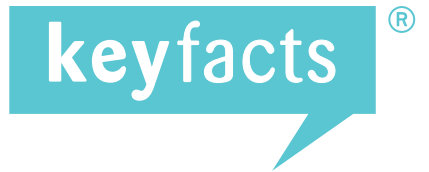




Real Life Cover

Key Facts



Death

Terminal
Illness

Specified
Critical Illness

Long term
sickness

Total &
Permanent
disability



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This document is available in other formats. If you would like a Braille, large print or audio version, please contact us:

Customer Services,
Ageas Protect Limited,
PO Box 12010,
Harlow CM20 9LG

Telephone: 0845 600 6820 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks)

Email: enquiries@ageasprotect.co.uk

We are open Monday to Thursday, 8.30am to 8pm and Friday, 8.30am to 5.30pm, except bank holidays.

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

Welcome to Real Life Cover

This booklet is the Key Facts.

If you're thinking about taking out Real Life Cover, this booklet should be able to answer any questions you might have. But if there's anything that isn't clear or you have any questions, please speak to your financial adviser or call us on **0845 600 6820**.

Full terms and conditions of Real Life Cover are available in the Plan Details. You can get a copy of the Plan Details from your financial adviser or by calling **0845 600 6820** or emailing **enquiries@ageasprotect.co.uk**.

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

About this Key Facts document

This document is a brief guide to the cover we offer. It complies with the Association of British Insurers (ABI) Statements of Best Practice for Critical Illness Cover and Income Protection. These guidelines were introduced to make it easier for customers to compare the different covers that insurers offer.

This document is based on our understanding of current law and tax rules. If you have any concerns about how the Plan fits your personal circumstances, you should talk to your financial adviser.

Who provides Real Life Cover?

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

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

A quick guide to the language we use in this booklet

Your cover lasts for a number of years, known as the **term of the cover**. We call the money that we pay you for a successful claim the **benefit**. The money that you pay us regularly is called your **premium**.



Section A:

About Real Life Cover

A1 What is Real Life Cover?

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

It protects you and your family against the financial impact of death, loss of income and the following critical illnesses: **cancer** - *excluding less advanced cases*, **heart attack** - *of specified severity* and a **stroke** - *resulting in permanent symptoms*.

A2 How does Real Life Cover work?

Real Life Cover is made up of:

- Life Cover
- Living Cover

Life Cover

When you take out your Real Life Cover Plan, you decide how much Life Cover you want. This amount is called the sum assured. This is the amount we pay if you die or are diagnosed with a terminal illness where life expectancy is less than 12 months.

You decide whether you want your sum assured to stay at the same level for the term of your cover or to increase by 5% of the initial sum assured each year. If you choose to increase it, your premium will increase to pay for the extra cover.

Living Cover

Living Cover is made up of:

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

Once you have chosen how much Life Cover you want, we set up a fund of the same value. This is called your Living Fund. If we pay you a benefit under one of the covers listed above, this money comes from the Living Fund. Every time we pay a benefit, the Living Fund goes down by the amount we've paid you. You can't pay into the Living Fund or take money from it, and when your Plan comes to an end, you can't cash it in.

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

When your Living Fund runs out, your Living Cover ends. No matter how many payments we make under Living Cover, the amount of Life Cover your Plan gives you will not be affected.

If you choose to increase your sum assured each year, then the amount of money in your Living Fund will also increase by the same amount.

A3 Real Life Cover's aims

- To pay a lump sum if you die or are diagnosed with a terminal illness where life expectancy is less than 12 months
- To pay a lump sum if you are diagnosed with **cancer** - *excluding less advanced cases*, **heart attack** - *of specified severity* and a **stroke** - *resulting in permanent symptoms*

- To pay a lump sum if you have to leave work to provide full-time care for your child or partner
- To pay a monthly benefit if you are incapacitated by illness, injury or disability
- To help pay for services that could improve or maintain your health and help you return to work
- To waive your Real Life Cover premium if we are paying you benefit under Income Protection.

