

DIVE INTO THE DETAIL

Life Protection Terms & Conditions

m*Virgin*ONEY

Hello

Here are the **Policy Terms and Conditions** for **your Life Protection**. If **you** took out **Critical Illness**, we've also included the terms for that. Together with **your Policy Schedule**, they form the contract for **your policy**.

They explain how **you**, or **your** family, can make a **claim**, if needs be.

Remember, **your policy** info is always available online. To view it, head to **myvirginmoney.com** and sign in to **your** account.

Any questions?

We're always here to help **you**.

Just give **us** a call on **0800 294 7575**.

We're here Monday to Friday 9am-5:30pm.

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How to contact us

Claims

0800 294 7576

We're here Monday to Friday 9am-5:30pm.

For anything else

0800 294 7575

We're here Monday to Friday 9am-5:30pm.

Website

virginmoney.com

Email

enquiries@life.virginmoney.com

Write

Virgin Money Life Insurance
16-17 West Street
Brighton
BN1 2RL

Your policy provider

Your policy is provided by Family Assurance Friendly Society Limited, which is a friendly society registered and incorporated under the Friendly Societies Act 1992, registration number 939F.

Family Assurance Friendly Society Limited, registered address 16-17 West Street, Brighton, BN1 2RL is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110067.

We've defined the key words in the **Policy Terms and Conditions** in our glossary at the end.

Policy basics

- The main **benefits** and optional **benefits** you get depend on two things: **your** personal circumstances, and whether **we've** given **your** adviser or intermediary approval to apply for the **benefits**
- **Your Life Protection policy** will run for at least 5 years and up to 50 years. Or, for 40 years if **you** have **Life Protection with Critical Illness**. With **Life Protection**, the oldest **life assured** must not have reached their 90th birthday by the time the **policy** expires. For **Life Protection with Critical Illness**, the oldest **life assured** must not have reached their 80th birthday before the **policy** expires
- **You** can be covered for up to £1,000,000 for **Life Protection**. Or up to £500,000 for **Life Protection with Critical Illness**. The maximum cover depends on the age of the oldest **life assured** at the **policy start date** and also applies if or when any changes are made to the **policy** in the future. See **your Policy Schedule** for **your policy term** and **sum assured**
- If **you** choose a **decreasing policy**, the **policy benefits** will decrease in line with a capital repayment mortgage, or debt. This will have an interest rate of any whole number between 3% and 10%. If **you** choose to have a **decreasing policy** and also choose to include **Children's Critical illness benefit**, this **benefit** will remain **level**
- If **you** choose an **increasing policy**, **your sum assured**, and monthly **premium** will increase on the annual anniversary of **your policy start date** to help guard against an increase in the cost of living. **Your sum assured** will increase by the **Retail Price Index (RPI)** as published by the Office for National Statistics. This happens over a 12-month period, that ends four months before the anniversary of **your policy start date**. **Your premiums** will also increase on **your policy start date** anniversary by 1.5% for every 1% increase in **your sum assured**. **Your sum assured** will never increase by more than 10% in any year, even if the **Retail Price Index** is more than 10%. And it won't increase if the **Retail Price Index** is 0% or lower during this period. If the **Retail Price Index** is no longer published by the Office for National Statistics, **we** reserve the right to adopt another equivalent measure in its place and apply it to **your policy** accordingly. **We** will let **you** know each year of the change in **your sum assured**, and **your monthly premium**, before it happens. **You** can choose not to accept the increase. If **you** do this 3 times, **your policy** will automatically stop increasing in the future. **Your sum assured** and **premium** will stop increasing if **you** reach the maximum **sum assured**. The maximum **sum assured** will be determined by the oldest **life assured's** age at the **policy start date**. If **you** choose to have an **increasing policy** and also choose to include **Children's Critical illness benefit**, this **benefit** will remain **level**
- Before the **policy start date**, **you** must be aged between 18 and 77 for a **Life Protection policy**. Or, 18 and 64 for a **Life Protection with Critical**

Illness policy. If your policy includes **Waiver of Premium**, you must be aged between 18 and 54 before the **policy start date**

- To start your policy with us you must be a permanent UK resident

Paying out

Main benefits

Life Protection

This pays out a maximum of one **full claim payment**, if you (the **life assured**) die, or if you are diagnosed with a **Terminal Illness** – whichever happens first between the **policy start date** and the **policy expiry date**. In the event of a valid death claim on a **joint life policy** which is not in **trust**, the **sum assured** will be paid to the surviving **policyholder** named on the **policy**. If you have a **joint life policy** which is not in **trust** and both of you die at the same time, the younger **life assured** is deemed to have survived the older **life assured**, and any death claim could form part of their taxable estate. In the event of a valid claim on a **policy** which is in **trust**, the claim payment will be paid in accordance with the **trust**.

The **policy** stops when we pay a claim for this benefit, or for **Terminal Illness**, or it reaches its **policy expiry date**, whichever is sooner. That's as long as you've paid all your premiums.

Life Protection with Critical Illness

This pays out a maximum of one **full claim payment** if you (the **life assured**) die. Or if you're diagnosed with a **Critical Illness** and survive at least 10 days after the date of diagnosis. Or if you're diagnosed with a **Terminal Illness** (whichever happens first) between the **policy start date** and the **policy expiry date**. In the event of a valid death claim on a **joint life policy** which is not in **trust**, the **sum assured** will be paid to the surviving **policyholder** named on the **policy**. If you have a **joint life policy** which is not in **trust** and both of you die at the same time, the younger **life assured** is deemed to have survived the older **life assured**, and any death claim could form part of their taxable estate. In the event of a valid **Critical Illness claim** on a **policy** which is not in **trust**, the **sum assured** will be paid into the bank account held on the **policy**. In the event of a valid claim on a **policy** which is in **trust**, the claim payment will be paid in accordance with the **trust**.

The **policy** stops when we pay a claim for this benefit, **Terminal Illness**, **Total Permanent Disability**, or it reaches its **policy expiry date**, whichever is sooner. That's as long as you've paid all your premiums.

Terminal Illness

This benefit is included with all **Life Protection** and **Life Protection with Critical Illness policies**. **Terminal illness** pays a maximum of one **full claim payment** per **policy**, if you're diagnosed with a **Terminal Illness** between the **policy start date** and the **policy expiry date** – and the illness is expected to lead to death within 12 months. In the event of a valid **Terminal Illness claim** on a **policy** which is not in **trust**, the **sum assured** will be paid into the bank account held on the **policy**. In the event of a valid claim on a **policy** which is in **trust**, the claim payment will be paid in accordance with the **trust**.

The **policy** stops when we pay a claim for this benefit, death, **Critical Illness** or **Total Permanent Disability**. Or the **policy** reaches its **policy expiry date**, whichever is sooner. That's as long as you've paid all your premiums.

Optional benefits

Children's Critical Illness

You can choose to include **Children's Critical Illness** when you apply for a **Life Protection with Critical Illness policy**.

