



POLICY TERMS & CONDITIONS FOR YOUR

LIFE PROTECTION & CRITICAL ILLNESS PROTECTION

+ CHILDREN'S CRITICAL ILLNESS PROTECTION

GUARDIAN¹⁸²¹
LIFE. MADE BETTER.

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INTRODUCTION TO YOUR POLICY TERMS AND CONDITIONS

Life Protection and Critical Illness Protection are stand-alone ('core') covers. You can have one, or other, or both on your policy. However, Children's Critical Illness Protection is an optional extra that you can only take out with a core cover. This document explains all 3 covers.

Please read this document carefully – as it contains important information – and store it in a safe place with your **cover summary**. It's important that you read all of the **policy** documentation before the end of the 30-day cooling-off period. See section 5.1 for more information.

Your policy is arranged and administered by Guardian Financial Services Limited. Guardian Financial Services Limited is an appointed representative of Scottish Friendly Assurance Society Limited. Guardian Financial Services Limited is entered on the Financial Services register under reference number 798072.

Your policy is underwritten and issued by Scottish Friendly Assurance Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Scottish Friendly Assurance Society Limited is entered on the Financial Services register under reference number 110002, with permission to effect and carry out contracts of insurance.

Guardian Financial Services Limited is registered in England and Wales under number 11115769. Registered office: 11 Strand, London WC2N 5HR.

Who to contact?

Your Financial Adviser should be able to answer most of your questions but you can also contact the Guardian Team.



0808 123 1821



heretohelp@guardian1821.co.uk

GLOSSARY OF TERMS

Additional payout: The payout relating to a condition that pays 25% of the amount you're covered for, or £50,000, whichever is less if you're diagnosed with it. The additional payout conditions are listed in section 6 after the **full payout** conditions. The cover amount isn't affected and you can claim the full amount at a later date. See **full payout** for more information.

Amount covered: The amount of cover provided under the **policy**. This is shown on your **cover summary**.

Application: A request for cover. The **application** is completed online and we use this information to set up your **policy**.

Care programme approach (CPA): The CPA was introduced in 1991. The responsibility for implementation rests with health authorities. The CPA was introduced to make sure that people with severe and enduring mental illness, including dementia, who also have complex social care needs, are given co-ordinated care and supervision. Basic features include assessment of need for health and social care, to be met by a written care plan which is periodically updated and a nominated key worker responsible for implementation.

Cover summary: The document that explains your personal cover and premiums.

Core cover: Life Protection or Critical Illness Protection.

Daily activities:

- **Bending:** The ability to bend or kneel to touch the floor and straighten up again.
- **Climbing:** The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- **Communicating:** The ability to:
 - Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room.
 - Understand simple messages.
 - Speak with sufficient clarity to be clearly understood.
- **Dexterity:** The physical ability to write legibly using a pen or pencil, or type using a computer keyboard.
- **Financial competence:** The ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping.
- **Reading:** Having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered Ophthalmologist.
- **Responsibility and independence:** The ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.
- **Walking:** The ability to walk a distance of 200 metres on a level surface without stopping due to breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids. For example, a walking stick.

Eligible child/children: Your natural, step or adopted children and those for whom you're a legal guardian. They'll be covered from birth to 18 years, or 23 if they're still in **full-time education**. A child is only eligible for Terminal Illness cover after their first birthday and when the illness or disease leading to the terminal prognosis is diagnosed after this date.

End date: The last day of cover – which is shown on your **cover summary** – or the date of claim, whichever is earlier.

Full payout: The payout relating to an illness or condition that pays the full amount of cover if you're diagnosed with it. For a list of these illnesses or conditions, see section 6.

Full-time education: Attendance at a full-time course at a school, college or university. This includes work placements that are part of a full-time course.

Incapacity: Illness or injury resulting in a claim.

Irreversible: Can't be reasonably improved on by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of a claim.

Mental Capacity Act (MCA): The **MCA** is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

New myocardial infarction: A myocardial infarction that occurs and is diagnosed after the **start date** of the **policy**.

Own job: The actual job you're doing at the time of a claim.

Permanent neurological deficit with persisting clinical symptoms: Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life of the **person covered**.

Permanent: Expected to last throughout life with no prospect of improvement, irrespective of when the cover ends or the **person covered** expects to retire.

Person covered: The named person who is covered by this **policy**.

Policy: Your protection **policy** with us.

Policy term: The time between the **policy start date** and the **policy end date**. This is shown on your **cover summary**.

Policy terms and conditions: These are the terms and conditions that are detailed in this document.

Site: A place, area or location in or on an organ. An organ is a group of tissues or cells adapted to perform a specific function.

Start date: The first day of cover as shown on your **cover summary**.

Statement of facts: The document that shows the declarations you've made about your health and lifestyle as part of your **application**.

Surgery/surgical removal: Surgery (or a surgical procedure or surgical operation) means the cutting or opening of a patient's tissues or body, in a controlled, sterile and antiseptic environment while under anaesthesia, using typical surgical instruments and suturing or stapling. **Surgery** doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies.

Terms: These **policy terms and conditions** and any additional conditions included in your **cover summary**.

UK resident: Someone who fulfils the following requirements:

- Their permanent home must be in the UK.
- They have a UK bank account.
- They have a UK address (not a 'care of' address).
- They're registered with a UK doctor.

UK Consultant: Someone who:

- Holds an appointment as a Consultant or equivalent at a hospital in the UK and is registered to practice in the UK; and
- Is a specialist appropriate to the cause of a claim.

Us/we/our: Guardian Financial Services Limited, as an appointed representative of Scottish Friendly Assurance Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Registered office: Scottish Friendly House, 16 Blythswood Square, Glasgow, G2 4HJ. Registration number 110002. Guardian Financial Services Limited is registered in England and Wales under number 11115769. Registered office: 11 Strand, London WC2N 5HR.

You/your: The **person covered**.

SECTION 1: ABOUT YOUR POLICY

1.1 YOUR PROTECTION POLICY

A protection **policy** is an insurance contract between you and us.

The contract is made up of the following parts:

- **Statement of facts**
- **Policy terms and conditions**
- **Cover summary**

1.2 WHAT PROTECTION DOES

Life Protection

Life Protection is a fixed-term insurance cover that will pay out the **amount covered** if any of the following events happen while the **policy** is in force:

- You die.
- You're diagnosed with a terminal illness which, in the opinion of your **UK Consultant**, is expected to lead to your death within 12 months.
- You have a definite diagnosis from your **UK Consultant** of one of the following:
 - Cancer (confirmed as TNM stage 4).
 - Motor neurone disease (with **permanent** clinical impairment of motor function).
 - Parkinson-plus syndromes.
 - Creutzfeldt-Jakob disease.

See section 4.2 for full details.

Once we've paid a claim, the **policy** will end.

Critical Illness Protection

Critical Illness Protection is a fixed-term insurance cover that will pay out the **amount covered** if any of the following events happen while the **policy** is in force:

- You're diagnosed with a **full payout** critical illness and survive 14 days from diagnosis.
- You're diagnosed with a terminal illness which, in the opinion of your **UK Consultant**, is expected to lead to your death within 12 months and you survive 14 days from diagnosis.

It will also pay an additional amount of 25% of the **amount covered** or £50,000, whichever is less, if:

- You're diagnosed with an **additional payout** condition. We'll pay **additional payouts** more than once, but not for the same condition twice, with the exception of carcinoma in situ which can be claimed multiple times so long as the site of each carcinoma in situ is different (see section 6.1 for more information). The **amount covered** is unaffected.

- You're included on a UK waiting list for certain specified surgeries. The **amount covered** will be reduced by the amount paid.

If you die within 14 days of being diagnosed, the **policy** won't pay out and will end.

Please see section 6 for definitions for all of these events.

Children's Critical Illness Protection

Children's Critical Illness Protection is an optional extra cover that will pay out the **amount covered** if any of the following events happen while the **policy** is in force:

- An **eligible child** is diagnosed with a critical illness and survives 14 days from diagnosis.
- An **eligible child** aged 12 months or older is diagnosed with a terminal illness which, in the opinion of their **UK Consultant**, is expected to lead to their death within 12 months and they survive 14 days from diagnosis.
- An **eligible child** is included on a UK waiting list for certain specified surgeries.

It will also pay an additional amount of 25% of the **amount covered** if:

- An **eligible child** is diagnosed with an **additional payout** condition. The **amount covered** is unaffected.

If an **eligible child** is stillborn at any stage after a 24-week gestation period, or dies before they reach 18, or 23 if in **full-time education**, we'll pay out £10,000 as a contribution towards funeral costs.

Please see section 6 for definitions for all of these events.

When we make a **full payout** for an **eligible child**, the cover for that **eligible child** will then end. An **eligible child** can't have further cover under another Guardian **policy**. There's no limit to the number of **eligible children** that can be covered.

