

Scottish Widows Protect

Personal Protection

Policy Summary

For all customers except those using an aggregator



Scottish Widows Protect

This policy summary will help you decide if Scottish Widows Protect Personal Protection is right for you. It doesn't give you full details of the policy, you can find these in the policy provisions and your policy schedule.

You should keep your policy documents together in a safe place. It may also be a good idea to let your family know you have this cover.

Scottish Widows Protect Personal Protection is provided by Scottish Widows Limited.

If you choose more than one cover in your plan, we'll set up a policy that is legally separate from all others in the plan.

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What is Scottish Widows Protect Personal Protection?

Scottish Widows Protect Personal Protection is a life and critical illness insurance plan that you can take out for a period of time you choose.

You can choose one or more of the following life and critical illness insurance policies:

- Life Cover
- Critical Illness Cover
- Life with Critical Illness Cover.

We'll pay out either a lump sum or monthly cash sums if you die or are diagnosed with one of the illnesses you are covered for before the end of the policy expiry date. It will also pay out if you are diagnosed with a terminal illness. How your policy pays out depends on the type of policy you have. See the next page for more details.

If the policy is for two people, and one of you dies, it will normally pay out to the person who is still alive. If one of you is diagnosed with one of the illnesses you are covered for, the payout will normally go to that person.

If we pay out the full cover amount, we'll stop collecting your monthly payments and the policy will end. However, if we pay an additional payment, the policy will continue. See page 8 for more information on additional payments.

If you've not made a critical illness or terminal illness claim before the end of the expiry date of

the policy, the policy will end and we won't pay out anything. For a life cover claim, the death must have happened before the end of the expiry date of the policy, otherwise the policy will end and we won't pay out anything.

The policy has no cash-in value at any time. This means you won't get any money back if you cancel it before the policy's end date.

When you apply you must be a UK resident (excluding the Channel Islands and the Isle of Man) and you must have a UK bank account. You must be at least 18 years of age. Depending on the type of policy you choose, you can apply up to the following age:

- 79 for Life Cover
- 64 for Critical Illness Cover or Life with Critical Illness Cover
- 60 for Premium Protection (for more information see page 10).

We may need to make changes because of things outside of our control, such as changes in law, regulations or tax rules. We might also need to make changes if there was an error in your policy documents which is fair for us to change.

You should check your amount of cover regularly. If your circumstances change in the future, the level of cover you have chosen may not be enough to meet your protection needs.

The minimum initial amount of cover you can choose for your first policy is £10,000 and depending on the type of policy you choose the maximum amount is:

	Maximum for level cover	Maximum for decreasing cover	Maximum for increasing cover
Life Cover	£18,000,000	£12,500,000	£7,200,000
Critical Illness Cover	£3,000,000*	£3,000,000*	£3,000,000*
Life with Critical Illness Cover	£3,000,000*	£3,000,000*	£3,000,000*

If you choose monthly cash sums, the maximum amount will be divided by the number of months your policy is for.

Once you have one policy, you can add more policies to your plan with a lower minimum amount. The amounts are £2,000 for lump sum and £5,000 for monthly cash sums.

* If you select Total Permanent Disability in your policy, the maximum amount we'll pay for a claim for Total Permanent Disability across all policies is £1.5 million. This is based on the 'Own Occupation' definition, where you are no longer able to do your own occupation ever again.

What covers can I choose?

Life Cover

This pays a lump sum or monthly cash sums if you die or are diagnosed with a terminal illness before the policy's end date.

Critical Illness Cover

This pays out a lump sum or monthly cash sums if you are diagnosed with one of the illnesses you are covered for before the end of the policy's expiry date.

Life with Critical Illness Cover

This pays out a lump sum or monthly cash sums if you are diagnosed with one of the illnesses you are covered for, are diagnosed with a terminal illness or die. It will pay out on whichever happens first before the policy's end date.

For all types of cover you can choose between level, decreasing or increasing cover. If the policy you choose is for two people, it will pay out once a claim has been approved and the policy will end.

When do you pay out on terminal illness?

If your illness has no known cure or it has reached a point where it can't be cured, we'll pay a claim for terminal illness. We'll only do this if your consultant doctor thinks your death will happen within 12 months.