A4 Your commitment

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

A5 Risk factors

Real Life Cover only protects you against events that happen during the term of your cover. If something happens outside that term you won't be covered. Your Cover Summary shows what is covered and for how long.

Living Cover will only pay a benefit while there is money in your Living Fund. When the Living Fund runs out, your Living Cover will end. Your Life Cover isn't affected by any payments we make under Living Cover and will continue even when your Living Fund runs out.

Critical Illness Cover only covers you if you are diagnosed with cancer - excluding less advanced cases, heart attack - of specified severity and a stroke - resulting in permanent symptoms. If you suffer from any other illnesses or the condition is not of the severity we specify, Critical Illness Cover won't pay you anything.

A claim for terminal illness where life expectancy is less than 12 months can only be made where the person covered has been diagnosed with 1 year or less to live. If the consultant cannot determine this, or expects death to occur after more than 1 year after diagnosis then we will not pay a benefit.

Real Life Cover combines several different kinds of cover in one Plan. You can't buy individual parts of the Plan separately. Because of this, the Plan may give you more protection than you need if certain covers are not appropriate to you or you already have similar plans or policies with another insurer.

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

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

Inflation will reduce the spending power of any benefit you are paid in the future. To protect your cover against this effect, you can choose to set up your Plan with a sum assured that increases by 5% of the initial sum assured each year.

If you don't pay your first premium, your Plan won't start and you won't be covered. If you miss a subsequent premium and it remains unpaid for more than 30 days from the date it was due to be collected, we will cancel your Plan and you will no longer be covered. There are other circumstances in which we won't pay a claim. There's more information on these in Section C of this booklet and in the Plan Details.

Your Plan will not have a cash-in value at any time.

Section B1:

Life Cover

B1 Life Cover

If you die or are diagnosed with a terminal illness where life expectancy is less than 12 months during the term of your cover, Life Cover pays you a lump sum.

When will we pay the benefit?

We will pay the benefit if you die or are diagnosed with a terminal illness where life expectancy is less than 12 months during the term of your cover.

For more information on how we define terminal illness where life expectancy is less than 12 months, please see section D of the Real Life Cover Plan Details.

How much will we pay you?

We will pay the sum assured as a lump sum.

Once we have paid a benefit, your Life Cover ends. But if we pay you a benefit because you have a terminal illness - where life expectancy is less than 12 months, you can still claim under Living Cover.

Section B2:

Living Cover

B2.1 Income Protection

If you're incapacitated by illness, injury or disability, Income Protection will pay you a monthly benefit. This money comes from your Living Fund.

When will we pay the benefit?

We will pay the benefit if you are incapacitated by an illness, injury or disability during the term of your cover and you meet the definition of incapacity that applies to you.

How do we define incapacitated?

How we define incapacitated depends on whether it refers to:

- the person covered
- their child
- their partner

Incapacitated - the person covered

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

These are based on their ability to do:

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

Which of these three definitions applies to the person covered depends on:

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

We define incapacitated in full in section D of the Plan Details booklet.

How long do you need to be incapacitated before we'll pay the benefit?

You need to be incapacitated for a continuous period that's longer than the deferred period. The deferred period is the time between you becoming incapacitated and payments starting. When you take out your Real Life Cover Plan, you choose a deferred period of 8, 13 or 26 weeks. No benefit is payable for the length of the deferred period you selected.

How much will we pay each month?

The amount of benefit we pay you is worked out using the sum assured.

If you're in paid work when you become incapacitated, and we consider your claim against our own occupation or suited occupation definition of incapacitated the maximum we will pay each month is the lower of:

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

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

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

If you're not in paid work when you become incapacitated, we will pay you 1% of the sum assured at the time you become incapacitated, up to a maximum of £1,667 each month.

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

What if you return to work but then need to make another claim?

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

- the claim has the same cause as your original one
- you contact us within two weeks of stopping work again
- your Plan is still active, and
- there's still money in your Living Fund.

How long will we pay you the benefit for?