You won't be able to cash in your **policy** at any time. There is no savings element built into this **policy**.

1.3 WHO CAN TAKE OUT A POLICY

Anyone between 18 and 65 years old can apply for a **policy**. You must be a **UK resident** (not Channel Islands or Isle of Man). You'll still be covered by your policy if you move abroad after it's started, but you'll need to maintain your UK bank account to pay the premiums.

You can only take out Children's Critical Illness Protection in conjunction with a **core cover**, either when you buy a **core cover**, or you can add to a **core cover** at anytime.

We may need to ask your doctor for information to support or check the answers you gave us in your application. If we do, we'll need your consent under the Access to Medical Reports Act (AMRA) 1988. If you don't give your consent, we may cancel your policy.

1.4 HOW LONG YOU CAN GET COVER FOR

The length of time your protection will last for will be specified in your **cover summary**. Life Protection can't extend beyond your 90th birthday and Critical Illness Protection can't extend beyond your 70th birthday.

Life Protection has a minimum term of one year for Level and Increasing Cover, and 5 years for Decreasing Cover and Family Income Benefit. Critical Illness Protection has a minimum term of 5 years.

Your protection expires on the earliest of:

- When you die.
- When you stop paying the premiums after you've asked to cancel your **policy**.
- When the **policy** has lapsed as a result of missed premiums.
- When we've paid a terminal illness claim.
- When the **policy term** ends.
- When we've made a **full payout** claim and there's no further benefit on the **policy**.

Children's Critical Illness Protection remains in place as long as your **core cover** is in force, until your youngest **eligible child** reaches the maximum age or until you're no longer their legal guardian.

Children's Critical Illness Protection can be cancelled at any time if you ask us and we'll reduce your total premium. This wouldn't affect your **core cover**.

The minimum term for Children's Critical Illness Protection depends on the **core cover** it's taken out alongside.

1.5 HOW MUCH YOU'RE COVERED FOR

The amount you're covered for is detailed in your **cover summary**.

You can choose from the following types of cover:

- **Level:** Where the amount you're covered for is fixed for the whole term of your **policy**.
- **Decreasing:** Where the amount you're covered for reduces each month in line with the capital amount outstanding on a repayment mortgage paying interest at 5% per year. See section 4.4 for more details on this.
- **Family Income Benefit:** Where the amount you're covered for is paid as a regular tax-free income until the end of the **policy term** and not as a lump sum.
- **Increasing:** Where the amount you're covered for will go up in line with inflation every year on each **policy** anniversary. See section 1.7 for details.

Children's Critical Illness Protection can only be written as Level or Increasing Cover. Where the cover amount and premiums increase by RPI on a **core cover**, they'll also increase on your Children's Critical Illness Protection.

1.6 WHO WE'LL PAY OUT TO

Life Protection is there to pay out if you die or are diagnosed with a terminal illness.

We'll pay a death claim to the executors or administrators of your estate following proof of probate (or confirmation in Scotland) if there's no legal agreement or trust on your **policy**. If you have a trust or legal agreement (see Payout Planner below), we'll pay in accordance with those instructions.

A terminal illness claim will always be paid directly to you unless the **policy** has been put in trust, in which case we'll pay you or the trustees as set out in the trust.

We'll pay any valid critical illness claim to the policyholder.

We'll pay any valid children's critical illness claim to the holder of the **core cover**.

Life Protection	Legal agreement in place?	Who we pay the death claim to	Who we pay the terminal illness claim to
Own life	No	The executors or administrators of the estate	The policyholder
Own life	Yes – trust	The trustees or the beneficiaries	As defined by the trust
Own life	Yes – Payout Planner	The beneficiaries (or their estate)	The policyholder

Payout Planner

If you told us when completing the online application who you would want to benefit from your Life Protection cover in the event of your death, Payout Planner will form part of your **policy**. Your **cover summary** will show if you have chosen to nominate beneficiaries under this **policy**.

This will mean that we can make payment for the death benefit without having to wait for probate (or confirmation) to be granted first.

It's important that you review the beneficiaries on a regular basis and keep us updated with any changes.

You can nominate more than one person or organisations, such as charities as beneficiaries. If a beneficiary dies, we'll pay their share to their estate, so it's best if you change your nomination for them to avoid delays or unexpected result.

You can't nominate yourself, your estate, a trust you can benefit from, your mortgage lender or other creditors, or receive any money or benefit in exchange for nominating a beneficiary, without invalidating Payout Planner.

Assignment

When Payout Planner has been used, the **policy** can't be assigned to anyone else, with the exception of a trust.

Trusts

If you put your **policy** in an official and valid trust, the trustees will essentially be the owners. We'll need evidence of legal title and instructions from them before we can make any payment of the death claim.

A trust will supersede any nomination of beneficiaries under the Payout Planner.

1.7 INCREASING COVER

If you select this type of cover, the **amount covered** will go up in line with inflation on each **policy** anniversary. Your **cover summary** will state whether or not you opted for this benefit.

If you have this cover, your premium will also increase each year to reflect the increased cover. The increase is calculated as the inflation increase multiplied by 1.5.

We track inflation using the retail price index (RPI) over a 12-month period. If for some reason we can't use the RPI, we use an index comparable to the RPI instead. If inflation is 0% or less, no change in premium or cover will be applied.

If the total life cover you have in place under your Guardian protection **policy** reaches £20 million, inflation increases will stop and the premium and level of cover won't increase any further. If your cover is £20 million or above when you apply, you won't be able to choose Increasing Cover.

If the total critical illness cover you have in place under your Guardian protection **policy** reaches £3 million, inflation increases will stop and the premium and level of cover won't increase any further. If your cover is £3 million or above when you apply, you won't be able to choose Increasing Cover.

The maximum children's critical illness cover you can have in place under your Guardian protection **policy** is £100,000. Once your Children's Critical Illness Protection reaches this level, inflation increases will stop and the level of cover won't increase any further.

Adding Increasing Cover

You can change your Level Cover to Increasing Cover at any time after your **policy** has started. It will take effect at the next **policy** anniversary, and during periods of high inflation (10% or more) may be subject to underwriting.

Adding Increasing Cover means it will also apply to your Children's Critical Illness Protection if you have this cover.

Stopping Increasing Cover

You can ask us to remove the Increasing Cover at any time too. Just ask and we'll remove it at the next **policy** anniversary.

If you've removed your Increasing Cover option, you can ask us to add it back on again but this may be subject to underwriting. New increases will only take place from the next **policy** anniversary date.

Removing Increasing Cover on your **core cover** means it will also be removed from your Children's Critical Illness Protection.

SECTION 2: PAYING FOR YOUR POLICY

The amount you need to pay will be shown in your **cover summary**. Your premiums won't change unless you choose Increasing Cover or have made a change to your **policy**. We'll always tell you when your premiums are about to change.

2.1 PAYING PREMIUMS

You'll need to pay your premiums each month by direct debit from a UK bank. If your bank account details change, please let us know as soon as you can. Contact us direct or through your Financial Adviser.

Children's Critical Illness Protection premiums will be collected through the same direct debit as your **core cover**.

2.2 MISSING PREMIUMS

A direct debit payment can fail for a variety of reasons. It's your responsibility to make sure there's enough money in your account to pay your premiums each month.

If we're unable to collect premiums, we'll tell you immediately and let your Financial Adviser know too. If you need to discuss this, please contact us.

If you don't pay your premiums, your cover will end (lapse) 30 days after the first missed premium.

If the **policy** lapses, you can apply to reinstate it up to 2 months afterwards, provided all your missed premiums are paid in full. This may be subject to underwriting. If your health has deteriorated or your lifestyle has changed since your original **application**, we may be unable to reinstate your **policy** on the original **terms** and premium.

Children's Critical Illness Protection will also lapse if your **core cover** lapses but could be reinstated along with your **core cover**.

2.3 PREMIUM WAIVER

Premium Waiver is automatically included in your **policy** which means you won't have to pay your premiums if:

- You're unable to do the material and substantial duties of your **own job** (the actual job you're doing at the time you claim) and your regular net paid income reduces by 25% or more as a result. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of your **own job** that can't reasonably be omitted or modified.

We'll continue to waive your premiums if you're unable to carry out your own and current job until the earliest of the following happens:

- We establish that you're able to return to work.
- You retire.
- Your **policy** expires.
- You're not working as a result of involuntarily losing your job or being made redundant. In this case, we'll waive your premiums for up to 6 months. This benefit is available after the first 12 months of your **policy**.
- You take maternity or paternity leave. In this case, we'll waive them for 6 months. Maternity and paternity leave waiver are available after the first 12 months of your **policy**.

We'll start waiving premiums from the date you let us know or 28 days after your income reduces, whichever is later. You must claim the waiver within 6 weeks of your **incapacity** starting, and waived premiums won't be backdated. We may need to obtain information or evidence to assess your claim and this will differ depending on the reason for the claim. When you contact us we'll let you know what this will be for your claim. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim.