You must tell us about the diagnosis before the policy's end date and the policy will end if we pay a terminal illness claim.

How much does my policy cost?

What you pay each month is shown on your quote and will depend on:

- your age at the start of your policy,
- if you smoke, smoked, or have ever used nicotine replacements,
- the amount you want to be covered for,
- how long you want the policy to last,
- the type of cover you choose,
- any additional features you have chosen,
- your answers to the application questions.



What you pay each month includes all charges.

If you choose level or decreasing cover, the cost of your policy will never change. If you choose increasing cover your premium will increase each year.

To keep your cover in place, you must pay us the amount shown on your policy schedule every month by Direct Debit, until the date shown on your schedule.

Types of cover

You can choose level, decreasing or increasing cover.



Level cover

The amount of cover you choose stays the same until the policy ends.



Decreasing cover

This would typically be chosen to protect a repayment mortgage. The amount you are covered for will decrease slightly each month in a similar way to the amount owed on a standard repayment mortgage. You can choose a fixed rate of interest between 0% and 18%. To work out the rate of decrease, we've assumed a set mortgage rate of 8% a year. In some cases, what we pay out might not be enough to pay off what you owe on your mortgage. For example if:

- your mortgage interest rate goes above the rate of interest you choose for your policy
- the amount you've borrowed is more than the amount of cover you choose
- the period of time you are covered for under the policy doesn't match the term of the mortgage
- your mortgage repayments go in to arrears.

What you pay each month will never change.

The diagram below shows how level and decreasing cover works. In this example, we've assumed:



the policy
will end after
25 years

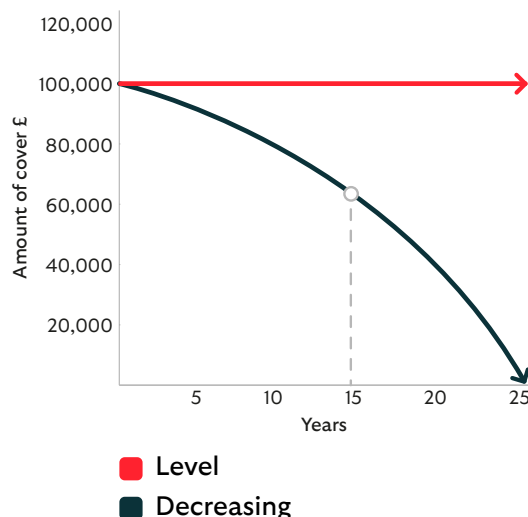


the mortgage
interest rate
is **8%**



the cover
amount is
£100,000

If, at 15 years, someone with decreasing cover were to die or be diagnosed with one of the illnesses you are covered for, we'd pay out £63,206. For a policy with level cover we'd pay out £100,000.



Increasing cover

This is chosen to help protect your policy against inflation. The amount you are covered for will increase each year in line with the Retail Prices Index (RPI). The increase will be at least 2%, up to a maximum of 10%.

The amount you pay for your policy will also increase each year, but by a higher rate than your cover amount increases. You can find more information about this in your policy provisions. We will tell you each year how much your cover and the cost of your policy will increase by.

If you want increasing cover, you have to choose this when the policy starts. You can turn down an increase for a year, but if you turn it down for two years in a row, it will stop. You won't be able to add it again at a later date.

What will stop my policy paying out?

We might not pay some or all of a claim if you don't answer all the questions we ask during your application honestly and completely. We could also cancel your policy. The same applies if you don't tell us about any changes to the information you gave us before we've agreed the terms of your policy. When we say 'agreed the terms', we mean once we've written to you to confirm them. We'll do this after you've confirmed that all the information you gave us in your application is true and complete. If we cancel the policy, we may not refund your payments.

We may also not pay a claim if we don't receive all the information we ask for at the time of the claim. For any critical illness cover, we may not pay a claim if we believe your illness isn't one you are covered for by your policy.

If your policy includes life cover, we won't pay a claim if you take your own life in the first 12 months from the date your policy starts. The same applies if you have a terminal illness and you are expected to live for more than 12 months.