This optional benefit pays £25,000 or 25% of the **sum assured** (whichever's lower) if your child is diagnosed with a **Critical Illness**, and is aged between 10 days and their 18th birthday. Your child must survive for at least 10 days from the date of diagnosis. We will pay a maximum of one claim per child, however we will cover any of your children. In the event of a valid **Children's Critical Illness claim**, the **sum assured** will be paid into the bank account held on the **policy**.

This benefit continues until either the **policy expiry date**, a valid death claim, a **Terminal Illness claim**, or **Critical Illness claim** is paid for the **life assured**, whichever is sooner. That's as long as you've paid all your premiums.

Total Permanent Disability

Each **life assured** can choose to include **Total Permanent Disability** when you apply for a **Life Protection with Critical Illness policy**.

This optional **benefit** will pay the **sum assured** if the **life assured** can't perform the material and substantial duties of their **own occupation ever again**, or is unable to perform at least 3 of 6 listed **work tasks**, because of an illness or injury **ever again**. The **life assured** must satisfy the requirements of **our policy** definition of **incapacity** before their 70th birthday or prior to the **policy expiry date**, whichever is sooner irrespective of when they may retire.

The definition of **incapacity** which applies to each **life assured** can either be on an **own occupation** or specified **work tasks** basis. **Your policy schedule** will tell **you** which definition (if any) of **incapacity** applies to each **life assured**.

Own Occupation

Unable before age 70 to do **your own occupation ever again**.

Loss of the physical or mental ability through an illness or injury before age 70 to the extent that the insured person is unable to do the material and substantial duties of their **own occupation ever again**.

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

Own occupation means the trade, profession or type of work **you** do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Work tasks

Unable before age 70 to do specified **work tasks ever again**.

Loss of the physical ability through an illness or injury before age 70 to do at least 3 of the 6 **work tasks** listed below **ever again**.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire. Disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of specialist equipment routinely available to help and having taken any appropriate prescribed medication.

The **work tasks** are:

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

The definition of **incapacity** shown on the **Policy Schedule** will be based on **your** occupation disclosed at the time of **application**. If **you** change **your** occupation after the **policy** starts, **you** don't need to tell **us**. However, if **you** need to **claim** for **Total Permanent Disability**, **your claim** will be based on the occupation **you** were following immediately before the onset of illness or injury. If **you** are not in **paid work** or **unpaid work** at the time of **your application** or immediately before the onset of illness or injury, then the **work tasks** definition will apply to **your claim** irrespective of the definition shown on the **Policy Schedule**.

In order to pay a **claim** under either **own occupation** or **work tasks**, **we** will need to be satisfied that the disability is expected to last for the remainder of **your** life, irrespective of when the **policy** ends, or when **you** are expected to retire.

As long as **you** keep paying **your premiums**, this **benefit** will continue until the oldest **life assured** reaches their 70th birthday, or the **policy** expires, or **we** make a valid **full claim payment**, whichever is sooner.

Waiver of Premium

Each **life assured** can choose to include **Waiver of Premium** when **you** apply for a **Life Protection** or **Life Protection with Critical Illness** policy. To

do this, **you** must be in **paid work** or **unpaid work**, when **you** take out the **policy**.

This optional **benefit** will pay **your** monthly **premium** if the **life assured** can't perform the material and substantial duties of their **own occupation** for 6 months or more, or is unable to perform at least 3 of 8 listed **work tasks**, because of illness or injury for 6 months or more. **We** will continue to pay **your** monthly **premiums** until one of the following happens:

- The **life assured** no longer meets our definition of **incapacity**
- The **life assured** returns to **paid work** or **unpaid work**
- The **policy** ends

The **premium** will be paid by us on **your** behalf and no **claim** payment will be made directly to **you**. The definition of **incapacity** which applies to **your policy** can either be on an **own occupation** or specified **work tasks** basis. **Your policy schedule** will confirm which (if any) definition of **incapacity** applies to **your policy**.

Depending on the employment status of the **life assured** when a **claim** is made, **we** will define **incapacity** as one of the following:

Own Occupation

We will pay **your premiums** for **you** if, following the 6 month **deferred period**, because of illness or injury, the **life assured** is unable to do the material and substantial duties of their **own occupation** and isn't doing any other **paid work** or **unpaid work**. **Your own occupation** is the **occupation you** were in when **you** became ill or injured which prevented **you** from working.

The **life assured** must be receiving regular medical care and supervision for their condition and **we** can ask them, or their **doctor**, for medical evidence at regular intervals to check whether or not **you** are still eligible to **claim**.

If, immediately before the start of the period of **incapacity**, the **life assured** isn't in **paid work** or **unpaid work**, **we** will assess the claim based on the definition of **incapacity** of **your** inability to do 3 of 8 specified **work tasks** defined in **your Policy Terms and Conditions**.

If **your Policy Schedule** shows **we** are covering **you** for **own occupation** definition of **incapacity**, **we'll** assess **your claim** based on this definition of **incapacity** if **you claim** within the first 12 months of one of the following events:

- Involuntarily becoming unemployed
- Becoming a homemaker
- Taking a career break
- Retiring before age 70

However, if **you've** been out of work for longer than 12 months, then **we'll** base **your claim** on the definition of **incapacity** of specified **work tasks**.

Own occupation will continue until the **life assured** has their 70th birthday. If the **policy term** continues past the **life assured's** 70th birthday then any **claim** will be assessed using the specified **work tasks** definition detailed below. If the **life assured** had not had their 70th birthday before they become ill or injured, and the **claim** continues beyond their 70th birthday, the **claim** will be reassessed against **your** inability to do 3 of 8 specified **work tasks** defined in **your Policy Terms and Conditions**.

Work Tasks

We will pay **your premiums** for **you**, if because of illness or injury the **life assured** is unable to do any **paid work** or **unpaid work**, and they cannot perform at least 3 of the following 8 **work tasks**, using appropriate equipment to help but without the help of another person:

- Walking – to be able to walk a distance of 200 metres on flat ground (with the use of a walking stick or other aid if necessary) without stopping
- Climbing – to be able to walk up or down a flight of 12 stairs (with the use of a handrail) without stopping
- Bending – to be able to bend or kneel to pick up something from the floor and stand up again
- Communicating – to be able to answer the telephone and take a simple message
- Eyesight – to be able to read a standard daily newspaper or to pass the standard eyesight test for driving (after correction by spectacles or contact lenses if necessary)
- Dexterity – to be able to use a pen, pencil or keyboard
- Healthcare – to be able to make arrangements to see a **doctor** and take regular medication as prescribed
- Financial independence – to be able to understand the value of money and handle routine financial transactions

This **benefit** continues until either the **policy expiry date**, a valid death **claim**, **Terminal Illness**, **Total Permanent Disability** or **Critical Illness claim** is paid for the **life assured**, whichever is sooner. That's as long as **you've** paid all **your premiums**.

What Critical Illnesses are covered?

Critical Illness

Our **Critical Illness** cover complies with the ABI Guide to Minimum Standards for **Critical Illness** Cover.

The following list of conditions are covered:

Aorta graft surgery – for disease or trauma

The undergoing of, or inclusion on an NHS waiting list for, surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft.

