

Please read this document carefully as it contains important information about this plan

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VITALITYLIFE PLAN SUMMARY

About this booklet

This booklet gives you an overview of the cover you have with the VitalityLife plan, and the features that may be available to you later on. However it doesn't explain every detail or the full terms of your cover. You can find the full terms in the VitalityLife plan provisions.

If you still have questions about our VitalityLife plan after reading these documents, please contact your financial adviser if you have one, or call us on 0345 601 0072.

**PLEASE CONTACT US ON
0345 601 0072 OR SPEAK TO YOUR
ADVISER IF YOU WOULD LIKE THIS
DOCUMENT IN LARGE PRINT OR BRAILLE.**

Contents

Your VitalityLife plan	4
What is the VitalityLife plan?	4
Who can take out a VitalityLife plan?	4
How long does my plan run for?	4
How does the plan work?	4
Can I take the plan out with someone else?	5
Is my amount of cover fixed forever?	5
How much do I pay for my plan?	6
How do you work out my premiums?	6
How do I pay my premiums?	6
What happens if I stop paying my premiums?	6
Will my premium change over time?	6
The types of premium you can choose	6
Can I make changes to my cover during the term of my plan?	7
How do the benefits work?	8
Are there any other covers in my plan?	12
How does the Minimum Protected Account option work?	12
How does Protected Life Cover work?	12
How Vitality rewards you for being healthy	12
The Vitality Commitment	13
How do I make a claim?	13
Who will you pay the benefit to?	13
Are there any significant exclusions I should be aware of?	13
Impact on means tested benefits	14
Can I cancel my plan if I change my mind?	14
Other information	15
How to make a complaint	15
Making a full disclosure	15
Compensation	15

Your VitalityLife plan

What is the VitalityLife plan?

The VitalityLife plan is an insurance plan that helps protect you and your family from the financial impact of illness, injury, disability and death. You can set it up to cover things like your mortgage, regular outgoings, the costs of your children's education or your medical bills – or to provide more general financial support for you and your family if you die, suffer from a serious illness or become disabled. This plan is underwritten by Vitality Life Limited.

We offer three core covers: Life Cover, Serious Illness Cover and Income Protection Cover. You can choose to have one, two, or all three. Depending on which covers you choose, you could either get a lump sum or a regular income when you make a claim.

When you take out your plan, you also become a member of the healthy living programme, Vitality. It encourages you to be healthy by offering all adults on the plan discounts with a range of health partners when you take steps to look after your health. And if you have chosen Vitality Optimiser, you have the chance to control your future premiums - without changing your cover.

Who can take out a VitalityLife plan?

You can apply for a VitalityLife plan as long as you are:

- Aged between 16 and 75
- A UK resident - this excludes the Channel Islands and the Isle of Man

How long does my plan run for?

When you take out your plan, you decide whether you want it to be on a whole of life or fixed term basis.

The minimum term we can insure you for is 5 years. For whole of life Life Cover, there is no maximum term. For other types of cover, the maximum term we can insure you for is based on your age. For example, for fixed term Life Cover, we can only cover you up to your 80th birthday. Other benefits may have different maximum age limits.

Your plan may end earlier than the expiry of your term if, for example, you cancel the plan, a person covered is removed from the plan, or you claim the maximum benefits allowed under the covers in your plan. For more about how your plan can end, see provision F in the plan provisions.

You will pay premiums on a regular basis throughout the whole term of your plan. So when you decide on your term, you should think about whether you will be able to pay your premiums for that whole time.

How does the plan work?

You can include a range of different types of cover in your plan. But it must include at least one of the core covers. These are:

- Life Cover
- Serious Illness Cover
- Income Protection Cover

Life Cover and Serious Illness Cover

If you choose Life Cover, or Serious Illness Cover, or both, we set up a plan account for you.

For a single life plan, the amount of your plan account will be the same as your amount of Life Cover, if you have it. If you do not have Life Cover, the amount of your plan account will be the same as your amount of Serious Illness Cover.

For a joint life plan, the amount of your plan account will be the same as the amount of Life Cover held by the first person covered. If they do not have Life Cover, it will be the same as their amount of Serious Illness Cover.

The amount of Life Cover and Serious Illness Cover you have is in each case expressed as a fixed percentage of your plan account. So we use the plan account to calculate how much we will pay you if you make a claim for Life Cover or Serious Illness Cover.

We use the plan account because you can get more than one payment from your VitalityLife plan – for example if you make a successful claim under Serious Illness Cover, and then make a subsequent claim because your condition has worsened or you become ill with an unrelated condition. For more about subsequent claims, see the VitalityLife plan provisions.

When we make payments to you under Serious Illness Cover, the value of your plan account reduces by the amount we have paid you. The amount available for future claims is the fixed percentage of the amount remaining in your plan account. Your plan account, and all the covers attached to it, will end when the plan account is empty. This will happen either because multiple claims have reduced it to zero, or because we have paid a Life Cover claim for the first person covered – which means we pay the full plan account amount.

Other covers

The other covers you may have in your plan – including Income Protection Cover, Family Income Cover, Education Cover, Disability Cover, Optional Serious Illness Cover for Children and waivers of premium – are not linked to the plan account. For more about these, see the 'How do the benefits work' section.

Can I take the plan out with someone else?

You can take out a VitalityLife plan jointly with someone else. This is called a joint life plan.

If you have chosen a joint life first death plan the person you take your plan out with can choose their own covers and cover amounts, but they will share your plan account. Your plan will stop when one of you dies.

If you have chosen a joint life second death plan the other person must have the same Life Cover amount. Your plan will stop after both of you have died.