If we waive the premiums on your **core cover**, we'll also waive the premiums on your Children's Critical Illness Protection for the same length of time.

Premium Waiver can't be removed from your **policy**.

There's no limit on the number of times you can claim Premium Waiver, and a waiver claim will have no impact on any claim you make on your **core cover**.

SECTION 3: CHANGING YOUR COVER

Your **policy** gives you several options that allow it to reflect your changing needs throughout its term. If you take advantage of any of these and changes are made to your **policy**, we'll issue you with a new **cover summary**.

3.1 IMPROVEMENTS TO CRITICAL ILLNESS COVER

Your policy offers additional protection if our critical illness definitions improve.

If our critical illness definitions improve and we can apply the changes to your policy for free, we'll check any claim against both the definitions you bought, and the definition used for new customers when you claim. And we'll pay out if the claim is valid under either.

Occasionally, we may introduce changes that will come at a cost. If we do, we'll offer you the opportunity to pay to add these when we upgrade the condition. If you choose to upgrade, your policy will be upgraded to include that definition for future claims.

3.2 CHANGING THE AMOUNT

Reducing your cover

You can reduce the amount you're covered for at any time by contacting us. We'll adjust the premium and issue an updated **cover summary**.

The minimum cover for Life Protection is £25,000 or, for Family Income Benefit, an annual benefit of £2,500.

The minimum cover for Critical Illness Protection is £10,000 or, for Family Income Benefit, an annual benefit of £1,000.

The minimum cover for Children's Critical Illness Protection is £10,000.

Adding to your cover

You can apply to add to the **amount covered** at any time during the term of your **policy** by contacting your Financial Adviser.

3.3 ADDING COVER USING A GUARANTEED INCREASE OPTION

There are often key events in people's lives that mean they need to increase the amount they're covered for. So, in certain circumstances, you can add to the amount of cover you have without your **application** being subject to any underwriting assessment or medical evidence. These events are shown below. If you have this option on your **core cover** (doesn't apply to Children's Critical Illness Protection), it will be shown on your **cover summary**.

Event	Maximum increase allowable per event
Birth or legal adoption of a child: If you have a new child, you legally adopt a child, become a step parent or become the legal guardian of a child.	25% of the original cover amount or £50,000, whichever is lower.
Marriage or civil partnership: If you enter into a civil partnership or get married.	25% of the original cover amount or £50,000, whichever is lower.
Taking out a new mortgage or increasing a current mortgage: If you buy a new house, or make alterations to your main residence and increase your mortgage.	25% of the original cover amount or £50,000, whichever is lower, subject to a maximum of the increase in the size of your mortgage.
Increasing the mortgage term: If you need to increase the term of your mortgage and extend the term of your policy .	Subject to the maximum term and expiry age as stipulated within section 1.4.
Significant salary increase: If you change your job or get promoted and your salary is increased by 20% or more.	25% of the original cover amount or £50,000, whichever is lower.
IHT increase: If the person covered has an increase to their inheritance tax liability due to changes in the IHT rates or bands or a change in IHT legislation.	Available to policy terms of up to 7 years and maximum increase allowable 50% of the original amount of cover or £100,000, whichever is lower.
Loss of group cover: If you leave a job that offered group life cover and it's not replaced by the new job. You mustn't have left the job due to ill health or early retirement.	25% of the original cover amount or £50,000, whichever is lower.

You can use the option more than once during the term of your **policy** as long as the total cover added isn't more than 50% of the original **amount covered** or £100,000, whichever is lower.

You can exercise this option if any of these events happen to you and you meet the conditions. We can then increase your cover without any medical evidence. Naturally, if the amount of cover increases, your premiums will increase too.

There are limits on the amount you can increase your cover by at each event, and as a total throughout the term of the **policy**. All percentage increases will be based on the original amount of cover you take out. These limits are not suggested increases – your Financial Adviser will advise you on the amount suitable for you.

Increasing your cover under these options means your premiums and cover will be available without further underwriting. Any increase will simply be added to the original **policy**. Your benefits, features and **terms** and conditions will be those included in the **policy**, irrespective of any changes in your health, lifestyle or age.

You can use these Guaranteed Increase Options at any time during your policy's term, but you must use them within 12 months of the event happening. You simply need to let us know and we'll issue a new **cover summary**.

If you make a claim shortly after you increase your cover, we may request evidence of the event.

You can't use this option while you're claiming Premium Waiver or if we're assessing another claim on your **core cover**.

3.4 HEALTH AND LIFESTYLE CHANGES

Please contact your Financial Adviser or tell us about any of the following health or lifestyle changes.

Smoking

A smoker is someone who has used a tobacco product or nicotine replacement product such as e-cigarettes.

We have 3 categories for smoking-related premiums:

- Current user.
- No usage in the last 12 months.
- No usage in the last 5 years.

If you were a smoker and stop smoking or stop using tobacco or replacement products for a period of 12 months, we'll adjust your premium accordingly. We'll also apply a further adjustment after you've stopped for 5 years if you contact us to confirm.

Gender

If you change your gender there will be no change in your premium. Our records will be amended accordingly.

Build

If you were paying an increased premium due to your build and you subsequently lose weight for a sustained period, we'll reassess your status and may be able to reduce the premium or terms.

Job

If you were paying an increased premium due to your job and you subsequently change your job, we'll reassess your status and may be able to reduce the premium or terms.

Sports activities

If you were paying an increased premium due to an activity and you subsequently give this up we'll reassess your status and may be able to reduce the premium or terms.

3.5 USING RESERVED COVER

Reserved Cover gives you the option to increase or add to your cover during the first 27 months of your **policy** at the price, age and **terms** that applied when your **policy** started, subject to a few simple medical questions. However, if you take up this option for critical illness and make a claim for cancer during the first 3 months, we won't pay out the increased amount or additional cover; only the amount of cover before this option was applied.

If you're eligible for Reserved Cover it will be shown in your **cover summary**.

SECTION 4: MAKING A CLAIM

If you need to claim under your **policy**, contact your Financial Adviser or call our Claims Team on **0808 173 1821** as soon as you can. They'll tell you all about how to claim and offer you as much help and guidance as they can at what can be a very difficult time.

If you die within the **policy term**, a nominated beneficiary (for example, a member of your family), a trustee of your **policy** (if it's in trust), or the executor of your estate should phone our Claims Team on **0808 173 1821**.

Alternatively, you can:

 **claims@guardian1821.co.uk**

 **Guardian Financial Services, Forbury Works, 37-43 Blagrove Street, Reading RG1 1PZ**

Once we're told about a claim, we gather any evidence we need to pay out as quickly as possible. We may need to get some medical information, but there will be no cost to you or the person making the claim.

We also need to establish the legal owner of the **policy** and other relevant information to allow us to pay the cover amount to the right person.

4.1 ASSESSING A CLAIM

Death claim

Our Claims Team will guide the person claiming through the process and offer them any support they may need. We simply need the person claiming to provide evidence of death, such as a death certificate provided by a doctor, to start the process.

Critical illness claim

We make sure the condition meets one of our definitions in section 6, and that you've survived for 14 days from diagnosis. Once we receive confirmation of the diagnosis from the relevant specialist, we'll assess your claim and pay the appropriate amount as soon as possible. This may be a **full payout**, an **additional payout** or, in the case of Surgery Cover, an amount of cover paid in advance of the **surgery**. Please refer to section 6 for more information on Surgery Cover.

If you take up the Reserved Cover option and make a claim for cancer during the first 3 months, we won't pay out the increased amount or additional cover; only the amount of cover before this option was applied.

If you meet the definition for a **full payout** at the same time as an **additional payout**, we only pay the full amount.

For total permanent disability, the relevant definition will be shown on your **cover summary**. The **daily activities** we'll use to assess this benefit are shown in the glossary of terms.

Children's critical illness claim

We make sure the condition meets one of our definitions in section 6 and that the **eligible child** who's covered has survived for 14 days from diagnosis. Once we receive confirmation of the diagnosis from the relevant specialist, we'll assess the claim and pay the appropriate amount as soon as possible.

We won't pay a claim for a condition or related condition if, before you took out the **policy** or added the children's cover:

- The **eligible child** was already suffering from or diagnosed with the condition.
- Either parent had sought counselling or medical advice in relation to the condition.
- Either parent was aware of an increased risk of the condition.

We'll only pay the original and not the increased amount if you claim for a condition or related condition after increasing your children's cover when:

- The **eligible child** was already suffering from or diagnosed with the condition.
- Either parent had sought counselling or medical advice in relation to the condition.
- Either parent was aware of an increased risk of the condition.

We'll pay the **additional payout** amount once for each **eligible child**. If we've paid an **additional payout** amount for an **eligible child**, the child remains covered for **full payout**.

Cover will end for an **eligible child** once we make a **full payout**.