Aorta includes the thoracic and abdominal aorta but not its branches.

The following are not covered:

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

Aplastic Anaemia – requiring specified treatment

A definite diagnosis by a consultant haematologist of **permanent** bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

For the above definition, the following are not covered:

- Other forms of anaemia

Benign brain tumour – resulting in **permanent** symptoms or specified treatment

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

- **Permanent neurological deficit with persisting clinical symptoms**

- The undergoing of chemotherapy treatment to destroy tumour cells or
- The undergoing of stereotactic radiosurgery or invasive surgery

The following are not covered:

- Tumours in the pituitary gland
- Angiomas and cholesteatoma
- Tumours originating from bone tissue

Blindness – **permanent** and **irreversible**

Permanent and **irreversible** loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart.

Brain injury due to trauma, anoxia or hypoxia – resulting in **permanent** symptoms

Death of brain tissue due to trauma or reduced oxygen supply (anoxia or hypoxia) as evidenced by:

- **Permanent neurological deficit with persisting clinical symptoms** and
- Definite evidence of death of brain tissue on a brain scan

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:

- Leukaemia
- Sarcoma except those that arise from or are confined to the skin (including cutaneous sarcomas)
- Lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas)
- Pseudomyxoma peritonei and
- Merkel cell cancer

The following are not covered:

- All cancers which are histologically classified as any of the following:
 - Pre-malignant
 - Non-invasive
 - Cancer in-situ
 - Having borderline malignancy or
 - Having low malignant potential

- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate)
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin)
- All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas)
- Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above
- Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above
- Tumours in the pituitary gland unless the tumour has spread to involve the lymph nodes or has become metastatic

Coma – resulting in **permanent** symptoms

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

- Requires the use of life support systems and
- Results in **permanent neurological deficit with persisting clinical symptoms**

The following is not covered:

- Coma secondary to alcohol or drug abuse

Coronary artery by-pass

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

The following are not covered:

- Balloon angioplasty
- Atherectomy
- Rotablation
- Insertion of stents
- Laser treatment

Deafness – **permanent** and **irreversible**

Permanent and **irreversible** loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's disease – of specified severity

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

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

- Remember
- Reason and
- Perceive, understand, express and give effect to ideas

The following is not covered:

- Mild cognitive Impairment (MCI)

Heart attack – of specified severity

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

- New characteristic electrocardiographic changes or new diagnostic imaging changes
- The characteristic rise of cardiac enzymes or Troponins

The following are not covered:

- Myocardial injury without myocardial infarction
- Angina without myocardial infarction

Heart valve repair or replacement

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

Kidney failure – requiring **permanent** dialysis

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

Loss of hand or foot – **permanent** physical severance

Permanent physical severance of one or more hands or feet at or above the wrist or ankle joints.

Loss of speech – permanent and irreversible

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

Major organ transplant – from another donor

The undergoing as a recipient of a transplant from either another human donor or animal, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or whole lobe of the lung or liver, or inclusion on an official UK waiting list for such a procedure.

The following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells

Motor neurone disease – resulting in permanent symptoms

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

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

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

Multiple sclerosis

A definite diagnosis of Multiple Sclerosis by a consultant neurologist and with current clinical impairment of motor or sensory function.

Paralysis of a limb – total and irreversible

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

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a consultant neurologist or consultant geriatrician and with **permanent** clinical impairment of motor function with associated tremor and muscle rigidity.

The following are not covered:

- Parkinson's disease secondary to drug abuse
- Parkinsonism and
- Other Parkinsonian syndromes

Stroke – of specified severity

Death of brain tissue due to:

- Inadequate blood supply or
- Haemorrhage within the skull

That has resulted in all of the following evidence of stroke:

- **Permanent neurological deficit with persisting clinical symptoms** lasting at least 24 hours and
- Definite evidence of death of brain tissue or haemorrhage on a brain scan

For the above definition, the following are not covered:

- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels
- Death of tissue of the optic nerve or retina/eye stroke

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

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering either:

- At least 20% of the surface area of the body or
- At least 20% of the surface area of the face or head

Children's Critical Illness

We provide **Children's Critical Illness** cover if the **benefit** is in **your Policy Schedule**. You can **claim** if **your child** is diagnosed with a **Critical Illness** between the ages of 10 days up to their 18th birthday.

The amount payable for each **child** will be the lesser of:

- 25% of the **sum assured** and
- £25,000

Paying for your cover

You pay us a monthly payment (**premium**) from the **policy start date** to the end of **your policy term**. Make a note of the payment date and the amount **you'll** be paying. **Your premiums** shouldn't change unless:

- **You** or **your doctor** tell us that the info **you** provided within **your application** was not complete, accurate or truthful
- **You** ask to change **your policy**
- **You've** chosen an **increasing policy**

If the **premiums** change, **we'll** get in touch to confirm the updated details of **your policy** and **premiums**.

If you miss a payment

If **you** stop paying, **we'll** let **you** know how long **you** have to pay **us** **your** missed **premium(s)**. If **you** don't pay by the end of **your grace period**, **your policy** will stop. It won't have any value, and **you'll** no longer be covered. **We'll** contact **you** as soon as **you** miss a **premium** to offer an alternative way to pay.

Changing your policy

If **you'd** like to change **your** cover, please contact **us** and **we'll** let **you** know **your** options. Depending on the changes **you** want to make, **we** may need to ask **you** questions about **your** health and lifestyle.

Policy Change

All **our policies** have this feature. **You** can ask to make a **policy change** at any time. **Your policy** allows **you** to make the following changes to suit **your** cover and financial needs:

- Reduce the **sum assured**
- Reduce the **policy term**

- **Permanently** remove any optional **benefits** (if applicable)
- **Permanently** remove the **increasing policy** option (if applicable)

Once **your policy change application** is completed, **your policy** will be updated on the next monthly anniversary of the **policy start date**. So, if **you** started **your policy** on the 1st of the month, and **your policy change application** completes on the 7th of the month, **your policy** will be updated on the 1st of the next month.

Guaranteed Increase Options

If this is available to **you**, it'll say so in **your Policy Schedule**.

You can increase **your** cover without completing a full **application**, if certain life events happen. **We** call these **guaranteed increase options**. This is because **we** guarantee that **you** can change **your policy**, within certain limits, as long as **you're** eligible.

Sometimes, due to **your** medical history, or personal circumstances, **you** may not be able to take advantage of these options. If this applies to **you**, **we'll** tell **you** before **your policy** starts.

If **you** want to change **your policy** using one of the **guaranteed increase options**, **you** won't have to provide any additional information about **your** health and lifestyle at the time. This means **we** do have to apply some limits to the amount **you** can change **your** cover by. Please see the table below for more details.

