

YOUR POLICY IN A NUTSHELL

Life Protection Policy Summary

MONEY



The basics

This is a summary of Life Protection and Critical Illness, provided by Family Assurance Friendly Society Limited. It explains important info about our cover. Use it to help you decide if what you're buying is right for you. For the full policy details, see your Policy Terms and Conditions.

Please read this summary carefully, and keep it safe.

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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About us

Virgin Money Life Insurance is promoted by CYB Intermediaries Limited - registered in England & Wales (company no. 04056283). Registered office – Jubilee House, Gosforth, Newcastle upon Tyne NE3 4PL. CYB Intermediaries Limited is authorised and regulated by the Financial Conduct Authority.

Virgin Money Life Insurance is provided by Family Assurance Friendly Society Limited, a friendly society registered and incorporated under the Friendly Societies Act 1992, registration number 939F, registered address, 16-17 West Street, Brighton, BN1 2RL. Family Assurance Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 110067.

What are the main aims of the policy?

Your Virgin Money policy provides you with the type and amount of cover you choose, for the length of time you want.

We don't give any advice or recommendations on what's best for you.

Where we mention payments, these are subject to your Policy Terms and Conditions, which contain policy exclusions.

The following cover is available:

Life Protection

This pays out if you die, or are diagnosed with a Terminal Illness. Cover stops when a claim is paid, or your policy reaches its expiry date.

Life Protection with Critical Illness

This pays out if you die, or are diagnosed with either a Terminal Illness, or a Critical Illness. Cover stops when a full claim payment is paid, or your policy reaches its expiry date.

Your commitment to us

- To answer all the questions in our application form, providing truthful, complete and accurate info
- To tell us about any changes to your health, or circumstances, between completing the application, and your policy start date
- To read your Statement of Facts and let us know if any of the info is wrong, missing, or unexpected
- To pay the monthly Direct Debit until the policy expiry date
- To tell us if you change your name, contact details, bank details or country of residence

Important things to consider

- To start your policy with us, you must be a permanent UK resident. If you move abroad after the policy start date, your policy may no longer be suitable for your needs. For more info, please refer to your Policy Terms and Conditions.
- We won't pay a death claim for the person covered within the first 12 months of the policy start date 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. You should also check that you know about, and understand, any additional policy exclusions in your Policy Schedule and Policy Terms and Conditions. This is important as we won't pay a claim for an event that's listed as a policy exclusion.
- If you've chosen decreasing term cover, your policy should aim to match the interest rate of your debt. You can choose the interest rate between 3-10%. If the interest rate of your debt is higher than the chosen interest rate of your policy, and you make a claim, the pay-out might not be enough to cover any outstanding debt you may have planned to clear. If you choose decreasing cover, this won't apply to the Children's Critical illness benefit, which will remain level.
- If you have chosen increasing cover, your amount of cover and monthly payment will increase on the annual anniversary of your policy start date. This is to help guard against an increase in the cost of living. Your amount of cover will increase by the Retail Price Index (RPI) as published

by the Office for National Statistics and your monthly payment will increase by 1.5% for every 1% increase in the amount of cover. If the Retail Price Index is no longer published, we reserve the right to adopt another measure in its place and apply it to your policy accordingly. We'll let you know each year of the change in your cover, and your monthly payment, before the change takes place. You can choose not to accept the increase, but if you do this three times, your policy will automatically stop increasing. Your sum assured and monthly payment will stop increasing if you reach the maximum sum assured allowed. If you choose to have an increasing policy and also choose to include Children's Critical illness benefit, this benefit will remain level.

- The maximum sum assured will be determined by the oldest life assured's age at the policy start date.
- You must provide us with complete, truthful and accurate info when applying for your policy. It's important to check the info you provided in your application, and tell us of any inaccuracies or changes to your health or circumstances, before the policy start date. If you don't, it may mean that your cover isn't suitable, or we void your policy, meaning we may not pay out if you make a claim.
- We may ask your doctor for info during your application, after your policy has started, or if you make a claim, to review the answers you have provided. We'll pay for any medical evidence that may be needed, and may also use this info to verify any other policies that you hold with us. We'll need your consent under the Access to Medical Reports Act (AMRA) 1988. We'll also need your consent to obtain medical evidence in the event of a claim. If you don't agree to give it, we'll be unable to assess your claim, and may have to void your policy. We can also do this if we find you've given incomplete, inaccurate, or false info, when applying for your policy.
- The real monetary value of the amount of cover is always changing, due to inflation and other factors. This means £1 may not buy you as much in the future as it does today. It's important you regularly review your cover to check that it's still right for your needs.
- Your policy has no cash-in value at any time.
- We can cancel or void your policy if we have reasonable suspicion of either financial crime, activity or any form of fraudulent behaviour.