If the **eligible child** meets the definition for a **full payout** at the same time as an **additional payout**, we'll only pay the full amount.

There's no limit to the number of children that can be covered and if you or your partner subsequently become pregnant your new child will automatically be covered.

4.2 TERMINAL ILLNESS CLAIM

We make sure the condition meets our definitions below before paying out.

We'll pay the full amount of Life Protection or Critical Illness Protection covered if:

- You're diagnosed as being terminally ill and, in the opinion of your attending **UK Consultant**, your illness is expected to lead to your death within 12 months.

We'll pay the full amount of Life Protection covered if:

- You have a definite diagnosis by a UK Consultant of any illness that satisfies one of the following:
 - **Cancer:** Histologically confirmed as TNM stage 4 (or equivalent staging system for the specific tumour **site**) and, in the opinion of the attending **UK Consultant**, there are no curative treatments available that will prevent further progression of the condition.
 - **Motor neurone disease:** A definite diagnosis by a UK Consultant Neurologist of one of the following motor neurone diseases:
 - Amyotrophic lateral sclerosis
 - Kennedy's disease

- Primary lateral sclerosis
- Progressive bulbar palsy
- Progressive muscular atrophy
- Spinal muscular atrophy

There must also be a **permanent** clinical impairment of motor function.

- o **Parkinson-plus syndromes:** A definite diagnosis by a UK Consultant Neurologist or Geriatrician of one of the following Parkinson-plus syndromes:

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

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

- Motor function
- Eye movement disorder
- Dementia

- o **Creutzfeldt-Jakob disease (CJD):** A definite diagnosis by a UK Consultant Neurologist of Creutzfeldt-Jakob disease.

We'll pay the full amount Children's Critical Illness Protection covered if:

- Your **eligible child** is diagnosed as being terminally ill and, in the opinion of their attending **UK Consultant**, the illness is expected to lead to their death within 12 months.

4.3 PREMIUM WAIVER CLAIM

You must let us know within 6 weeks of the event resulting in a claim to waive your premiums, as we won't waive premiums due before you notify us. We may need evidence or more information. We'll keep in regular contact with you and may ask for reports to enable us to reassess the claim. We won't collect your premiums through the direct debit mandate during a waiver claim.

Any claim on Premium Waiver will have no effect on your original **policy** which continues as normal during and after the claim. We'll also waive the premiums on any additional covers on your **policy**.

If you have Increasing Cover on your **policy**, this will continue during a waiver claim.

You can claim Premium Waiver as many times as you need to while your **policy** is in force.

We'll assess your claim on whether or not you're able to carry out your own and current job. Your premiums will be waived from the date you let us know about your **incapacity** or 28 days after your net income reduces by 25% or more, whichever is later. See section 2.3 for more information.

We'll continue to waive your premiums if you're unable to carry out your own and current job until the earliest of the following happens:

- We establish that you're able to return to work.
- You retire.
- Your **policy** expires.

For maternity and paternity leave or unemployment, we'll waive premiums for up to 6 months. These covers are available after the first 12 months of your **policy**.

We may ask for evidence to substantiate your claim for Premium Waiver for unemployment or for maternity or paternity leave.

4.4 HOW WE PAY OUT

The amount we pay out depends on the type of cover you have, details of which are shown on your **cover summary**.

- **Level:** The amount you're covered for remains constant throughout the term of your **policy**. It's this amount that we'll pay out on a claim.
- **Increasing:** If you choose Increasing Cover, the amount you're covered for and the premium you pay increases in line with inflation on each **policy** anniversary. We pay the cover that applies at the time you claim. See section 1.7 for more information.
- **Decreasing:** This is where the original amount reduces every month throughout the term of your **policy**. It's designed for repayment mortgage protection and reduces in line with the capital amount outstanding on a repayment mortgage paying interest at 5% per annum. The amount we pay out is, therefore, based on the amount of cover at the time you claim.
- **Mortgage Guarantee:** Your Decreasing Cover also includes a Mortgage Guarantee. If the outstanding balance on your original mortgage is higher than the amount of cover, we'll pay the outstanding mortgage amount in full, provided the mortgage isn't in arrears at the time you claim. The amount of cover and term of your **policy** must match the mortgage amount and term of your original mortgage. If you change your mortgage, you can apply to amend your **policy** and we'll continue the guarantee. See section 3 for details and options of how to add to your cover amount.
- **Family Income Benefit:** When you applied for your **policy**, you may have selected the Family Income Benefit option. This means that following a claim, we'll pay you or your beneficiaries a guaranteed monthly amount until the end of the **policy term**. The monthly amount paid will be based on the cover amount at the time of claim. Alternatively, you could choose to take this as a lump sum in lieu of all future payments.
 - **Additional claim:** After we've paid an additional claim, your **policy** will continue providing cover for the same guaranteed monthly amount.
 - **Surgery Cover claim:** After we've paid a claim for Surgery Cover, the monthly amount will be reduced by the amount we paid out in advance of the **surgery**.

For more information on Surgery Cover and **additional payout**, please see section 6.

Under current tax rules, any payments we make on your policy will be free from income tax in the UK. However, by paying a large amount of money into your estate your overall tax liability might change (inheritance tax might be affected). This is based on our understanding of current tax law and practice which may change in the future. We recommend you speak to your Financial Adviser if you'd like to know more.

4.5 WHEN WE WOULDN'T PAY OUT

Any exclusions that apply to you will be detailed on your **cover summary**.

We won't pay out for children over 18 if they're not in **full-time education**.

If, while we're assessing a claim, we find out that information on the **application** is inaccurate or incomplete and would have influenced our decision to offer you the **terms** and conditions we did:

- We may reduce the amount we pay on a claim or not make any payout at all.
- We may amend the **terms** of your cover.
- We may cancel your **policy** completely.
- We may not refund the premiums you've paid.

If you become aware that information you've given us is inaccurate or incomplete, you must let us know as soon as you can.

In the rare situation where we believe a claim isn't valid, we'll refer it to our Claims Committee to make the final decision.

4.6 CONTINUING COVER AFTER A CLAIM

After we've paid an **additional payout** claim, your **policy** will continue providing cover for the full amount while your premiums are paid (or being waived). The **additional payout** won't reduce the amount of cover.

After we've paid a claim for Surgery Cover, your **policy** will continue with the cover amount reduced by the amount we paid out in advance of the **surgery**.

Buy-Back option (continuing cover after a full critical illness claim has been paid)

Critical Illness Protection has a built-in option that allows you to keep it in force at a lower amount of cover after we've paid out a full claim. This lower amount is £50,000 or 25% of the original amount of cover, whichever is less. For reducing critical illness policies, this would be the lower of £50,000 or 25% of the **amount covered** immediately before the claim.

Following a critical illness claim for a full payout condition (see section 6 for details), you may continue your **policy** through the Buy-Back option as long as you have more than 12 months left until the end of the original **policy term**. The **terms** of the **policy** after the Buy-Back option has been exercised won't include the condition we paid out on and other conditions that we consider to be related to that condition.

You must let us know within a month of the **full payout** being paid if you'd like your cover to continue under this **policy**.

Premiums become payable from the next premium due date and your cover will continue as detailed in your new **cover summary**.

SECTION 5: GENERAL INFORMATION AND CONDITIONS

5.1 CANCELLING YOUR POLICY

Once your **policy** has started, you have 30 days to change your mind and cancel it. If you tell us within that time that you want to cancel, we'll refund any money you've paid and terminate your cover.

Even after 30 days, you can cancel your **policy** at any time by letting us know and cancelling your direct debit mandate. If you tell us after 30 days, you won't get any money back, as the **policy** has no investment value. The cancellation will take effect from the following premium due date.

You may be able to cancel one type of cover within your **policy** without having to cancel other types you hold.

You can cancel your Children's Critical Illness Protection at any time by contacting us. If you later require this cover again, just contact your Financial Adviser.

If you don't give us your consent under the Access to Medical Reports Act (AMRA) 1988 when we ask for it, we may cancel your cover. We may also amend the terms or cancel your cover if any information given on your application is inaccurate or incomplete.

If you stop paying your monthly premiums, your **policy** will lapse as described in section 2.2.

5.2 CHANGING YOUR POLICY

We'll only ever change your **policy** for the better, if at all. It may be that future legislation requires us to implement changes, or better **terms** and conditions of cover might apply to your **policy**. We'll let you know if this happens.

5.3 PAYMENTS MADE UNDER YOUR POLICY

Unless we agree otherwise:

- All payments made to and by us under your **policy** must be in UK pounds.
- We'll only pay claims out to UK bank accounts.