We will carry on paying the benefit until the earliest of the following happens:

- there is no money left in your Living Fund, or
- you recover and no longer meet the definition of incapacity that applied when you first claimed, or
- you return to work, although benefit payments may continue if you're still incapacitated. This is explained below under 'What happens if you're still incapacitated but go back to work?', or
- you reach age 80, or
- you die.

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

Section B2: Living Cover

What happens if you're still incapacitated but go back to work?

If you still meet the definition of incapacitated that applied to you when you made your original claim but you return to work for less money than you were earning before you became incapacitated, you may still be eligible to receive benefit, but at a reduced rate. It may also be for a limited period. Whether you can continue your claim, what you're entitled to and how long we'll pay benefit for, will depend on the occupation you return to, and the definition of incapacitated that applied to your claim.

There's more information about this in section A3.1 of the Real Life Cover Plan Details.

B2.2 Critical Illness Cover

If you are diagnosed with **cancer** - *excluding less advanced cases*, or suffer a **heart attack** - *of specified severity* or a **stroke** - *resulting in permanent symptoms*, Critical Illness Cover pays you a lump sum.

When will we pay the benefit?

We will pay the benefit if you are diagnosed as:

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

The diagnosis needs to meet our definition of these critical illnesses. You can find our full definitions in section D of the Plan Details booklet.

If you suffer from any other illness or the condition is not of the severity we specify, the Critical Illness cover won't pay anything. But if the illness means you are incapacitated, you may be entitled to receive a benefit under Income Protection.

Any lump sum payment for Critical Illness will be in addition to any monthly benefit payments under Income Protection that you might be entitled to. It's also in addition to any State Benefits that you might be entitled to.

How much will we pay you?

The amount we will pay is worked out based on the sum assured.

We will pay 12% of the sum assured at the date of your claim event. This money comes from your Living Fund. If there is less than 12% of the sum assured left in your Fund, we will pay you whatever is left.

B2.3 Recuperation Cover

If you're incapacitated by illness, injury or disability, Recuperation Cover helps you pay for services that could improve or maintain your health and help you return to work. What services might help you will depend on your situation, but they could range from physiotherapy or counselling, to help travelling to work because you can no longer drive.

When will we pay the benefit?

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

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

How much will we pay you?

The amount we will pay is worked out based on the sum assured.

We will pay up to 3% of the sum assured at the time you become incapacitated towards the cost of the services you need. This money comes from your Living Fund.

You can make as many Recuperation Cover claims as you need, but the most we'll pay in connection with any one potentially valid Income Protection claim is 3% of the sum assured. If the service we approve is a course of treatment, the whole course counts as one claim.

B2.4 Child & Partner Carer's Cover

If you have to leave work to provide full-time care for your child and partner, Child & Partner Carer's Cover will pay you a lump sum.

When will we pay the benefit?

We will pay the benefit if you leave full-time work to provide full-time care for your child or partner. You need to be receiving State Carer's Allowance to care for your child or partner, who must meet our definition of incapacitated.

Incapacitated - child

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

Incapacitated - partner

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

- cause mental failure, as defined in section D of the Plan details, or
- prevent them from doing two out of five daily activities without the help of another person, but with the use of appropriate assistive aids.

Activity	Definition
Washing	The ability to wash in the bath or shower (including getting into and out of the bath or shower).
Dressing	The ability to put on and take off, secure and unfasten all garments.
Getting between rooms	The ability to get from room to room on a level floor.
Feeding yourself	The ability to feed yourself when food and drink has been prepared.
Maintaining personal hygiene	The ability to maintain a satisfactory level by using the toilet or otherwise managing bowel and bladder functions.

We define incapacitated in full in section D of the Plan Details booklet.

How much will we pay you?

The benefit we will pay is worked out based on the sum assured. It will be 12% of the sum assured at the time you have to leave work. This money comes from your Living Fund. If there is less than 12% of the sum assured left in your Fund, we will pay you whatever is left.

Section B2: Living Cover

B2.5 Waiver of Premium

If Income Protection is paying you a monthly benefit, we will waive any premium due under this Plan.

How long will we waive your premium for?