For children's critical illness cover, we won't pay a claim if the symptoms of the illness started before your policy starts. For children's life cover, we won't pay a claim if the symptoms, medical condition or cause of death started before the policy started. The same applies if any of these happen before the child was covered by the policy. For more information on children's cover, please see page 9.

If you miss three payments in a row, we'll cancel your policy and you'll get nothing back. All cover will end and if you make a claim at a later date, this won't be paid.

You can't make a claim on the policy before the policy has started and you can't choose a start date that's in the past.

When a claim is being made, we will need proof of the events to do with the claim. We may not pay out if we can't get this proof or if we can't get medical information about you that we need.

When you are applying for a policy we may add limits or exclusions to your policy and could also change your premium. If we do this, we'll let you know before you make your decision to go ahead with the policy.

Will money from a claim be taxed?

Under current tax rules there will be no capital gains tax to pay on any cash amount paid out. However, you may have to pay income tax if there is more than one death benefit cash lump sum paid from the policy. We recommend that you speak to your tax office or your financial adviser if you need advice. Also, inheritance tax may be payable if it forms part of your estate. You should consider putting your policy in trust. A trust is a way to pass on money and other assets. If you're worried about inheritance tax, we recommend that you speak to your financial adviser or a solicitor.

You might not be able to claim some Government welfare benefits if you claim and receive a cash amount from this policy.

Please remember that tax rules can change.

The illnesses we cover

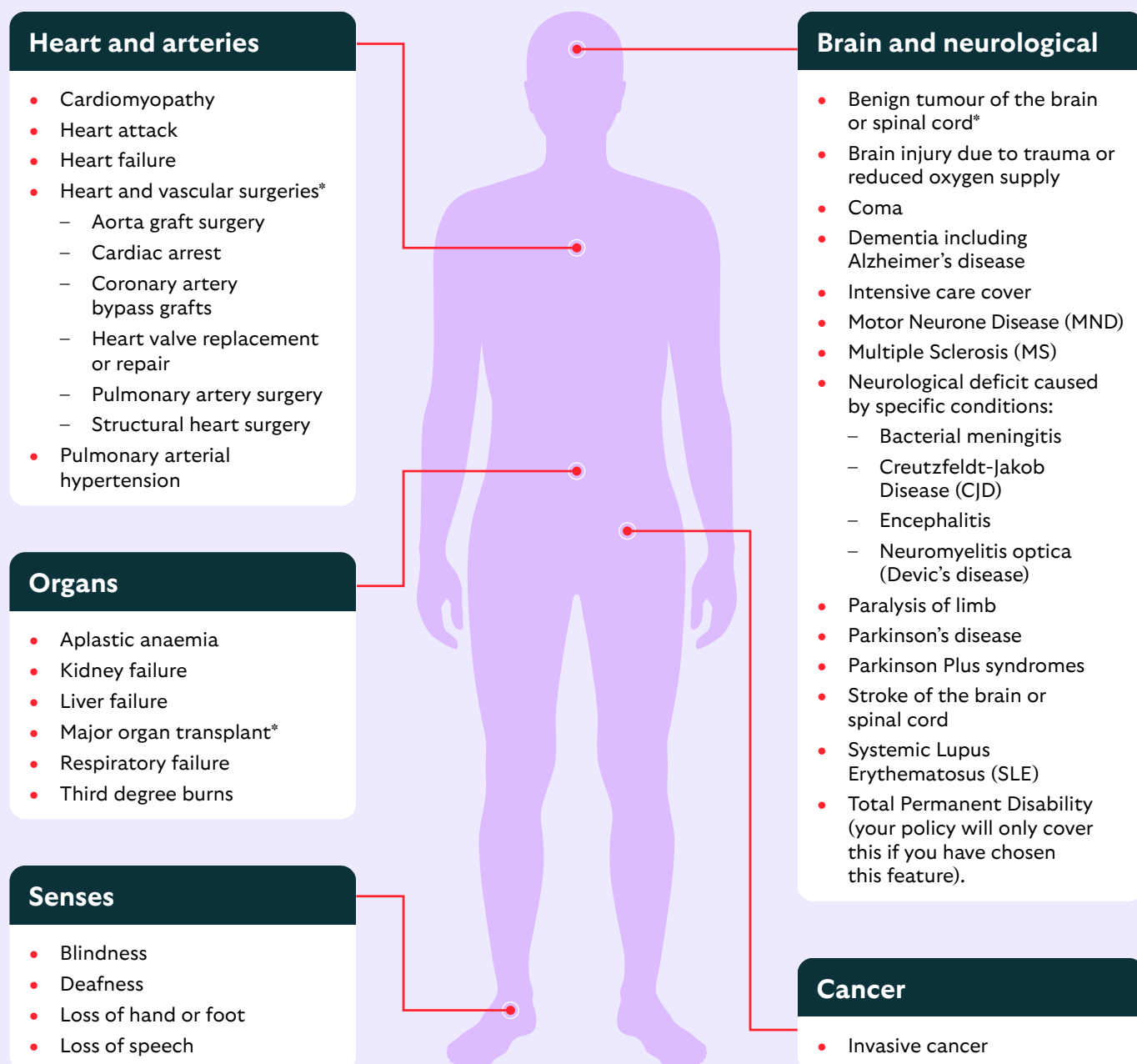
If you have a Critical Illness Cover policy or a Life with Critical Illness Cover policy, the list of illnesses we cover is set out here.