5.4 MAKING A COMPLAINT

We hope you'll never need to complain, but if you do, we'll do our best to resolve your complaint as quickly as possible. To find out how to make a complaint, please follow our step-by-step process at guardian1821.co.uk/complaints

To contact us:

 **0808 123 1821**

 **heretohelp@guardian1821.co.uk**

 **Guardian Financial Services, Forbury Works, 37-43 Blagrove Street, Reading RG1 1PZ**

We always prefer to sort out any complaints ourselves but you can ask for help from the Financial Ombudsman in certain circumstances:

- If we haven't been able to resolve your complaint.
- If we've not sent you a final response within 8 weeks.

The Financial Ombudsman is an independent service in the UK for settling disputes between consumers and businesses providing financial services. You can find more information on the Financial Ombudsman at www.financial-ombudsman.org.uk.

To contact the Financial Ombudsman:

 **0800 0234 567** (free from UK landlines and mobiles) or
0300 123 9123 (calls cost no more than 01 and 02 calls)

 **complaint.info@financial-ombudsman.org.uk**

 **Financial Ombudsman Service, Exchange Tower, London E14 9SR**

5.5 THE FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)

The FSCS is designed to pay compensation if a firm is unable to pay claims because it has stopped trading or been declared in default. So, if Scottish Friendly Assurance Society Limited run into financial difficulties, you may be able to claim through the FSCS for any money you've lost.

The FSCS will pay 100% of the value of your claim and there's no upper limit to the amount of the payment. You can find out more about the FSCS, including eligibility to claim, by visiting its website.

The rules of the FSCS might change in the future and the FSCS may take a different approach depending on what led to the failure.

To find out more about the FSCS:

 **fscs.org.uk**

 **0800 678 1100**

 **Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY**

5.6 THE LAW THAT APPLIES

The **policy** is governed by the laws of England and Wales.

5.7 SOLVENCY II DIRECTIVE INFORMATION

Scottish Friendly Assurance Society Limited's solvency and financial condition report can be accessed at www.scottishfriendly.co.uk/customer-centre/solvency-two

SECTION 6: CRITICAL ILLNESS DEFINITIONS

6.1 CRITICAL ILLNESS DEFINITIONS FOR ADULT COVER

Full payout conditions

If you're diagnosed with one of the following illnesses or conditions, we'll pay 100% of the amount of cover specified on your **cover summary**.

Aorta graft surgery – The undergoing of **surgery** for disease or trauma of the aorta requiring surgical replacement with a graft.

Aplastic anaemia – A definite diagnosis by a UK Consultant Haematologist of aplastic anaemia. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – A definite diagnosis of bacterial meningitis by a UK Consultant Physician supported by cerebrospinal fluid changes consistent with bacterial meningitis.

Benign brain tumour – A definite diagnosis by a UK Consultant Neurologist of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull.

Benign spinal cord tumour – A definite diagnosis by a **UK Consultant** of a non-malignant tumour or cyst originating from the spinal cord, spinal nerves or meninges.

Blindness – **Permanent** and **irreversible** loss of sight to the extent that, even when tested with the use of visual aids, it's measured by a certified UK Ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of:

- 6/60 or worse using a Snellen eye chart, or
- A loss of peripheral visual field and a central visual field of no more than 20 degrees in total.

Cancer – A definite diagnosis by a UK Oncologist of a malignant cancer with histological confirmation.

The following are not covered under this definition but are covered as additional payouts:

- All tumours of the prostate histologically classified as having a Gleeson score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0MO-T2aN0MO inclusive.
- Cancer in situ.
- Cancer of the ovary histologically classified as having borderline malignancy or low malignant potential.
- Non-melanoma skin cancer histologically classified as having progressed to clinical TMN classification T1N0M0.

Cardiac arrest – A sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable cardioverter defibrillator, or
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

Cardiomyopathy – A definite diagnosis of cardiomyopathy by a UK Consultant Cardiologist. There must be clinical impairment of heart function resulting in the **permanent** loss of ability to perform physical activities to at least Class III of the New York Heart Association (NYHA) classification of functional capacity*.

The following are not covered:

- All other forms of heart disease, heart enlargement and myocarditis.
- Cardiomyopathy secondary to alcohol or drug abuse.

Cauda equina syndrome – A definite diagnosis by a **UK Consultant** of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- **Permanent** bladder dysfunction.
- **Permanent** weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate evidence.

Chronic severe rheumatoid arthritis – A definite diagnosis by a UK Consultant Rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity that results in the **permanent** inability to perform at least 3 out of 8 of our **daily activities**.

Coma – A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems.

The following is not covered:

- Coma secondary to alcohol or drug abuse.

*NYHA Class III. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Coronary artery bypass grafts – The undergoing of **surgery** to correct narrowing or blockage of one or more coronary arteries with bypass graft **surgery**.

Creutzfeldt-Jakob disease – A definite diagnosis by a UK Consultant Neurologist of Creutzfeldt-Jakob disease.

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

Dementia including Alzheimer's – A definite diagnosis of Alzheimer's disease or dementia by a UK Consultant Neurologist, Psychiatrist or Geriatrician with evidence of previous or current symptoms.

The following is not covered:

- Mild cognitive impairment.

Drug resistant epilepsy – Undergoing of **surgery** to brain tissue including vagus nerve and deep brain stimulation in order to control epilepsy that can't be controlled by oral medication.

Encephalitis – A definite diagnosis by a UK Consultant Neurologist of encephalitis resulting in **permanent neurological deficit with persisting clinical symptoms**.

Heart attack – Death of heart muscle, due to inadequate blood supply, that has resulted in a definite diagnosis of a **new myocardial infarction** by a UK Cardiologist.

Heart failure – A definite diagnosis by a UK Consultant Cardiologist of the failure of the heart to function as a pump which is evidenced by all of the following:

- **Permanent** and irreversible limitation to function to at least Class III of the New York Heart Association (NYHA) classification of functionality capacity*
- **Permanent** and irreversible ejection fraction of 39% or less.

Heart valve replacement or repair – Undergoing of **surgery**, on the advice of a UK Consultant Cardiologist, to replace or repair one or more heart valves.

Human immunodeficiency virus (HIV) – Infection by HIV resulting from:

- A blood transfusion given as part of medical treatment
- A physical assault, or
- An accident occurring during the course of performing normal duties of employment after the start of the **policy** and satisfying all of the following:
 - The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

*NYHA III. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Intensive care benefit – Any sickness or injury resulting in the **person covered** requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

The following are not covered:

- Sickness or injury as a result of drug or alcohol misuse.

Interstitial lung disease – A definite diagnosis of interstitial lung disease by a UK 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 – Chronic and end-stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Liver failure – End-stage liver failure resulting in all of the following:

- **Permanent** jaundice.
- Ascites.
- Encephalopathy.

The following is not covered:

- Liver disease secondary to alcohol or drug abuse.

Loss of hand or foot – **Permanent** physical severance of a hand or foot at or above the wrist or ankle joint.

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

Major organ transplant – The undergoing as a recipient, from another person, of a transplant of:

- Bone marrow.
- Haematopoietic stem cell preceded by total bone marrow ablation.
- A complete heart, kidney, liver, lung or pancreas.
- A lobe of liver.
- A lobe of lung.

Or inclusion on a UK waiting list for any of the above-named procedures.

Motor neurone disease (and specified diseases) – A definite diagnosis by a UK Consultant Neurologist of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis.
- Kennedy's disease.
- Primary lateral sclerosis.
- Progressive bulbar palsy.
- Progressive muscular atrophy.
- Spinal muscular atrophy.

There must also be **permanent** clinical impairment of motor function.

Multiple sclerosis – A definite diagnosis by a UK Consultant Neurologist of multiple sclerosis. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

Neuromyelitis optica (Devic's disease) – A definite diagnosis by a UK Consultant Neurologist of neuromyelitis optica.

There must have been clinical impairment of motor or sensory function.

Open heart surgery – The undergoing of open heart **surgery** requiring thoracotomy on the advice of a UK Consultant Cardiologist.

The following is not covered:

- Any percutaneous, transluminal or investigative procedure.

Paralysis of limb – Total **permanent** and **irreversible** loss of muscle function to the whole of any one limb.

Parkinson's disease – A definite diagnosis by a UK Consultant Neurologist of idiopathic Parkinson's disease. There must be **permanent** clinical impairment of motor function with associated tremor and rigidity of movement.

Parkinson-plus syndromes – A definite diagnosis by a UK Consultant Neurologist or Geriatrician of one of the following Parkinson-plus syndromes:

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

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

- Motor function.
- Eye movement disorder.
- Dementia.

Peripheral vascular disease – A definite diagnosis by a UK Consultant Cardiologist or Vascular Surgeon of peripheral vascular disease with objective evidence from imaging of obstruction in the arteries which results in bypass graft **surgery** to the arteries of the legs.

The following is not covered:

- Angioplasty.

Pneumonectomy – The undergoing of **surgery** on the advice of a UK Consultant Medical Specialist to remove a complete lung due to disease or injury.

The following are not covered:

- Removal of a lobe of the lungs (lobectomy).
- Lung resection or incision.