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

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

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

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

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

Section C:

Questions about Real Life Cover

Q. How much cover can I apply for?

- A. The maximum sum you can insure yourself for when you first take out your Real Life Cover Plan is £250,000. This gives you £250,000 worth of Life Cover and £250,000 worth of Living Cover.

At the outset, you can choose to increase both the amount of your Life Cover and your Living Cover each year. If you do, both amounts will increase each year by 5% of the sum assured you choose when you first take out your Real Life Cover Plan. You can't increase either cover separately.

You can also increase your sum assured at other times. This is explained in the section 'Once my Plan starts, can I change it?' on page 15.

Q. When will the Plan not pay out?

- A. For each cover, there are specific circumstances in which we won't pay a benefit. These are listed in full in the Real Life Cover Plan Details. The main reasons we would not pay a benefit are:
- your claim is caused by something that we have specifically excluded from your Plan, or
 - you are diagnosed with an illness that doesn't meet our definition of terminal illness where life expectancy is less than 12 months, cancer, heart attack or stroke, or
 - you or the person you are caring for doesn't meet the definition of incapacitated that applies, or
 - our Consultant Medical Officer doesn't confirm the diagnosis of your doctor or doesn't approve the services or advice you've asked for, or
 - you or the consultant who diagnoses your condition is not in an eligible country. Eligible countries are listed in the Real Life Plan Details, or

- you and your legal representatives don't give us evidence we ask for, or
- you give up work to care for someone who is not your child or partner, or
- we have already paid you the maximum amount of benefit or the maximum number of claims you're entitled to under a particular cover or there's no money left in your Living Fund, or
- your Plan is no longer active.

We will not pay you benefit if we find you have given us inaccurate, incomplete or untrue information on your application.

Q. How flexible is Real Life Cover?

A. Under Real Life Cover, you can choose:

- how much Life Cover you want - you then get the same amount of Living Cover
- the term of your cover
- whether your sum assured stays at the same level throughout the term of your cover or increases by 5% of the initial sum assured each year
- how soon Income Protection payments start after you become incapacitated - this can be 8, 13 or 26 weeks, and

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

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

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

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

A. There are lots of ways you can change your Real Life Cover to make sure your Plan still meets your needs. All of the changes you can make are listed below. The options that increase the amount or the term of your cover aren't available to everyone. This could be because, for example, someone has a particular medical condition when they apply for cover. The Cover Summary we send you when your cover starts will tell you whether these options are available to you. If an option isn't available, it doesn't mean that you can't ask to make the increase. It just means that we won't automatically say yes. We might have to find out some more about you before we can make a decision.

Those options that are not automatically available to everyone have **limited** after the heading.

Increasing the sum assured - limited

If you have this option in your Cover Summary, you can increase your sum assured if you: get married or enter into a civil partnership, have a child or adopt a child, or increase the amount of your mortgage to buy a new house or pay for home improvements. You do this by taking out an additional Plan, with the same end date as your current one. Your additional Plan will be on the terms and conditions that apply when you take it out.

Increasing the term of your Plan - limited

If you have this option in your Cover Summary, you can increase the term of your Plan if you increase the term of your mortgage. You do this by changing your Plan for a new one with a longer term. Your old Plan will stop and your new Plan will be on the terms and conditions that apply when you take it out.

Stopping and restarting annual increases

If you have set up your Plan with an annually increasing sum assured, you can stop your cover increasing annually at any time. Increases to your sum assured and to your premium will then stop at the next anniversary of the date your Plan started. You can ask us to start increasing the sum assured again. But we can't do this if:

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

Section C: Questions about Real Life Cover

Reducing your sum assured or the term of your Plan

You can reduce your sum assured or the term of your Plan at any time.

How these changes affect what you pay

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

If you reduce your sum assured or the term of your cover, it may reduce your premium.

How these changes affect the terms and conditions

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

Q. How much will my Plan cost?

A. The amount of your monthly premium will be shown on the Cover Summary we send you when your cover starts.

Q. What if I stop paying?

A. If you don't pay your first premium, your Plan will not start and you won't be covered.

If you miss a subsequent premium, we will write to you to let you know. If a premium remains unpaid for more than 30 days from the date it was due, we will cancel your Plan and you will no longer be covered.