Life event	Description	Evidence required	Maximum changes to cover
Marriage or civil Partnership	You can use this option if you marry or enter a civil partnership.	Marriage or civil partnership certificate.	You can increase your cover amount by the lower of: <ul style="list-style-type: none"> • £150,000 • 50% of your cover amount when the policy started
Childbirth or legal adoption of a child	You can use this option if you have a child , or you legally adopt a child .	Birth or adoption certificate.	
Divorce or dissolution of a civil partnership or separation	You can use this option if you divorce, your civil partnership is dissolved, or you separate.	Final order (Decree absolute) or dissolution order. Evidence of new mortgage, mortgage transfer or new separate addresses.	

Life event	Description	Evidence required	Maximum changes to cover
Mortgage increase	<p>You can use this option if you take out a new mortgage or an additional loan under an existing mortgage on your main residence to make home improvements.</p>	Evidence of new mortgage or increase on existing mortgage.	<p>You can increase your cover amount by the lower of:</p> <ul style="list-style-type: none"> • £150,000 • 50% of your cover amount when the policy started • the increase in the mortgage (for existing mortgages) • the mortgage amount (for new mortgages)
Increase in basic salary received from an employer	<p>You can use this option if you are employed, and your basic salary has increased by at least 10%.</p> <p>Your basic salary must have increased because of a promotion, the award of a recognised professional qualification or both a change of employment and employer. You must be employed immediately before and after the increase in your basic salary.</p> <p>This option isn't available if you're self-employed at the time of using the option.</p> <p>This option also isn't available if you (or a member of your family) are the owner, director or partner in the company you're employed by. By a member of your family, we mean your husband, wife, civil partner, parent, child, brother, sister, or any other relative by blood or marriage.</p>	Recent payslips (before and after the salary increase) dated within 90 days of each other or a letter from your employer confirming an increase in salary.	<p>You can increase your cover amount by lower of:</p> <ul style="list-style-type: none"> • £150,000 • 50% of your cover amount when the policy started • Five times the increase in your basic salary

You can use **guaranteed increase options** more than once during **your policy term**. However, over the lifetime of all **your policies**, **you** can't increase **your** cover by more than £150,000.

Once **your guaranteed increase option application** is completed, **your policy** main **benefits** and optional **benefits** will be updated on the next monthly anniversary of the **policy start date**. So, if **you** started **your policy** on the 1st of the month, and **your policy change application** completes on the 7th of the month, **your policy** will be updated on the 1st of the next month.

If **you** don't provide **us** with the evidence required within 90 days of the life event, the **guaranteed increase option you've** asked for will be automatically removed.

You won't be able to use the **guaranteed increase options** if:

- The date of the life event is within 6 months of the **policy start date**
- **Your Policy Schedule** does not state **you** have this option available to **you**
- Any of the **lives assured** on the **policy** have had their 55th birthday
- **You** do not provide the required evidence to **us** or complete **your application** within 90 days of the event taking place
- The date the **guaranteed increase option** is requested is before the date of the life event occurring
- At the time of using this option any of the **lives assured** have been diagnosed with or have been receiving medical treatment for any of the defined **Critical Illnesses** or **Terminal Illness** covered by the **policy**. This is irrespective of whether **you** have told us **you** intend to make a **claim**
- At the time of using this option any of the **lives assured** have had symptoms or are having medical tests in connection to any of the defined **Critical Illnesses** or **Terminal Illness** covered by the **policy**
- At the time of using this option any of the **lives assured** have been advised by a medical practitioner to have an operation or procedure covered by this **policy**
- **You** are using the "increase in basic salary received from an employer" life event and **you** (or a member of **your** family) are the owner, director or partner in the company **you're** employed by. By a member of **your** family we mean **your** husband, wife, civil partner, **parent**, **child**, brother, sister, or any other relative by blood or marriage
- **Your policy premiums** are not paid up to the present month
- A **Waiver of Premium** or **Total Permanent Disability claim** is in payment or is being considered at the time of the request
- **You** are using the **guaranteed increase option** due to divorce, dissolution or separation and have already used the separation option for the same divorce, dissolution or separation life event

Separation Option

If this is available to **you**, **you'll** see it on **your Policy Schedule**.

You can ask to split **your joint life policy** into two separate single life **policies**. This might be because **you** get divorced, have **your** civil partnership dissolved, or separate from the other **life assured** on the **policy**.

This will result in two new separate single life **policies**. These can each provide up to the same amount of cover as the current **policy**, at the time the current **policy** is split.

Because **we** won't ask **you** any further questions about **your** health and lifestyle, **we** do have to apply certain limits and restrictions. For example, **we'll** ask **you** to provide evidence of the divorce, dissolution of civil partnership, or separation. Please see the table below for more on this.

We will inform both **policyholders** when a request for the **policy** to be split is received.

Life event	Description	Evidence required	Maximum changes to cover
Divorce/ dissolution of civil partnership or separation	<p>If you get divorced or have your civil partnership dissolved, or you separate you can replace your current joint life policy with two new single life policies.</p> <p>If you choose to use this option, your current policy will be cancelled, and we will issue a new policy for each of you in its place.</p>	<p>Final order (Decree absolute) or dissolution order.</p> <p>Evidence of new mortgage, mortgage transfer or new separate addresses.</p>	The new single life policies can each be up to the sum assured and remaining policy term of your original joint life policy at the time of using this option.

You won't be able to use the separation option if:

- **Your Policy Schedule** does not state **you** have this option available to **you**
- The date of the divorce, dissolution of civil partnership or separation is within 6 months of the **policy start date**
- **You** have already used this option with **us** before
- Any of the **lives assured** on the **policy** have had their 55th birthday
- **You** do not provide the required evidence to **us** or complete **your application** within 90 days of the event taking place
- At the time of using this option any of the **lives assured** have been diagnosed with or have been receiving medical treatment for any of the defined **Critical Illnesses** or **Terminal Illness** covered by the **policy**. This is irrespective of whether **you** have told us **you** intend to make a **claim**
- At the time of using this option any of the **lives assured** have had symptoms or are having medical tests in connection to any of the defined **Critical Illnesses**, **Total Permanent Disability** or **Terminal Illness** covered by the **policy**
- At the time of using this option any of the **lives assured** have been advised by a medical practitioner to have an operation or procedure covered by this **policy**
- **Your policy premiums** are not paid up to the present month
- All **lives assured** are not **UK residents** at the time of the request

- A **Waiver of Premium** or **Total Permanent Disability claim** is in payment or is being considered at the time of the request
- **You** are using the separation option due to divorce, dissolution or separation and have already used the **guaranteed increase option** for the same divorce, dissolution or separation life event

When **we** issue a new single life **policy** after a separation:

- **We'll** cancel the original **policy** and will no longer provide **you** with cover
- The **policy term** of the new **policy** can be up to the remaining term of the original **joint life policy**. It must be at least as long as our minimum term. **We** may reduce the term so it doesn't take **you** past **your** 70th birthday
- **We'll** send you the **Policy Terms and Conditions** for the new single life **policies**. These may be different from **your** original **Policy Terms and Conditions**
- The monthly **premium** must be as much, or more, than the minimum **premium** was at the time **you** used the separation option

New Policy

If **you** can't use any of the options to change **your** current **policy**, or they don't suit **your** needs, **you** can apply for a new **policy**. If **you** do, **we'll** ask **you** some questions which **you'll** need to answer completely, accurately and truthfully, should **you** consider any further protection **applications** in the future.