Primary pulmonary arterial hypertension – A definite diagnosis of idiopathic pulmonary arterial hypertension that has caused **permanent** and **irreversible** impairment of heart function which is classified by a UK Consultant Cardiologist as at least Class III on the New York Heart Association (NYHA) scale of functional capacity*.

Pulmonary artery surgery – The undergoing of **surgery** on the advice of a UK Consultant Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Respiratory failure – Confirmation by a UK Consultant Physician of severe lung disease which is evidenced by the need for continuous daily oxygen therapy on a **permanent** basis.

Severe Cohn's disease – A definite diagnosis by a UK Consultant Gastroenterologist of Crohn's disease. There must have been at least one surgical intestinal resection.

Spinal stroke – Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in **permanent neurological deficit with persisting clinical symptoms**.

Stroke – A definite diagnosis by a UK Neurologist of a stroke with clinical symptoms that have lasted at least 24 hours.

The following is not covered:

- Transient ischaemic attack.

Structural heart surgery – The undergoing of heart **surgery** requiring thoracotomy on the advice of a UK Consultant Cardiologist to correct any structural abnormality of the heart.

The following is not covered:

- Any percutaneous, transluminal or investigative procedure.

Surgical removal of an eye ball – **Surgical removal** of a complete eyeball as a result of injury or disease.

The following are not covered:

- Self-inflicted injuries.

Systemic lupus erythematosus – A definite diagnosis by a UK Consultant Rheumatologist of systemic lupus erythematosus resulting in either of the following:

- **Permanent neurological deficit with persisting clinical symptoms**.
- **Permanent** impairment of kidney function with glomerular filtration rate below 30ml/min.

Third degree burns – Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the body's surface area or 20% loss of surface area of the face which, for the purposes of this definition, includes the forehead and ears.

Total colectomy – Removal of the whole of the colon creating an opening on the abdomen joining the small intestine to the abdomen wall called an ileostomy. This procedure is covered if, in the opinion of a UK Consultant Gastroenterologist, it's established that the ileostomy is **permanent**.

*NYHA Class III. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Total permanent disability – Loss of the physical or mental ability through an illness or injury:

a) To the extent that the **person covered** is permanently unable to do the material and substantial duties of their **own job*** 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 job** that can't reasonably be omitted or modified.

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 **person covered** expects to retire.

OR

b) That results in the loss of the ability to perform 3 or more of our **daily activities**.

OR

c) That causes mental incapacity (as defined by the **Mental Capacity Act**) which:

- Has failed to respond to optimal treatment and requires the need for continuous medication, and
- Is due to an organic brain disease or brain injury supported by evidence of progressive loss of the ability to:
 - remember
 - reason, or
 - perceive, understand, express and give effect to ideas

causing a significant reduction in mental and social functioning, requiring constant supervision of another person.

For the above definition, disabilities for which the relevant specialists can't give a clear diagnosis and prognosis are not covered.

OR

d) That causes severe mental illness classified under and ICD-10 code which to qualify:

- Requires that you're under the supervision of the mental health team **care programme approach (CPA)** at its highest level (with or without supervision register) or equivalent.

The ICD is the World Health Organisation's International Statistical Classification of Diseases and related health problems. The current revision, the tenth, is known as ICD-10.

For the above definition, disabilities for which the relevant specialists can't give a clear prognosis are not covered.

Your **cover summary** will state which Total permanent definition applies to you.

Traumatic brain injury – Death of brain tissue due to traumatic injury with subsequent neurological symptoms with corresponding neuroimaging abnormality.

***Own job** means the actual job you're doing at the time you claim.

Type 1 insulin-dependent diabetes mellitus – A definite diagnosis of type 1 diabetes mellitus made by a **UK Consultant**, requiring the **permanent** use of insulin injections.

The following are not covered:

- Gestational diabetes.
- Type 2 diabetes (including type 2 diabetes treated with insulin).
- Latent autoimmune diabetes of adulthood.

Additional payout conditions

If you're diagnosed with one of the following illnesses and conditions, we'll pay an additional amount. We'll pay you 25% of the amount you're covered for or £50,000, whichever is less. **Additional payouts** are payable more than once, but not for the same condition twice, with the exception of carcinoma in situ which can be claimed multiple times so long as the **site** of each carcinoma in situ is different. The **amount covered** (on your **cover summary**) would remain intact should you need it in the future for a further claim.

Angioplasty – The undergoing of balloon angioplasty, or stent insertion on the advice of a UK Consultant Cardiologist to correct a lesion that has been shown to produce ischaemia.

The following are not covered:

- Atherectomy.
- Rotablation.
- Laser treatment.

Brain abscess – The surgical drainage of an intracerebral abscess within the brain tissue by a UK Consultant Neurosurgeon.

Carcinoma in situ – A positive diagnosis by a UK Consultant Oncologist of any carcinoma in situ with histological confirmation and **surgery** to remove the tumour. We'll pay more than once if the carcinoma in situ is found at a different organ. We won't pay a second or further claim if the carcinoma in situ occurs or reoccurs at the same **site** or location.

The following are not covered:

- Any carcinoma in situ of the skin or any other cancer or tumour covered elsewhere.
- Tumours treated with radiotherapy, laser therapy, cryotherapy, loop excision, conisation, or diathermy.

Surgery doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies.

Carcinoma in situ of the breast – A positive diagnosis by a UK Consultant Oncologist of carcinoma in situ of the breast with histological confirmation and **surgery** to remove the tumour.

Carotid artery stenosis – Undergoing endarterectomy or angioplasty with or without stent on the advice of a UK Consultant Physician to treat symptomatic stenosis of at least a 50% diameter narrowing of the carotid artery. Supported by corresponding angiographic evidence.

Central retinal artery or vein occlusion – Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in **permanent** visual impairment of the affected eye.

The following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage.

Cerebral aneurysm – The undergoing of treatment on the advice of a UK Neurosurgeon for a cerebral aneurysm using any one of the following:

- Craniotomy.
- Stereotactic radiotherapy.
- Endovascular treatment by using coils to cause thrombosis (embolisation).

The following is not covered:

- Cerebral arteriovenous malformation.

Cerebral arteriovenous malformation – The undergoing of **surgery**, embolisation or radiosurgery to treat an arteriovenous malformation of the brain.

The following are not covered:

- Cerebral aneurysm or any other malformations in the brain.

Connective tissue disorder – A definite diagnosis by a **UK Consultant** of one of the following conditions that results in the **permanent** inability to perform at least 1 of 8 **daily activities**:

- Giant cell arteritis.
- Polyarthritis nodosa.
- Polymyositis.
- Rheumatoid arthritis.
- Systemic lupus erythematosus.
- Systemic sclerosis.
- Wegener's granulomatosis.
- Pemphigus vulgaris.

Endovascular procedure – Any endovascular procedure to widen one or more narrowed or obstructed artery with 50% or more stenosis, including any angioplasty procedures.

The above procedure must have been carried out on the advice on a UK Consultant Cardiologist.

Low grade prostate cancer – The undergoing of treatment on the advice of your **UK Consultant** following the diagnosis of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0MO.

The following are not covered:

- Prostatic intraepithelial neoplasia.
- Observation or surveillance.
- Surgical biopsy.

Non-melanoma skin cancer – A positive diagnosis by a **UK Consultant** of non-melanoma skin cancer with histological confirmation of spread beyond the epidermal layer and progression to a clinical TNM classification of T1N0M0.

The following are not covered:

- Any carcinoma in situ of the skin (including Bowen's disease) or any other cancer or tumour covered elsewhere.

Ovarian tumour of borderline malignancy/low malignant potential – Diagnosis by a **UK Consultant** of an ovarian tumour of borderline malignancy/low malignant potential that has resulted in **surgical removal** of an ovary.

The following is not covered:

- Removal of an ovary due to a cyst.

Pituitary tumour – Diagnosis by a **UK Consultant** of a non-malignant tumour in the pituitary gland resulting in either of the following:

- **Surgical removal** of the tumour.
- Use of radiotherapy to destroy tumour cells.

The following are not covered:

- Tumours treated with forms of treatment other than those stated.

Serious Accident Cover – Any accident resulting in the **person covered** requiring continuous hospitalisation for more than 28 consecutive days (24 hours per day).

Significant visual impairment – **Permanent** and **irreversible** loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified Ophthalmologist as follows:

- Acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself.
- Acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia) or marked contraction of the visual field due to retinitis pigmentosa, or glaucoma.

Spinal aneurysm – The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal aneurysm using any one of the following:

- Surgical resection.
- Wrapping.
- Clipping or embolisation.

Spinal arteriovenous malformation – The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal arteriovenous malformation using any one of the following:

- Surgical resection or removal.
- Endovascular embolisation.
- Stereotactic radiosurgery.
- Radiation therapy.

Syringomyelia or syringobulbia – The undergoing of **surgery** to treat a syrinx in the spinal cord or brain stem.