If we cancel your Plan because you didn't pay a premium, you can ask us to restart it up to six months after the date of the first missed premium. If you ask us to do this, we will tell you what we need in order to do it and you must clear any premium arrears. There may be circumstances when we can't restart your Plan. If this happens, we'll explain our decision to you.

Q. Can my premium change in the future?

A. The amount you pay for the rest of your Real Life Cover Plan will only change if you ask for a change to the cover. If you have set up your Plan with an increasing sum assured, your premium will increase each year. We will write to you and tell you what the new premium will be. You can tell us that you do not want the increase. If you do this, we will keep the sum assured at its current level.

Q. How do I make a claim?

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

Call us on 0845 600 6815 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks), email: claims@ageasprotect.co.uk, or write to us at:

Claims Team, Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

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

To make sure we have an accurate record of the instructions we are given, we may record or monitor calls for training purposes, to improve the quality of our service and to prevent and detect fraud.

A claims adviser will explain the process and what information we'll need from you. Some types of cover require you or the doctor who diagnoses your condition to be in a particular part of the world when you make a claim. For more information, please see section B4 of the Real Life Cover Plan Details.

Q. Who will you pay the benefit to?

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

Only Life Cover can be written in Trust. If this is the case, we will pay this benefit to the Trustees. Trustees need to send us the original Trust Deed and any deeds altering the Trust before we can pay any benefit to them.

Q. How can I contact you?

A. You can:

- phone us on 0845 600 6820 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks)
- email us at enquiries@ageasprotect.co.uk
- write to us at Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

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

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

Q. How do I complain?

A. If you have a complaint, please contact Customer Services at:
Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

Telephone: 0845 600 6813 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks) Email: complaints@ageasprotect.co.uk

We are open Monday to Friday, 9.00am to 5.00pm, except for bank holidays. We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

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

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

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

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

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

Telephone: 0845 080 1800 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks) or 020 7964 0500 (this number may be cheaper for calls from some mobile phones and other networks) Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

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

Section D:

Other information

The Law

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

Language

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

Financial Services Compensation Scheme

Your Plan is covered by the Financial Services Compensation Scheme. The scheme covers you if Ageas Protect Limited cannot meet its liabilities or obligations.

You can get more information about compensation scheme arrangements from Ageas Protect Limited, whose contact details are on page 16 of this booklet. Alternatively, you can contact the Financial Services Compensation Scheme at the following address:

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

Telephone: 0800 678 1100 or 020 7741 4100

Email: enquiries@fscs.org.uk

Telephone: 020 7892 7300 Email: enquiries@fscs.org.uk

What we will use your personal information for

We will only use your personal information for:

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

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

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

Where we may get your personal information from

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

We may ask your doctor for information before we offer you cover. We may also get a report from your doctor or telephone you for more information after your cover has started. If we find that we have been given incomplete, inaccurate or untrue information, or we do not receive the report from your doctor or you are unavailable for interview, we reserve the right to cancel your cover within 90 days.

Who we will share your personal information with

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

- Ageas Group's current auditors from time to time (the identity of which can be provided on request)
- our reinsurers (a list of these reinsurers can be provided on request)
- our third party service providers
- your financial adviser, unless you have made a confidential application
- other parts of the Ageas Group, and
- legal and regulatory bodies.

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

Giving us information about another person

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

Monitoring and recording telephone calls

To make sure we have an accurate record of the instructions we are given, we may record or monitor calls for training purposes, to improve the quality of our service and to prevent and detect fraud. We may record or monitor phone calls.

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

- phone us on 0845 600 6820 (calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks)
- email us on enquiries@ageasprotect.co.uk
- write to us at Ageas Protect Limited, PO Box 12010, Harlow CM20 9LG

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



Ageas Protect Limited

Telephone 0845 600 6820

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Number 6367921

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Regulation Authority. The registration number is 473752.

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