Your current and new **policy's terms** may not be the same. With a new **policy**, you'll have a new **policy** number, either in addition to your current **policy**, or to replace it. If the new **policy** is a replacement, once it is set up, you will need to ask us to cancel your current **policy**.

How to make a claim

For all **claims**, you or your representative must contact us by one of the following:

Email claims@life.virginmoney.com

Phone 0800 294 7576

We're here Monday to Friday 9am-5:30pm.

Write

Claims Department
Virgin Money Life Insurance
16-17 West Street
Brighton
BN1 2RL

You or your representative will be asked to complete a **claim** form. We'll ask for evidence to support any **claim**, and/or to review the answers you provided in your original **application**. This is to check they were truthful, accurate and complete.

If we ask for a report from your doctor or any medical specialist or consultant this will be a cost we cover.

All diagnoses and medical opinions must come from a medical specialist who:

- Holds an appointment as a consultant at a hospital in the UK or in one of our **accepted countries**
- Is accepted by our **Appointed Medical Officer** and
- Is a specialist in an area of medicine appropriate to the cause of the **claim**

All evidence must be, in our opinion of a sufficient standard, and comprehensive enough to fully assess the **claim**. If necessary, we may need the **life/lives assured** to consult or be examined by medical professionals we choose to confirm the diagnosis.

For death

We'll only pay a **claim** when we've received what we deem to be acceptable evidence of a death, any medical evidence we need to support the **claim**, together with documents which prove you're legally able to make the **claim**.

Once we accept your **claim**, we'll pay the **sum assured** to the person who is legally entitled to it. We'll then refund any **premiums** paid between the date from which your **claim** is valid, and the date we paid it.

The **policy** will end when the **claim** is paid, and we will have no further liability under the **policy** following such payment.

For a Critical or Terminal Illness

You or your eligible **child** must survive at least 10 days after the date of diagnosis, before we can accept a **Critical Illness claim**.

We will only pay the **claim** when we have received what we deem to be acceptable evidence of your diagnosis, and/or sufficient evidence to review the answers you provided at **application**, and appropriate documentation confirming that the person **claiming** is legally entitled to do so.

Once we accept your **claim**, we'll pay the **sum assured** to the person who is legally entitled to it. We'll then refund any **premiums** paid between the date from which your **claim** is valid and the date the **claim** is paid. The **policy** will end when the **claim** is paid, and we will have no further liability under the **policy** following such payment.

If we are notified more than 6 months after your **Critical Illness** or **Terminal Illness** has been diagnosed, we'll refund any **premiums** paid between the date from which you notified us of the **claim** and the date the **claim** is paid.

If we don't accept a **Critical Illness** or **Terminal Illness claim**, it doesn't mean we won't accept a future **claim**. It's important to keep up your monthly payments, so your **policy** is in force while we're assessing any **Critical Illness** or **Terminal Illness claims**.

For Total Permanent Disability

We will only pay a **claim** where we have received what we consider to be acceptable and sufficient evidence that your illness or injury satisfies the relevant **policy** criteria and definition of **incapacity**.

The **life assured** must complete and return their **claim** form and provide any evidence reasonably requested by us so that we may consider their **claim**. We may also require the **life assured** to have a medical examination by an appropriate medical specialist appointed by us. If any information reasonably required to assess the

claim is withheld or not provided, **we** reserve the right not to progress the **claim** until this is made available.

Once **we** accept your **claim**, **we** will pay the **sum assured** to the person who is legally entitled to it, **we'll** then refund any **premiums** paid between the date from which **your claim** is valid and the date the **claim** is paid. If **we** are notified more than 6 months after **your** illness or injury has been diagnosed, **we'll** refund any **premiums** paid between the date from which **you** notified **us** of the **claim** and the date the **claim** is paid. The **policy** will end when the **claim** is paid, and **we** will have no further liability under the **policy** following such payment.

For Waiver of Premium

We'll only pay a **claim** when **we've** received what **we** consider to be acceptable and sufficient evidence that **your** illness or injury satisfies the relevant **policy** criteria and definition of **incapacity**.

The **life assured** must complete and return their **claim** form and provide any evidence reasonably requested by **us** so that **we** may consider their **claim**. **We** may also require the **life assured** to have a medical examination by an appropriate medical specialist appointed by **us**. If any information reasonably required to assess the **claim** is withheld or not provided, **we** reserve the right not to progress the **claim** until this is made available.

Don't worry, once **we** accept **your claim** **we'll** pay the monthly **premium** for **you** to keep **your policy** in force. **You** won't receive payments directly from **us**, because **we** pay them directly to **your policy**. **We'll** then refund any **premiums** paid between the date from which **your claim** is valid and the date the **claim** is paid. If **we** are notified more than 6 months after **your** illness or injury has been diagnosed, **we'll** refund any **premiums** paid between the date from which **you** notified **us** of the **claim** and the date the **claim** is paid.

Your **policy** will continue while **we're** paying the **claim**, and **you** can still **claim** on **your other policy** **benefits** during this time.

We will re-assess **your claim** throughout the period of time **we** are paying **your premiums** for **you** and if **you** are still in **claim** after **your** 70th birthday or 12 months after **you** become unemployed, become a homemaker, go on a career break, or retire before **your** 70th birthday.

When aren't you covered?

If **we** have reasonable suspicion of either financial crime activity or fraud, **we** reserve the right to cancel or void **your policy**.

This could happen:

- When **you're** applying for the **policy**
- At any time during the term of the **policy**
- When making a **claim**

We may also not return any **premiums** **you've** paid.

Your policy will be cancelled or voided and any **premiums** **you** have paid will not be refunded if providing cover or paying a **claim** may, violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Your policy will not pay out if **you** don't make a valid **claim** before the end of **your policy term**.

We can refuse to pay a **claim** and have the right to cancel or void the **policy**. This may happen if **you** fail to answer all **our** questions truthfully, accurately and completely to the best of **your** knowledge and/or **you** do not provide all the information **we** ask for:

- At the time **you** completed **your application** for the **policy** and before the **policy start date**
- When making **us** aware of any information relevant to **your application** after the **policy start date**
- When making a **claim**

We won't pay a death **claim** if:

- The cause of death is suicide, intentional and serious self-injury or an event where, in **our** reasonable opinion, **you** took **your own** life within the first 12 months of the **policy start date**
- The **claim** is caused directly or indirectly by anything listed in the **policy exclusions** section of **your Policy Schedule**

We won't pay a **Terminal Illness claim** if there is a known cure for the diagnosed condition or if **your** life expectancy is considered to be more than 12 months by our **Appointed Medical Officer**.