Testicular cancer of low grade – The undergoing of an orchidectomy (removal of a testicle) following diagnosis of intra-tubular germ cell neoplasia unclassified or benign testicular tumour.

Third degree burns (5%) – 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.

Surgery Cover

If on the advice of a **UK Consultant** you're waiting to have one of the surgeries listed below, we'll pay an amount in advance. We'll pay you 25% of the amount you're covered for or £50,000, whichever is less. The **amount covered** (on your **cover summary**) will be reduced by the amount we've paid in advance of the **surgery**.

Surgeries covered:

- Aorta graft **surgery**.
- Colectomy for ulcerative colitis.
- Coronary artery bypass grafts.
- Heart valve replacement or repair.
- Insertion of a defibrillator following a cardiac arrest.
- Pneumonectomy.
- Pulmonary artery **surgery**.
- Structural heart **surgery**.

6.2 CRITICAL ILLNESS DEFINITIONS FOR CHILDREN'S COVER

Full payout conditions

If your **eligible child** is diagnosed with one of the following illnesses or conditions, we'll pay 100% of the amount of cover specified on your **cover summary**, and the cover for that **eligible child** will then end.

Aorta graft surgery – The undergoing of **surgery** for disease or trauma of the aorta requiring surgical replacement with a graft.

Aplastic anaemia – A definite diagnosis by a UK Consultant Haematologist of aplastic anaemia. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Bacterial meningitis – A definite diagnosis of bacterial meningitis by a UK Consultant Physician supported by cerebrospinal fluid changes consistent with bacterial meningitis.

Benign brain tumour – A definite diagnosis by a UK Consultant Neurologist of a non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull.

Benign spinal cord tumour – A definite diagnosis by a **UK Consultant** of a non-malignant tumour or cyst originating from the spinal cord, spinal nerves or meninges.

Blindness – Permanent and irreversible loss of sight to the extent that, even when tested with the use of visual aids, it's measured by a certified UK Ophthalmologist as having a best corrected (with glasses or lenses) visual acuity in the better eye of:

- 6/60 or worse using a Snellen eye chart, or
- A loss of peripheral visual field and a central visual field of no more than 20 degrees in total.

Cancer – A definite diagnosis by a UK Oncologist of a malignant cancer with histological confirmation.

The following are not covered under this definition but are covered as **additional payouts**:

- All tumours of the prostate histologically classified as having a Gleeson score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0MO-T2aN0MO inclusive.
- Cancer in situ.
- Cancer of the ovary histologically classified as having borderline malignancy or low malignant potential.
- Non-melanoma skin cancer histologically classified as having progressed to clinical TNM classification T1N0MO.

Cardiac arrest – A sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable cardioverter (defibrillator), or
- Cardiac resynchronisation therapy with defibrillator (CRT-D).

Cardiomyopathy – A definite diagnosis of cardiomyopathy by a UK Consultant Cardiologist. There must be clinical impairment of 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 (NYHA) of functional capacity*.

The following are not covered:

- All other forms of heart disease, heart enlargement and myocarditis.
- Cardiomyopathy secondary to alcohol or drug abuse.

Cauda equina syndrome – A definite diagnosis by a **UK Consultant** of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- **Permanent** bladder dysfunction.
- **Permanent** weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate evidence.

Cerebral palsy – A definite diagnosis of cerebral palsy made by an attending UK Specialist Consultant.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

Chronic severe rheumatoid arthritis – A definite diagnosis by a UK Consultant Rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity that results in the **permanent** inability to perform at least 3 out of 8 of our **daily activities**.

Coma – A state of unconsciousness with no reaction to external stimuli or internal needs which requires the use of life support systems.

The following is not covered:

- Coma secondary to alcohol or drug abuse.

Coronary artery bypass grafts – The undergoing of **surgery** to correct narrowing or blockage of one or more coronary arteries with bypass graft **surgery**.

Creutzfeldt-Jakob disease – A definite diagnosis by a UK Consultant Neurologist of Creutzfeldt-Jakob disease.

Cystic fibrosis – A definite diagnosis of cystic fibrosis made by an attending UK Specialist Consultant.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

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

Dementia Including Alzheimer's – A definite diagnosis of Alzheimer's disease or dementia by a UK Consultant Neurologist, Psychiatrist or Geriatrician with evidence of previous or current symptoms.

The following is not covered:

- Mild cognitive impairment.

Down's syndrome – A definite diagnosis of Down's syndrome by a UK Consultant Paediatrician.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

Drug resistant epilepsy – Undergoing of **surgery** to brain tissue including vagus nerve and deep brain stimulation in order to control epilepsy that can't be controlled by oral medication.

Encephalitis – A definite diagnosis by a UK Consultant Neurologist of encephalitis resulting in **permanent neurological deficit with persisting clinical symptoms**.

Heart attack – Death of heart muscle, due to inadequate blood supply, that has resulted in a definite diagnosis of a **new myocardial infarction** by a UK Cardiologist.

Heart failure – A definite diagnosis by a UK Consultant Cardiologist of the failure of the heart to function as a pump which is evidenced by all of the following:

- **Permanent** and irreversible limitation to function to at least Class III of the New York Heart Association (NYHA) classification of functionality capacity*
- **Permanent** and irreversible ejection fraction of 39% or less.

*NYHA Class III. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Heart valve replacement or repair – Undergoing of **surgery**, on the advice of a UK Consultant Cardiologist, to replace or repair one or more heart valves.

Human Immunodeficiency Virus (HIV) – Infection by HIV resulting from:

- A blood transfusion given as part of medical treatment
- A physical assault, or
- Accident occurring during the course of performing normal duties of employment after the start of the **policy** and satisfying all of the following:
 - The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
 - Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
 - There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

The following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

Hydrocephalus – A definite diagnosis of hydrocephalus made by an attending UK Consultant Neurologist.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

Intensive care benefit – Any sickness or injury resulting in the **eligible child** requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an intensive care unit in a UK hospital.

The following are not covered:

- Sickness or injury as a result of drug or alcohol misuse.
- Sickness or injury as a result of the child being born prematurely (before 37 weeks).

Interstitial lung disease – A definite diagnosis of interstitial lung disease by a UK 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 – Chronic and end-stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Liver failure – End-stage liver failure resulting in all of the following:

- **Permanent** jaundice.
- Ascites.
- Encephalopathy.

The following is not covered:

- Liver disease secondary to alcohol or drug abuse.

Loss of hand or foot – Permanent physical severance of a hand or foot at or above the wrist or ankle joint.

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

Major organ transplant – The undergoing as a recipient, from another person, of a transplant of:

- Bone marrow.
- Haematopoietic stem cell preceded by total bone marrow ablation.
- A complete heart, kidney, liver, lung or pancreas.
- A lobe of liver.
- A lobe of lung.

Or inclusion on a UK waiting list for any of the above-named procedures.

Motor neurone disease (and specified diseases) – A definite diagnosis by a UK Consultant Neurologist of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis.
- Kennedy's disease.
- Primary lateral sclerosis.
- Progressive bulbar palsy.
- Progressive muscular atrophy.
- Spinal muscular atrophy.

There must also be **permanent** clinical impairment of motor function.

Multiple sclerosis – A definite diagnosis by a UK Consultant Neurologist of multiple sclerosis. There must have been clinical impairment of motor or sensory function caused by multiple sclerosis.

Muscular dystrophy – A definite diagnosis of muscular dystrophy made by an attending UK Consultant Neurologist.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

Neuromyelitis optica (Devic's disease) – A definite diagnosis by a UK Consultant Neurologist of neuromyelitis optica.

There must have been clinical impairment of motor or sensory function.

Open heart surgery – The undergoing of open heart **surgery** requiring thoracotomy on the advice of a UK Consultant Cardiologist.

The following is not covered:

- Any percutaneous, transluminal or investigative procedure.

Paralysis of limb – Total **permanent** and **irreversible** loss of muscle function to the whole of any one limb.

Parkinson's disease – A definite diagnosis by a UK Consultant Neurologist of idiopathic Parkinson's disease. There must be **permanent** clinical impairment of motor function with associated tremor and rigidity of movement.

Parkinson-plus syndromes – A definite diagnosis by a UK Consultant Neurologist or Geriatrician of one of the following Parkinson-plus syndromes:

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

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

- Motor function.
- Eye movement disorder.
- Dementia.

Peripheral vascular disease – A definite diagnosis by a UK Consultant Cardiologist or Vascular Surgeon of peripheral vascular disease with objective evidence from imaging of obstruction in the arteries which results in bypass graft **surgery** to the arteries of the legs.

The following is not covered:

- Angioplasty.

Pneumonectomy – The undergoing of **surgery** on the advice of a UK Consultant Medical Specialist to remove a complete lung due to disease or injury.

The following are not covered:

- Removal of a lobe of the lungs (lobectomy).
- Lung resection or incision.