- If you fall behind with your monthly payment(s), we'll let you know how long you have to get them back up to date. If you don't pay by the end of that period, we'll stop your policy. It will have no value, and you'll no longer be covered.

We'll contact you as soon as you miss a payment, to offer you an alternative way to pay.

Choosing your main cover

When you complete a quote or application, you must be aged between 18 and 77 for Life Protection, or 18 and 64 for Life Protection with Critical Illness. You'll need to decide a few things first. Here they are:

The amount of cover

How much we pay for a full claim payment.

If you choose Life Protection, we can cover you for up to £1,000,000 depending on your age.

If you choose Life Protection with Critical Illness, we can cover you for up to £500,000 depending on your age.

Please refer to the minimum and maximum limits table below for a summary of the cover limits.

Level, decreasing, or increasing benefits

If you choose level, the amount of cover stays the same, until the policy expires, or a full claim payment is paid, whichever is sooner.

If you choose decreasing, the amount of cover goes down in line with any ongoing but reducing debts. These could be mortgage payments, or childcare commitments. You can choose a decreasing rate of any whole number between 3 and 10%. The amount of cover continues to decrease until the policy expiry date, or a full claim payment is paid. Whichever is sooner.

If you choose increasing, the amount of cover increases each year, to act against the rising cost of living. The amount of cover will increase each year by the Retail Price Index (RPI) as published by the Office of National Statistics. The amount of cover continues to increase each year, until one of these happens (whichever is sooner):

- You remove the increasing option
- You defer your increasing option three times
- The policy expiry date is reached
- A full claim payment is paid

Your monthly payments will also increase each year by 1.5% for each 1% increase in the amount of cover.

The length of time your policy will run

If you choose Life Protection, your policy can run between 5 and 50 years. However, cover must stop before the oldest person covered reaches their 90th birthday.

If you choose Life Protection with Critical Illness, your policy can run for between 5 and 40 years. However, cover must stop before the oldest person covered reaches their 80th birthday.

Please refer to the minimum and maximum limits table for a summary of the cover time limits.

Whether the policy should be single life or joint life

You can buy cover for yourself (single life), or for you and another person, under the same policy (joint life). For single life and joint life policies, we'll pay out a maximum of one full claim payment per policy. Your policies are designed for people looking for cover for themselves. So, whether you choose to cover yourself or yourself and someone else, the individual(s) covered will always be the policyholder(s).

Choosing your optional benefits

Children's Critical Illness

This option is available when you choose Life Protection with Critical Illness.

If Children's Critical Illness is chosen, we will pay a claim for any eligible children of the person covered, aged between 10 days and their 18th birthday, who are diagnosed with a Critical Illness defined within your Policy Terms and Conditions and survives at least 10 days after the date of diagnosis. This benefit pays out the lower of 25% of your amount of cover or £25,000. We will only pay a maximum of one claim per child however we will cover any of your children.

Total Permanent Disability

This option is available when you choose Life Protection with Critical Illness.

If you choose Total Permanent Disability, we will pay a claim if illness or injury permanently prevents you from performing the material and substantial duties of your own occupation or performing at least 3 of 6 listed work tasks ever again. To see which of these criteria apply to your cover, take a look at your Policy Schedule.

With a joint life policy, you can add Total Permanent Disability for one person, or both of you.

Just so you know, your policy will end if we pay a claim for Total Permanent Disability.

Waiver of Premium

This option is available when you choose a Life Protection or Life Protection with Critical Illness policy, and the person covered is aged between 18 and 54.

If you choose Waiver of Premium, we will pay your monthly payments if for 6 months or more, an illness or injury prevents you from performing the material and substantial duties of your own occupation or performing at least 3 of 8 listed work tasks. To see which of these criteria apply to your cover, take a look at your Policy Schedule.

With a joint life policy, you can add Waiver of Premium for one person, or both of you.