We won't pay a **Critical Illness** claim if:

- The **Critical Illness** is not one of the specified conditions that is covered by **your policy**

- The **claim** criteria defined in **your Policy Terms and Conditions** is not met
- The **Critical Illness** you are **claiming** for is caused directly or indirectly by a condition listed in the **policy exclusions** section of **your Policy Schedule**
- The **life assured** does not survive the **Critical Illness** at least 10 days after the date of diagnosis
- The **Critical Illness** does not occur, is not sustained or is not diagnosed between the **policy start date** and the **policy expiry date** of **your policy**
- The **Critical Illness** definition is not satisfied

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

- The **child** is younger than 10 days old or has had their 18th birthday
- The **child** does not survive the **Critical Illness** at least 10 days after the date of diagnosis
- The **Critical Illness** was known to be present at birth
- The symptoms first began before the **child** was covered
- Diagnosis of the **Critical Illness** was before the **policy start date** or after the **policy expiry date**
- The **policy** has already paid a **claim** for the diagnosed **child**
- A **Critical Illness** claim has already been paid in respect of the **life assured**
- The illness is not one of the **Critical Illnesses** covered
- The **claim** criteria defined in **your Policy Terms and Conditions** are not met

We won't pay a **claim** for a condition or related condition if before the **policy start date**:

- The eligible **child** was already having symptoms relating to, was awaiting investigations or being investigated for, or had been diagnosed with, a condition resulting in **your claim**
- Either **parent** had sought or received counselling or medical advice in relation to the eligible **child** being affected by a condition resulting in **your claim**
- Either **parent** was aware of an increased risk, including as a result of a screening or test during pregnancy or thereafter, of the eligible **child** being affected by a condition resulting in **your claim**

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

- The oldest **life assured** has had their 70th birthday or the **policy expiry date** is reached before the definition of **incapacity** is satisfied
- **You** remain able to perform the material and substantial duties of **your own occupation**, or **you** remain able to perform at least 3 of 6 listed **work tasks**
- **We** consider that the **claim** criteria defined in **your Policy Terms and Conditions** are not met
- The condition **you** are **claiming** for is caused directly or indirectly by a condition listed in the **policy exclusions** section of **your Policy Schedule**
- **You** have more than one occupation and **you** can still follow any of **your** other occupations
- **You** are living abroad and are diagnosed in a country that is not one of the **accepted countries** defined in **your Policy Terms and Conditions**
- The relevant medical specialist is unable to provide a clear prognosis or **we** are unable to obtain satisfactory evidence to validate that the definition of **incapacity** has been met
- The illness or injury does not occur, is not sustained and is not diagnosed between the start date and the 70th birthday of the oldest **life assured**
- **We** consider there is evidence of unreasonable failure to seek or follow medical advice

We won't pay a **Waiver of Premium** claim if:

- **You** are unable perform the material and substantial duties of **your own occupation**, or **you** are unable to perform at least 3 of 8 listed **work tasks**, due to illness or injury for less than 6 months. The definition of **incapacity** we use will depend on **your** employment status and/or **your** age when a **claim** is made
- **We** consider that the **claim** criteria defined in **your Policy Terms and Conditions** are not met
- The condition **you** are **claiming** for is caused directly or indirectly by a condition listed in the **policy exclusions** section of **your Policy Schedule**
- **You** have more than one occupation and **you** can still follow any of **your** other occupations

- **You** are living abroad and are diagnosed in a country that is not one of the **accepted countries** defined in **your Policy Terms and Conditions**
- The relevant medical specialist is unable to provide a clear prognosis or **we** are unable to obtain satisfactory evidence to validate that the definition of **incapacity** has been met
- The illness or injury does not occur, is not sustained and is not diagnosed between the start date and the expiry date of **your policy term**
- **We** consider there is evidence of unreasonable failure to seek or follow medical advice

What happens if you move abroad?

Our policies are designed for **permanent UK residents**, and **you** must be a **permanent UK resident** when the **policy** starts.

If during the **policy term** **your** circumstances change and **you** are no longer a **permanent UK resident**, **you** must let **us** know as this may impact **your** ability to **claim**. If **you** move abroad, in most cases **you** can keep **your policy** in place as long as **you** continue to pay **premiums** for **your policy** from a UK bank account in pound sterling. However, if **you** move outside the UK, UK laws or the laws and regulations of the country **you** move to could mean that **your policy** with **us** may no longer be suitable for **your** needs.

What happens if you have a claimable event abroad?

If **you** need to make a claim for **Critical Illness**, **Terminal Illness**, **Total Permanent Disability**, or **Waiver of Premium**, all medical evidence must be provided by a medical professional in the UK. However, if **you** are abroad, **we** will also consider medical evidence from the European Union, Australia, Canada, Japan, New Zealand, Norway, Switzerland, the USA, the Isle of Man, or the Channel Islands. **We** will consider evidence from other countries too; however, all evidence must be, in **our** opinion of a sufficient standard, from a specialism **we** reasonably consider is appropriate to the illness and is comprehensive enough to fully assess the **claim**. If necessary, **we** may need the **life/lives assured** to consult or be examined by medical professionals **we** choose to confirm the diagnosis. **We** will always act reasonably when considering medical evidence to support a **claim**.

Want to cancel?

After **your policy start date**, **you** have 30 days to let us know that **you** want to cancel **your policy**.

You can contact **us** in writing, or by phone. If **you** decide to cancel within 30 days of the **policy start date**, **we'll** refund any **premiums** **you've** paid. If **you** don't cancel within those 30 days, **your policy** will continue as per **your Policy Terms and Conditions**.

If **you** want to cancel after the first 30 days, **you** can do this either by writing to **us**, or phoning **us**. **You** won't receive a refund of **your premiums** if **you** cancel **your policy** during this period.

Once **your policy** has been cancelled, **you** won't be able to make a **claim**.

If you're not happy, we're not happy

We'd love to think **we** always get things right. But **we're** only human and sometimes **we** slip up. If **we** do, let **us** know and **we'll** try to fix it, without any charge to **you**. **You** can contact **us** in the following ways:

By email
enquiries@life.virginmoney.com

By phone
Call us on **0800 294 7575**.
We're here Monday to Friday 9am-5:30pm.

In writing
Please write to **us** at: Customer Relations Department, Virgin Money Life Insurance, 16-17 West Street, Brighton, BN1 2RL

Our complaints process
Whichever way **you** choose to contact **us**, **we'll** try to resolve **your** complaint by the end of three business days and contact **you** with **our** decision. If **we're** unable to do this, **we'll** contact **you** within five business days to update **you** on **our** investigations, or let **you** know when **you** can expect a full response.

Financial Ombudsman Service
If **you're** not happy with **our** complaint decision, **summary resolution**, or **final response** letter, or if **we** haven't provided it within the timescales required by the Financial Conduct Authority, **you** may be able to ask the Financial Ombudsman Service (FOS) to look at **your** complaint.

You'll need to do this within six months from the date of **our** decision, **summary resolution**, or **final response** letter. The FOS is a free service, from an independent organisation, which can help to settle disputes between customers and financial services firms.

If **you** don't tell the FOS within the six months, they'll no longer have **our** permission to consider **your** complaint. That means they'll only be able to look into it in very limited circumstances. For example, if they believe that the delay was as a result of exceptional circumstances.