These headings are only a guide. The policy provisions and the 'Guide to Critical Illnesses We Cover' gives full details of the illnesses and how you can claim. You can get these from your financial adviser.

We'll pay out if you're diagnosed with one of the illnesses you are covered for by your policy and you survive 10 days after the diagnosis.

Medical definitions are intended for medical professionals. You should show these to your doctor to see if your condition is covered.

* If you are on an official UK waiting list for treatment for one of these illnesses, we will make an advanced payment of the current amount of your cover.



What other features are included?

If you have a Critical Illness Cover or Life with Critical Illness Cover policy, your policy will also include the following features. This information is only a guide. The policy provisions gives you full details. You can get these from your financial adviser.

Additional payment critical illness conditions

Your policy includes cover for some additional illnesses. We'll pay 25% of the amount of your cover as a cash lump sum if you're diagnosed with one of the following illnesses. The most we'll pay is £30,000. Your cover will continue if we make an additional payment.

Cancer

- Carcinoma in situ
- Carcinoma in situ of the urinary bladder
- Gastrointestinal stromal tumour (GIST) – low risk with surgery
- Neuroendocrine tumour (NET) – low grade with surgery
- Low grade prostate cancer
- Ovarian tumour of borderline malignancy
- Pituitary tumour

Heart and artery

- Heart and vascular surgeries
 - Carotid artery stenosis
 - Coronary angioplasty
 - Endovascular repair of an aneurysm
 - Insertion of an artificial pacemaker
 - Peripheral vascular disease
- Infective bacterial endocarditis

Brain and neurological

- Cerebral or spinal aneurysm or arteriovenous malformation

Senses

- Central retinal artery or vein occlusion

If we pay a claim for one of these illnesses, the policy will continue. This means we could approve a later claim for the illnesses detailed on page 7.

We can pay a claim for more than one of the additional illnesses, but we won't pay more than one claim for the same additional illness. This doesn't apply to carcinoma in situ. We will consider more than one claim if your carcinoma in situ is for a different organ or tissue to any previous claim.

Booster payment

If you are 45 or under and are diagnosed with one of the following Neurological illnesses, we will instead pay 150% of the amount of your current cover. The most we'll pay on top of your current cover is £200,000.

- Dementia including Alzheimer's disease
- Motor Neurone Disease
- Parkinson's disease
- Parkinson Plus syndromes

You must have a claim approved for critical illness cover to receive the critical illness booster payment. If we pay a booster payment, your policy will end.

Advanced payment

We will make an advance payment of the current amount of cover you have if you are on an official UK waiting list for treatment. This applies to the following illnesses:

- Benign tumour of the brain or spinal cord
- Heart surgery
 - Aorta graft surgery
 - Cardiac arrest
 - Coronary artery bypass grafts
 - Heart valve replacement or repair
 - Pulmonary artery graft surgery
 - Structural heart surgery
- Major organ transplant

If we pay an advanced payment, your policy will end.