Minimum and maximum limits

Different limits apply, based on what main/optional cover you choose:

Main Cover	Minimum policy term	Maximum policy term	Maximum amount of cover	Minimum age	Maximum age at policy start date	Maximum age at policy expiry date
Life Protection	5 years	50 years	£1,000,000*	18	77**	89**
Life Protection with Critical Illness	5 years	40 years	£500,000*	18	64**	79**
Optional Cover						
Children's Critical illness	5 years	40 years	£25,000***	18	64**	79**
Total Permanent Disability	5 years	40 years	£500,000*	18	64	70^
Waiver of Premium	5 years	As main cover above	N/A	18	54	As main cover above

*This is the overall maximum amount of cover we can offer. The age of the oldest person covered may reduce the maximum amount of cover that we can offer you.

**For joint life policies this applies to the oldest person covered.

***The amount of Children's Critical Illness will always be the lower of 25% of your Life Protection with Critical Illness cover amount or £25,000.

[^]If the term of your policy exceeds this age, this benefit will end for any person(s) covered when the oldest person covered reaches their 70th birthday, the remainder of your policy however will continue.

How much does the policy cost?

How much you pay depends on:

- Your age, health, lifestyle, occupation, and if you have ever smoked, as per info you give in your application
- The amount of cover, optional benefits, and type of cover you choose
- How long you want the cover to last
- Any info about your medical history provided by your doctor

When will we pay the benefits?

Any payment we refer to is as per your Policy Terms and Conditions and Policy Schedule, which contain policy exclusions.

Life Protection

We'll pay out if, during the term of the cover, the person covered:

- Dies
- or
- Is diagnosed with a Terminal Illness and is expected to live less than 12 months

Life Protection with Critical Illness

We'll pay out if, during the term of the cover, the person covered:

- Dies
- or
- Is diagnosed with a Terminal Illness and is expected to live less than 12 months
- or
- Is diagnosed with a Critical Illness defined within your Policy Terms and Conditions and survives at least 10 days after the date of diagnosis

Children's Critical Illness

We will pay the lower of £25,000 or 25% of the Critical Illness amount of cover if, during the policy term, an eligible child of the person covered is diagnosed with a Critical Illness defined within your Policy Terms and Conditions, is aged between 10 days old and their 18th birthday and survives at least 10 days after the date of diagnosis.

Total Permanent Disability

We'll pay the amount of cover if, the person covered can't perform the material and substantial duties of their own occupation ever again or is permanently unable to perform at least 3 of 6 listed work tasks, because of an illness or injury. The person covered must meet the requirements of our definition of incapacity before their 70th birthday or the policy expiry date, whichever is sooner, irrespective of when they retire.

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 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.

Waiver of Premium

We'll pay your monthly payments. That's as long as, during the policy term, the person covered can't perform the material and substantial duties of their own occupation, or perform 3 of 8 listed work tasks, because of an illness or injury, and after six months or more, you meet our definition of incapacitated. We'll cover your monthly payments until:

- The person covered no longer meets our definition of incapacity
- The person covered returns to paid work or unpaid work
- The policy ends

To add Waiver of Premium to your policy, you must be in paid work or unpaid work, when you take out the policy. You can still make a claim if, during your policy, you:

- Become unemployed
- Become a homemaker
- Take a career break
- Retire before your 70th birthday

If you make a Waiver of Premium claim, and any of the changes have occurred, you will be assessed against your original circumstances for 12 months from the date of the change. 12 months after this change we will re-assess your claim against your inability to do 3 of 8 listed work tasks defined in your Policy Terms and Conditions.

If you have a Waiver of Premium claim, then pass your 70th birthday, we'll reassess your claim. This will be against your inability to do 3 of 8 listed work tasks defined in your Policy Terms and Conditions.

The definition of incapacity we use will depend on your employment status and/or your age when a claim is made, as explained in your Policy Terms and Conditions.

When won't we pay out?

We can refuse to pay a claim. This may happen if you fail to answer all our questions truthfully, accurately, and completely, to the best of your knowledge and/or you don't provide all the info 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 info relevant to your application, after the policy starts
- When making a claim

We won't pay a claim if:

- You stop paying your Direct Debit (and your policy will end)
- You don't make a valid claim before the end of your policy term

Death

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

Terminal Illness

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.

Critical illness

We won't pay a Critical Illness claim if:

- The 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 person covered 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

Children's Critical Illness

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 person covered
- 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 Children's Critical Illness claim 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, or
- 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

Total Permanent Disability

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

- The oldest person covered 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 person covered
- We consider there is evidence of unreasonable failure to seek or follow medical advice

Waiver of Premium

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

- You are unable to 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
- We consider 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 changes can be made to the policy?