Making a complaint doesn't affect **your** legal rights.

For more details, visit financial-ombudsman.org.uk

Alternatively, **you** can reach them:

In Writing

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

Phone

0800 023 4567

Free for people phoning from a fixed line (for example, a landline at home).

0300 123 9123

Free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02.

Email

complaint.info@financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

Your policy is covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** can't meet **our** obligations under **your policy**. This depends on the type of business, and the circumstances of the **claim**.

For more info visit fscs.org.uk or call **0800 678 1100**.

Solvency II Directive info

Under this directive, **we** are required to provide **you** with a Solvency and Financial Condition Report, which **you** can access via **our** website at onefamily.com/our-story/companyinformation/financial-reports/

General Conditions

The laws of England apply to this **policy**.

If the **life assured's** date of birth in the **Policy Schedule** is incorrect, **we'll** cancel and reissue the **policy** based on terms that would have applied if the correct date of birth had been given. **We** can also cancel the **policy** if it wouldn't have been issued even if the correct date of birth had been given. **We** may make changes to the **Policy Terms and Conditions** if there's a change in any relevant legislation, regulation or UK taxation. **We'll** only do this if **we** think it's reasonable and the changes are appropriate. **We'll** let **you** know before **we** make any changes.

We'll only ever write to **you** in English.

All **premiums** should be paid in GBP from a UK bank account, and all payments will be made in GBP to a UK bank account.

Privacy notice

The information that **you** provide will be held by Family Assurance Friendly Society Limited, part of the OneFamily Group, in line with **our** privacy notice. If **you** would like more details about how **we** process **your** personal data and **your** rights as a data subject before **you** provide **your** personal information to **us**, please read **our** privacy notice which is available on **our** website at life.virginmoney.com/static/privacyandcookiepolicy

Glossary

We've explained some key words **we've** used throughout the **Policy Terms and Conditions**. These are shown below.

Words that **we** use in the singular will also include words in the plural.

A reference to an Act of Parliament, or other regulation, includes any amendments or replacements after the date the **policy** is issued.

Accepted countries

The list of countries **we** will consider evidence from, to support a **claim**. The countries include the UK, European Union, Australia, Canada, Japan, New Zealand, Norway, Switzerland, the USA, the Isle of Man or the Channel Islands.

Application

The **application** you make when you wish to purchase a **policy** from us or change a current **policy** with us. We will ask you a number of questions and calculate how much you need to pay. These questions form part of your **application**.

Appointed Medical Officer

One of a panel of qualified **doctors** who will consider all the info provided by your **doctor** and/or treating consultant, to help support our underwriting and/or **claims** decisions.

Benefit

A **policy** can have a number of **benefits**. A **benefit** is defined as:

- Life Protection
- Life Protection with Critical Illness
- Terminal Illness
- Children's Critical Illness
- Total Permanent Disability
- Waiver of Premium

Child

A natural, step or legally adopted **child** of you and/or your spouse, or civil partner or any **child** of which either of you are the legal guardian.

Children's Critical Illness

This optional **benefit** will pay a valid claim on the diagnosis of a **Critical Illness** which meets the **claim** criteria contained in your **Policy Terms and Conditions** for your **child** or **children**. For any **Children's Critical Illness claims**, the **child** must survive at least 10 days after the date of diagnosis.

Claim

A **claim** under the **policy**.

Critical Illness

Any of the illnesses set out in the 'What **Critical Illnesses** are Covered' section of your **Policy Terms and Conditions**. For a valid **Critical Illness claim**:

- The **claim** criteria in the **Critical Illness** section must be met
- The **life assured** must survive at least 10 days after the date of diagnosis, where the **claim** is being made under the **Life Protection with Critical Illness** or **Children's Critical Illness** benefits

Decreasing term

The **sum assured** of the **benefits** will reduce throughout the **policy term** until it reaches zero on the **policy expiry date**. When you apply for your **policy**, you can choose a whole number **decreasing policy** percentage rate between 3% and 10%. This type of **policy** is designed so that if a **claim** is paid, it will pay off a debt which reduces over time, such as a repayment mortgage. If the interest rate of the debt is higher than your **decreasing policy** percentage rate and you make a **claim**, the pay-out might not be large enough to cover any outstanding debt you may have planned to clear.

Deferred Period

This applies to your **Waiver of Premium benefit** and is the period of time between the date you became ill or injured and the date we will start paying your **premiums** for you. This period of time is 6 months.

Doctor

A **doctor** registered, or provisionally registered, with the General Medical Council and licensed to practise in the United Kingdom.

Ever again

Expected to last throughout the insured person's life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

Final response

The written response we provide to your complaint which explains our final decision after carefully considering your complaint.

Full claim payment

A **claim** payment for the full **Life Protection**, **Terminal Illness**, **Total Permanent Disability** or **Life Protection with Critical Illness** sum assured amount.

Grace period

The time period we give you when you have missed one or more **premiums** before your **policy** stops and you are no longer covered. During the **grace period**, you will be able to pay us any missed **premiums** to allow your **policy** to continue. If you have not paid us the missed **premiums** by the end of your **grace period**, your **policy** will stop and you will no longer be covered. The time

period **we** will give **you** as a **grace period** will differ depending on **your policy start date** and when **your** Direct Debit collection date is.

Guaranteed Increase Option

This feature of **your policy** allows **you** to increase the **sum assured** of **your policy** during **your policy term** (subject to maximum limits) without any additional questions about **your** health and lifestyle. This feature can only be used if **you** have experienced one of the specified life events defined in **your Policy Terms and Conditions**. **We** will ask **you** to provide evidence of the life event occurring. If **your policy** includes this option, it will be included in **your Policy Schedule**.

Incapacity

This relates to the **Total Permanent Disability** and **Waiver of Premium** benefits. For **Total Permanent Disability** the following **incapacity** definitions apply:

Own Occupation

We will pay a **full claim payment** if **you** are unable to perform the material and substantial duties of **your own occupation** which meets the definition contained in **your Policy Terms and Conditions** ever again because of illness or injury.

Work Tasks

We will pay a **full claim payment** if **you** are unable to perform at least 3 out of 6 activities which meet the definitions contained in **your Policy Terms and Conditions** ever again because of illness or injury.

The definition of **incapacity** shown on the **Policy Schedule** will be based on **your** occupation disclosed at the time of **application**. If **you** change **your** occupation after the **policy start date**, **you** don't need to tell **us**. However, should **you** need to **claim** for **Total Permanent Disability**, **your claim** will be based on the occupation **you** were following immediately before the onset of illness or injury. If **you** are not in **paid work** or **unpaid work** at the time of **your application** or immediately before the onset of illness or injury, then the **work tasks** definition will apply to **your claim** irrespective of the definition shown on the **Policy Schedule**.

For **Waiver of Premium** the following **incapacity** definitions apply:

Own Occupation

We will pay **your premium** for **you** if **you** are unable to perform the material and substantial

duties of **your own occupation** which meets the definition contained in **your Policy Terms and Conditions** for 6 months or more because of illness or injury.