Children's critical illness cover

We'll pay a cash lump sum if your child is diagnosed with one of the children's illnesses we cover and survives for 10 days after their diagnosis.

This cover is for your natural child, legally adopted child, stepchild, a child you are the legal guardian for, or a child who lives with and is financially dependent on you. Your child will be covered from birth until their 22nd birthday.

The amount your child is covered for is 50% of the amount of your cover, up to a maximum amount of £30,000. This is paid as a cash lump sum. This is the maximum amount across all Scottish Widows Protect policies you have. However, if both parents have individual Scottish Widows Protect policies then we will pay up to £60,000 on all policies.

If we pay a claim for your child, your cover will continue. However, if we pay a claim for you, your policy will end, so your children's cover will also end.

The children's critical illnesses that we cover are:

- The critical illnesses shown on page 7, apart from Total Permanent Disability
- The additional payment critical illness conditions shown on page 8
- Cerebral palsy
- Cystic fibrosis
- Hydrocephalus
- Muscular dystrophy
- Spina bifida

Children's life cover

We'll pay a cash lump sum of £10,000 if you have a child who dies. This cover is for your natural child, legally adopted child, stepchild, a child you are the legal guardian for, or a child who lives with and is financially dependent on you. Your child will be covered from 30 days until their 22nd birthday.

The maximum amount we will pay over all Scottish Widows Protect policies you have is £10,000.

If we pay a claim for your child, your cover will continue. However, if we pay a claim for you other than an additional payment, your policy will end, so your children's cover will also end. We can pay a claim for both children's critical illness cover and children's life cover.

There may be a tax implication on children's life cover. For more information see 'Will money from a claim be taxed?' on page 6.

What other features can I choose?

Total Permanent Disability

If you choose a Critical Illness Cover or Life with Critical Illness policy, you can choose to include Total Permanent Disability as one of the illnesses you're covered for. There is an extra cost for this which you can see on your quote.

There are two definitions of disability that apply to Total Permanent Disability – 'own occupation' and 'activities of daily work' (ADW). If you choose to include Total Permanent Disability, you'll find the definition that applies to you on your policy schedule.

- Own occupation

This definition means loss of the physical or mental ability through an illness or injury to do the material and substantial duties of your own occupation ever again.

- Activities of daily work

This definition means loss of the physical ability through illness or injury to perform at least three of the six work tasks.

The work tasks are:

- Walking
- Climbing
- Lifting
- Bending
- Getting in and out of a car
- Writing.

You will find more information about Total Permanent Disability in your policy provisions.

Life Buyback Option

You can choose to have the Life Buyback option on a Life with Critical Illness Cover policy. You can only choose this at the start of the policy – you can't add it later on. There is an extra cost for this which you can see on your quote.

This feature allows you to 'buy back' your life cover after we've paid your critical illness claim. You have to buy back your life cover within three months of the claim, and your new policy will start 12 months after your critical illness claim was paid. We won't ask you any more medical questions and the cost will be based on what the rate was at the start of the original policy.

Premium Protection

You can choose premium protection if you own the policy and are the person covered by the policy. Your premiums will be protected if you become sick or if you suffer a disability or have an accident and you are not able to work. We will start to pay your premiums after 26 weeks. We will do this until you are able to go back to work, you reach age 70 or your policy ends, whichever happens first.

If your policy is for two people, you can choose premium protection for one or both of you. If you choose it for both of you, premium protection will end for the younger person at the same time as it does for the older person. If premium protection for the older person finishes while we're paying a premium protection claim for the younger person, we will continue to pay the claim. We'll do this until they are able to go back to work, reach age 70 or the policy ends, whichever happens first. The premium protection for the younger life will then finish.

Premium protection has two different definitions of disability, which are 'Own Occupation' and 'Activities of Daily Work'. Your policy schedule will tell you which definition you have. If the policy is for two people, you can both have different definitions. You can find a full description of the definitions in the policy provisions.

If you want premium protection you have to choose this when your policy starts. You can remove it from your policy at any time, but once you've done this it can't be added back on. There is an extra cost for premium protection which you can see on your quote.