Policy Change

You can ask to make a policy change at any time. Your policy allows you to:

- Reduce the amount of cover
- Reduce the length of time your policy will run for
- Permanently remove any optional benefits (if applicable)
- Permanently remove the annual increases (if increasing benefits)

Guaranteed Increase Options

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

You can ask to increase your cover without any further questions about your health or lifestyle. That's provided it's before the oldest person covered reaches their 55th birthday, and you experience any of the following life events:

- You get married or enter into a civil partnership
- You have a child or legally adopt a child
- You get divorced, have your civil partnership dissolved or separate
- You take out a new mortgage or increase your current mortgage
- You have an increase in your basic salary

Once a guaranteed increase option has been applied to your policy, the main cover and all optional benefits will increase, subject to certain limits.

Because we won't ask you any further questions about your health or lifestyle, we do have to apply certain limits and restrictions. And we will ask you to provide evidence of the life event. For more info, please see your Policy Terms and Conditions.

Separation Option

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

You can ask to split your joint life policy into two separate single life policies if you get divorced, have your civil partnership dissolved, or separate from the other person named on the policy.

The two new separate single life policies can provide the same amount of cover as the existing policy, at the time the existing policy is split.

Because we won't ask you any further questions about your health or lifestyle, we do have to apply certain limits and restrictions. And we'll ask you to provide evidence of the separation. For more info, please see your Policy Terms and Conditions.

Please contact us and we'll let you know what changes you can make to your current policy.

If you can't use any of the options available to change your current policy, or they don't suit your needs, you could apply for a new policy. To do this, you'll need to answer any questions completely, accurately, and truthfully.

For more info, please refer to your Policy Terms and Conditions.

What Critical Illnesses are covered?

Below, we've listed all of the conditions we cover as part of our Life Protection with Critical Illness policy. We've also provided the illnesses covered and the circumstances in which you can claim in your Policy Terms and Conditions.

Critical Illness covers:

Aorta graft surgery
for disease or trauma

Aplastic Anaemia
requiring specified treatment

Benign brain tumour	resulting in permanent symptoms or specified treatment
Blindness	permanent and irreversible
Brain injury due to trauma, anoxia or hypoxia	resulting in permanent symptoms
Cancer	excluding less advanced cases
Coma	resulting in permanent symptoms
Coronary artery by-pass	
Deafness	permanent and irreversible
Dementia including Alzheimer's disease	of specified severity
Heart attack	of specified severity
Heart valve repair or replacement	
Kidney failure	requiring permanent dialysis
Loss of hand or foot	permanent physical severance
Loss of speech	permanent and irreversible
Major organ transplant	from another donor
Motor neurone disease	resulting in permanent symptoms
Multiple sclerosis	
Paralysis of a limb	total and irreversible
Parkinson's disease	resulting in permanent symptoms
Stroke	of specified severity
Third degree burns	covering 20% of the body's surface area or affecting 20% of the area of the face or head

What about tax?

Life cover is usually paid out free of all UK income tax and capital gains tax. However, it may be subject to inheritance tax. A claim may not be subject to inheritance tax if your policy is written in trust. Any tax info we give is based on our understanding of current UK tax law and practice. This may change in the future.

Your cancellation rights

You can cancel your cover, but you won't be able to make a claim once your policy stops. You have up to 30 days following the policy start date to cancel. We will refund any payments paid. If you don't cancel within this time, your policy will continue.

If you want to cancel your policy after the first 30 days, contact us. We won't refund any monthly payments if you cancel your policy after the first 30 days.

Email: enquiries@life.virginmoney.com

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

Call: 0800 294 7575

We are here, Monday to Friday 9am-5:30pm.

Solvency II Directive info

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

Making a claim

You can email, write or call us if you want to claim.

Email: claims@life.virginmoney.com

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

Call: 0800 294 7576

We are here, Monday to Friday 9am-5:30pm.

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**.

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

A large, stylized red graphic consisting of several overlapping circles of varying sizes, creating a dynamic and layered effect that covers the majority of the page.

Virgin Money Life Insurance is promoted by CYB Intermediaries Limited registered in England and Wales 04056283, Jubilee House Gosforth Newcastle upon Tyne NE3 4PL authorised and regulated by the Financial Conduct Authority. Policies underwritten and administered by Family Assurance Friendly Society Limited no. 939F, 16-17 West Street Brighton BN1 2RL authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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