work tasks

4b - 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 insured 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.

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