Work Tasks

We will pay **your premium** for **you** if **you** are unable to do any **paid work** or **unpaid work**, and **you** are unable to perform at least 3 out of 8 activities which meet the definitions contained in **your Policy Terms and Conditions** for 6 months or more because of illness or injury.

If **you** have **Waiver of Premium** as part of **your policy**, **your Policy Schedule** will confirm which definition of **incapacity** applies to each **life assured**. The definition of **incapacity** **we** use for **Waiver of Premium** claims will depend on the employment status and/or the age of the **life assured** when a **claim** is made, as explained in **your Policy Terms and Conditions**.

Increasing policy

The **sum assured** of the **benefits** will increase by the **Retail Price Index (RPI)** each year, on the annual anniversary of the **policy start date** until the **policy expiry date** or the maximum **sum assured** is reached, whichever is sooner. **Your premiums** will also increase on the annual anniversary of **your policy start date** by 1.5% for every 1% increase in **your sum assured**. **Your sum assured** will never increase by more than 10% in any year, even if the **Retail Price Index** is more than 10%. This type of **policy** is designed so that if a **claim** is paid, it will help to act against any increase in the cost of living since the **policy** started.

Irreversible

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the **claim**.

Joint life

This is where two people are covered by a single **policy**.

This means that for **joint Life Protection** two people are covered until the first dies or is diagnosed with a **Terminal Illness**. For **joint Life Protection with Critical Illness** two people are covered until the first person dies or is diagnosed with a **Terminal Illness** or a **Critical Illness** or receives a **Total Permanent Disability claim** payout.

Level

The **sum assured** of the **benefits** will remain the same throughout the **policy term**.

Life assured

The person or people named in the **Policy Schedule** and covered by **your policy**. There can be a maximum of 2 **lives assured** per **policy**.

Life Protection

This **benefit** covers the **life assured** in the event of death or **Terminal Illness** which meets the definition contained in **your Policy Terms and Conditions** occurring during the **policy term**.

Life Protection with Critical Illness

We will pay a valid **claim** upon death or the earlier diagnosis of a **Terminal Illness** or **Critical Illness** meeting the definitions contained in **your Policy Terms and Conditions**.

Own occupation

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

Paid work

Working for profit or pay.

Parent

The **life assured** who is the natural, step or adopted **parent** or legal guardian of the **child**.

Payment details

Your payment details which are part of **your policy** and detail **your** monthly **premiums**.

Permanent/permanently

Expected to last throughout the insured person's life, with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

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 insured person's life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to

speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin

Policy

The **Policy Terms and Conditions**, **Policy Schedule**, **Statement of Facts** and **Payment Details** issued by **us**.

Policyholder

The person or persons who own the **policy**. If the **policy** is placed in **trust** the trustee(s) are the legal owners of the **policy** who exercise control over it for the **trust** beneficiaries.

Policy change

A change to **your** current **policy** or **policy benefits** during **your policy term** which is completed at **your** request, to reduce or remove (if possible) a **policy benefit**, or reduce the **policy term** of **your policy**. Once **your application** for a reduction or removal has been completed, it will take effect on the next monthly anniversary of **your policy start date** and is unable to be increased again in the future.

Policy exclusions

For **Life Protection** **you** are not covered if within the first 12 months of the **policy start date** the cause of death is a result of suicide, intentional and serious self-injury or an event where, in **our** reasonable opinion, **you** took **your** own life. Specific **Critical Illnesses** or activities that are not covered under this **policy** are shown in the **Policy Schedule** or **your Policy Terms and Conditions**.

Policy expiry date

The date the **policy** ends. Once a **policy** ends no further **claims** or **premiums** are payable.

Policy Schedule

A schedule issued as part of **your policy** containing details of **your** cover. Details within **your Policy Schedule** may change over time during the **policy term** such as (but not limited to)

the **sum assured** on a **decreasing term policy** or if a **policy change** is applied to **your policy**.

Policy start date

The date when the **policy** starts, as shown on **your Policy Schedule**.

Policy term

The length of time **your policy** will run for. It will start on **your policy start date** and end on **your policy expiry date**.

Policy Terms and Conditions

The document issued by **us**, which specifies the terms of **your policy** in detail and should be kept safe and read alongside the **Policy Schedule** we issue when **your** cover starts.

Premium

The monthly amount **you** pay **us** as shown in **your Payment Details**.

Retail Price Index (RPI)

A measure of change in the cost of living as provided by the Office for National Statistics. If the Office for National Statistics no longer publishes the **Retail Price Index**, **we** reserve the right to adopt another measure in its place and apply it to **your policy** accordingly.

Statement of Facts

This lists the answers **you** gave **us** in **your application**. **You** need to check that the info is accurate and correct and advise **us** of any changes to **your** health or circumstances before **your policy** starts. If **you** have not answered the questions accurately, completely and truthfully, this may invalidate a **claim**, or **your policy** may be cancelled.

Sum assured

The **sum assured** shown on **your Policy Schedule**. The **sum assured** may remain **level**, decrease or increase over the **policy term** as shown in **your Policy Schedule**.

Summary resolution

The written response **we** provide to a complaint which summarises the complaint and, if possible, at this stage, provides a resolution.

Terminal Illness

This **benefit** is included with **Life Protection** and **Life Protection with Critical Illness** and will pay out a **claim** if during the **policy term**, the **life assured** has a definite diagnosis by an attending consultant (supported by **our Appointed Medical Officer**) of an illness that satisfies both of the conditions below:

- The illness either has no known cure or has progressed to the point where it cannot be cured
- The illness is expected to lead to death within 12 months

Total Permanent Disability

This optional **benefit** will pay a valid **claim** if **you** have a **permanent** illness or injury and **you** meet the **claim** criteria contained in **your Policy Terms and Conditions**.

Trust

A **trust** allows the **policyholder**, to leave assets (in this case, any proceeds of a future **claim**) to the chosen Trustee(s), who will be responsible for distributing the **claim** proceeds to the beneficiaries of the **trust**, in accordance with the **trust**. Any proceeds from a death **claim**, where the **policy** is placed in **trust**, will not be included in the **policyholder's** estate on death.

UK resident

You must satisfy all of the following:

- Have **your** main home address in England, Wales, Scotland or Northern Ireland
- Live at **your** main home address for more than six months of each year
- Be registered with a UK **doctor**
- Have no plans to leave England, Wales, Scotland or Northern Ireland

The UK does not include the Channel Islands or the Isle of Man.

Unpaid work

Working but not receiving profit or pay.

Waiver of Premium

This optional **benefit** will pay a valid **claim** if **you** are unable to work due to illness or injury for longer than six months and **your** inability to work meets the **claim** criteria contained in **your Policy Terms and Conditions**.


We, us or our

Family Assurance Friendly Society Limited.

You or your

The **life assured**, as named in **your Policy Schedule**. In the event of the death of the **life assured**, the **life assured's** legal personal representative, or anyone **we're** satisfied is authorised to act on the **life assured's** behalf.

If you would like to request a large print or braille version of these documents, please contact us.



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