Primary pulmonary arterial hypertension – A definite diagnosis of idiopathic pulmonary arterial hypertension that has caused **permanent** and **irreversible** impairment of heart function which is classified by a UK Consultant Cardiologist as at least Class III on the New York Heart Association (NYHA) scale of functional capacity*.

Pulmonary artery surgery – The undergoing of **surgery** on the advice of a UK Consultant Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Respiratory failure – Confirmation by a UK Consultant Physician of severe lung disease which is evidenced by the need for continuous daily oxygen therapy on a **permanent** basis.

Severe Crohn's disease – A definite diagnosis by a UK Consultant Gastroenterologist of Crohn's disease. There must have been at least one surgical intestinal resection.

*NYHA III. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain.

Spina bifida – A definite diagnosis of spina bifida myelomeningocele or rachischisis made by an attending UK Consultant Paediatrician.

For a claim to be considered, the **policy** must have been continuously in force for a minimum of 9 months before the **eligible child** was born. The amount of claim that we'll pay will be based on the amount of cover at that time or the current amount of cover if lower.

Spinal stroke – Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in **permanent neurological deficit with persisting clinical symptoms**.

Stroke – A definite diagnosis by a UK Neurologist of a stroke with clinical symptoms that have lasted at least 24 hours.

The following is not covered:

- Transient ischaemic attack.

Structural heart surgery – The undergoing of heart **surgery** requiring thoracotomy on the advice of a UK Consultant Cardiologist to correct any structural abnormality of the heart.

The following is not covered:

- Any percutaneous, transluminal or investigative procedure.

Surgical removal of an eye ball – **Surgical removal** of a complete eyeball as a result of injury or disease.

The following are not covered:

- Self-inflicted injuries.

Systemic lupus erythematosus – A definite diagnosis by a UK Consultant Rheumatologist of systemic lupus erythematosus resulting in either of the following:

- **Permanent neurological deficit with persisting clinical symptoms**.
- **Permanent** impairment of kidney function with glomerular filtration rate below 30ml/min.

Third degree burns – Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the body's surface area or 20% loss of surface area of the face which, for the purposes of this definition, includes the forehead and ears.

Total colectomy – Removal of the whole of the colon creating an opening on the abdomen joining the small intestine to the abdomen wall called an ileostomy. This procedure is covered if, in the opinion of a UK Consultant Gastroenterologist, it's established that the ileostomy is **permanent**.

Traumatic brain injury – Death of brain tissue due to traumatic injury with subsequent neurological symptoms with corresponding neuroimaging abnormality.

Type 1 insulin-dependent diabetes mellitus – 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).
- Latent autoimmune diabetes of adulthood.

Additional payout conditions

If your **eligible child** is diagnosed with one of the following illnesses or conditions, we'll pay an additional amount. We'll pay you an **additional payout** amount of 25% of the amount they are covered for, once for each **eligible child**. The **amount covered** (on your **cover summary**) would remain intact should you need it in the future for a further claim.

Angioplasty – The undergoing of balloon angioplasty, or stent insertion on the advice of a UK Consultant Cardiologist to correct a lesion that has been shown to produce ischaemia.

The following are not covered:

- Atherectomy.
- Rotablation.
- Laser treatment.

Brain abscess – The surgical drainage of an intracerebral abscess within the brain tissue by a UK Consultant Neurosurgeon.

Carcinoma in situ – A positive diagnosis by a UK Consultant Oncologist of any carcinoma in situ with histological confirmation and **surgery** to remove the tumour. We'll pay more than once if the carcinoma in situ is found at a different organ. We will not pay a second or further claim if the carcinoma in situ occurs or reoccurs at the same **site** or location.

The following are not covered:

- Any carcinoma in situ of the skin or any other cancer or tumour covered elsewhere.
- Tumours treated with radiotherapy, laser therapy, cryotherapy, loop excision, conisation, or diathermy.

Surgery doesn't include biopsies or non-invasive therapies, procedures or investigations (for example, endoscopies) or any radio-surgical procedures or therapies.

Carcinoma in situ of the breast – A positive diagnosis by a UK Consultant Oncologist of carcinoma in situ of the breast with histological confirmation and **surgery** to remove the tumour.

Carotid artery stenosis – Undergoing endarterectomy or angioplasty with or without stent on the advice of a UK Consultant Physician to treat symptomatic stenosis of at least a 50% diameter narrowing of the carotid artery. Supported by corresponding angiographic evidence.

Central retinal artery or vein occlusion – Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in **permanent** visual impairment of the affected eye.

The following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage.

Cerebral aneurysm – The undergoing of treatment on the advice of a UK Neurosurgeon for a cerebral aneurysm using any one of the following:

- Craniotomy.
- Stereotactic radiotherapy.
- Endovascular treatment by using coils to cause thrombosis (embolisation).

The following is not covered:

- Cerebral arteriovenous malformation.

Cerebral arteriovenous malformation – The undergoing of **surgery**, embolisation or radiosurgery to treat an arteriovenous malformation of the brain.

The following are not covered:

- Cerebral aneurysm or any other malformations in the brain.

Connective tissue disorder – A definite diagnosis by a **UK Consultant** of one of the following conditions that results in the **permanent** inability to perform at least 1 of 8 **daily activities**:

- Giant cell arteritis.
- Polyarthritis nodosa.
- Polymyositis.
- Rheumatoid arthritis.
- Systemic lupus erythematosus.
- Systemic sclerosis.
- Wegener's granulomatosis.
- Pemphigus vulgaris.

Endovascular procedure – Any endovascular procedure to widen one or more narrowed or obstructed artery with 50% or more stenosis, including any angioplasty procedures.

The above procedure must have been carried out on the advice on a UK Consultant Cardiologist.

Low grade prostate cancer – The undergoing of treatment on the advice of your **UK Consultant** following the diagnosis of a malignant tumour of the prostate positively diagnosed and histologically classified as having a Gleason score between 2 and 6 inclusive and having progressed to clinical TNM classification T1N0M0.

The following are not covered:

- Prostatic intraepithelial neoplasia.
- Observation or surveillance.
- Surgical biopsy.

Non-melanoma skin cancer – A positive diagnosis by a **UK Consultant** of non-melanoma skin cancer with histological confirmation of spread beyond the epidermal layer and progression to a clinical TNM classification of T1N0M0.

The following are not covered:

- Any carcinoma in situ of the skin (including Bowen's disease) or any other cancer or tumour covered elsewhere.

Ovarian tumour of borderline malignancy/low malignant potential – Diagnosis by a **UK Consultant** of an ovarian tumour of borderline malignancy/low malignant potential that has resulted in **surgical removal** of an ovary.

The following is not covered:

- Removal of an ovary due to a cyst.

Pituitary tumour – Diagnosis by a **UK Consultant** of a non-malignant tumour in the pituitary gland resulting in either of the following:

- **Surgical removal** of the tumour.
- Use of radiotherapy to destroy tumour cells.

The following are not covered:

- Tumours treated with forms of treatment other than those stated.

Serious Accident Cover – Any accident resulting in the **eligible child** requiring continuous hospitalisation for more than 28 consecutive days (24 hours per day).

Significant visual impairment – **Permanent** and **irreversible** loss of sight in the better eye to the extent that even when tested with the use of visual aids is measured by a certified Ophthalmologist as follows:

- Acuity of up to 6/24 (Snellen) with moderate contraction of the field, or aphakia (lens removal) or opacities blocking vision in the eye itself.
- Acuity of 6/18 or better, if in addition suffering from a gross defect of visual fields (of both eyes, such as hemianopia) or marked contraction of the visual field due to retinitis pigmentosa, or glaucoma.

Spinal aneurysm – The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal aneurysm using any one of the following:

- Surgical resection.
- Wrapping.
- Clipping or embolisation.

Spinal arteriovenous malformation – The undergoing of treatment on the advice of a UK Neurosurgeon for a spinal arteriovenous malformation using any one of the following:

- Surgical resection or removal.
- Endovascular embolisation.
- Stereotactic radiosurgery.
- Radiation therapy.

Syringomyelia or syringobulbia – The undergoing of **surgery** to treat a syrinx in the spinal cord or brain stem.

Testicular cancer of low grade – The undergoing of an orchidectomy (removal of a testicle) following diagnosis of intra-tubular germ cell neoplasia unclassified or benign testicular tumour.

Third degree burns (5%) – 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.

Surgery Cover

If on the advice of a **UK Consultant** an **eligible child** is waiting to have one of the surgeries listed below. We'll pay 100% of the amount of cover specified on your **cover summary**.

Surgeries covered:

- Aorta graft **surgery**.
- Colectomy for ulcerative colitis.
- Coronary artery bypass grafts.
- Heart valve replacement or repair.
- Insertion of a defibrillator following a cardiac arrest.
- Pneumonectomy.
- Pulmonary artery **surgery**.
- Structural heart **surgery**.



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