Replacement Cover

This feature is automatically included if you choose a policy for two people.

When a claim is paid on a policy that covers two people, the policy ends for both. However, with replacement cover, the person who hasn't made a claim can take out a new policy on the terms and conditions and what the rate was at the start of the original policy. You have to apply for the new policy within three months from the date we paid the claim on the original policy. The policy's end date must be at least equal to the minimum term we allow for your policy.

Increase Cover – Guaranteed Insurability Option

You may be able to increase the amount of cover you have before the expiry date of your policy, without giving us more underwriting information, by taking out an additional policy for the amount of the increase.

You will find more information on the circumstances when you can use this option and the conditions that will apply in your policy provisions.

Free Cover

You may qualify for free accidental death cover while we consider your application for Life Cover or Life with Critical Illness Cover.

You may qualify for free mortgage cover while we consider your application for Life Cover, Life with Critical Illness Cover or Critical Illness Cover.

If you want more information, please ask your financial adviser for a copy of our Free Cover leaflets.



How to contact us

If you have any questions or want to make any changes to your policy, you can phone us, write to us or visit our website.

 By phone	Call us on: 0345 030 6572 We are open from 9am to 5pm, Monday to Friday. Calls may be recorded and monitored to help us improve our service.
 Website	www.scottishwidows.co.uk
 By post	Scottish Widows Limited, PO Box 24171, 69 Morrison Street, Edinburgh EH3 1HL

We'll communicate with you in English.



How to make a claim

If you need to make a claim or someone covered by this policy has died, please call:

Critical illness and terminal illness claims	0345 601 4839
Life cover claims	0345 601 4179
Premium protections claims	0345 601 4839

Calls may be recorded and monitored to help us improve our service.

Can I change my mind?

You can change your mind about taking out this policy within 30 days of the start date shown on your policy schedule. We will refund any payments you've made so far.

You can of course cancel the policy any time after this period has ended but we won't refund any payments you've made.



How can I complain?

If something has gone wrong we'd like to put it right. Please call us on **0345 030 6572** or write to us at the address on page 11.

If you're not happy with our response, you can complain to:

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

Telephone **0800 023 4567**

Website **www.financial-ombudsman.org.uk**

Complaining to the Ombudsman won't affect your legal rights.



Where can I find my full Terms and Conditions?

This policy summary gives you a summary of our Personal Protection Cover which is part of our Scottish Widows Protect Plan. You can get more information about your cover and terms and conditions in the policy provisions, which you can get from us.

We can change some of the terms and conditions at any time but we'll write and explain if this affects your cover.



Law that applies to this policy

Your plan is governed by the law of whichever part of the UK you lived in, or normally lived in when you took it out.

The information in this policy summary is our understanding of the law and HM Revenue & Customs rules and practices at the date we published it. If there are changes to tax rules or other laws then this may affect your policy.

Financial Services Compensation Scheme (FSCS)

Your plan is fully covered by the Financial Services Compensation Scheme (FSCS). This means that in the unlikely event that Scottish Widows went out of business, your plan wouldn't be affected and you'd remain covered. More information is available from the FSCS who can be contacted on **0800 678 1100** or **0207 741 4100** or visit **www.fscs.org.uk**



**Financial Services
Compensation Scheme**

Scottish Widows' financial strength

We publish a Solvency and Financial Condition Report (SFCR) each year. This gives information about how our business is performing and its financial strength.

You can find it at **www.scottishwidows.co.uk/about_us/financial_information/solvency-ii-returns.html**

Where can I find out more about critical illness cover?

The Association of British Insurers (ABI) publishes a Guide to Critical Illness, with general background information about this type of cover. You can get a copy of the guide by writing to us, or the ABI at:

**One America Square, 17 Crosswall,
London EC3N 2LB.**

This policy summary follows the ABI Statement of Best Practice for Critical Illness Cover.



**If you need
extra help**

You can find extra help and support at www.scottishwidows.co.uk/extra-help

**If you would like a braille, large print or audio
version of this document, please contact us.**

If you have a hearing or speech impairment you can contact us using the Relay UK Service available 24 hours a day, 7 days a week. Or you can call using textphone on **18001**.



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Financial Services Register number 181655.