For more about the plan account, see provision A1 in the plan provisions.

Is the amount of cover fixed forever?

You can choose for your cover to stay level if you want. Or you can choose for it to increase or decrease.

Level cover

If you choose for your cover to stay level it means that your sum assured is designed to stay the same over the life of your plan. It will only change because of action you take, such as you making a claim or changing a cover.

If you choose for your cover to stay level, inflation may affect its relative value in the future. We recommend that you review your level of cover from time to time to make sure it continues to meet your needs. You may want a financial adviser's help with this. They may charge you for any advice.

Indexed cover

If you choose indexed cover, your cover will increase annually on each plan anniversary, in line with the Retail Prices Index (RPI) rounded to the next 0.25%. Each increase is limited to a minimum of 0% and a maximum of 10%.

If your cover lasts for the whole of your life then the increases will be applied automatically until the plan anniversary immediately before your 80th birthday. (If your plan is a joint life plan this will be based on the younger of the two people covered.) At this point we will write to you and ask you to confirm whether you want your cover to continue to be indexed. If you do not tell us that you want your cover to be indexed we will automatically change it to level cover.

Decreasing cover

If you choose decreasing cover, your cover will decrease over the life of your plan. It decreases in the same way that the outstanding capital on a repayment mortgage would if the mortgage had a 10% annual equivalent interest rate.

Protecting your cover amount

You can also choose to protect the amount of cover you set up using either the Minimum Protected Account option, or Protected Life Cover.

If you make a successful claim under Serious Illness Cover, the Minimum Protected Account option tops up your plan account to the minimum level.

It does this without any new underwriting, and without your premiums increasing. For more about the Minimum Protected Account option, see 'How does the Minimum Protected Account option work?' or provision C11 in the plan provisions.

Protected Life Cover means that your Life Cover will not reduce if you claim under Serious Illness Cover. However your Serious Illness Cover will still be affected by these claims. For more about Protected Life Cover, see 'How does Protected Life Cover work?' or provision C12 in the plan provisions.

How much do I pay for my plan?

By now you should have received a quote which shows you what your premiums will be, based on your personal circumstances and requirements.

The minimum monthly premium we allow is £10. The minimum annual premium is £120.

How do you work out my premiums?

When you take out your plan, we work out your premiums based certain factors. Examples of these factors are:

- The types of cover you choose
- The amount of cover you choose
- The term you choose for your cover
- Your age
- Your health and medical history
- Your occupation
- Whether you participate in any dangerous activities
- Any lifestyle habits that could affect how likely you are to claim - including smoking

We'll consider these same factors whenever you ask to change your cover.

How do I pay my premiums?

You pay your plan premiums either monthly or annually, in advance. Your selected payment frequency is shown in your Plan Schedule. If you have selected monthly, your plan premiums will be paid for by direct debit. If you have selected annually, the plan premium will be paid for by either direct debit, Electronic Fund Transfer (EFT) or Telegraphic Transfers (TT).

What happens if I stop paying my premiums?

If you stop paying your premiums, your cover will also stop. Because premium rates increase with age, it is very likely that your cover will be more expensive if you start it again. Plus we may need to underwrite your request.

Your plan does not have any cash value, so you won't get anything back if you stop paying your premiums. We recommend you seek financial advice if you are considering stopping your policy.

Will my premiums change over time?

Your premiums may change over time, depending on:

- What type of premium you choose - either guaranteed or reviewable
- Whether you make any changes to your cover
- Whether your premiums are indexed
- Whether you make any claims
- Your Vitality status at each plan anniversary

The types of premium you can choose

Guaranteed premiums

A guaranteed premium is one that will only change over the term of your cover as a result of choices that you make. These choices include changing your cover amount or term, or having indexed cover. Your premiums may also change at each plan anniversary depending on your Vitality status.

Reviewable premiums

If you have reviewable premiums, we will review them periodically and potentially change them. When we review your premiums, we look at them in terms of emerging claims experience. We do not look at your individual circumstances such as your health.

If you have Disability Cover or Optional Serious Illness Cover for Children, this will have the same type of premium as you've chosen for your plan account.

Indexed premiums

If you have chosen indexed cover, the amount your sum assured can increase by is linked to the Retail Prices Index (RPI) rounded to the next 0.25% and limited to 10% each year. However your premiums will rise by RPI plus 2.5% (or RPI plus 5% after you reach age 80), to reflect your increasing age. The plan schedule we have provided indicates how your premiums may change, based on a predicted future rate of inflation.

How your Vitality Status affects your plan premiums

For more about how your Vitality Status can affect your premium see 'How Vitality rewards you for being healthy' below and provision E in the Plan Provisions. The plan schedule we have provided indicates whether your plan includes Vitality Optimiser. If your plan includes Vitality Optimiser your initial plan premium will be lower than for an equivalent plan without Vitality Optimiser and if you are younger than age 80 your premium may increase, stay the same, or decrease each year depending on your Vitality Status.

If your plan does not include Vitality Optimiser it will include Premium Discounts instead. With Premium Discounts you get the chance to reduce your premiums - without reducing your cover.

Can I make changes to my cover during the term of my plan?

The VitalityLife plan is designed to be flexible. Once you've set a plan up, you can still:

- Add or increase covers
- Remove or reduce covers
- Remove a person covered from a joint life plan
- Add a person to a single life plan
- Split a joint life plan into two single life plans
- Change the fixed term of your covers
- Remove Vitality Optimiser

If you change any of your covers, your premium will change too. The change in your premium may not be in proportion to the change you've made to your cover. This is because we may base your premium on your age at the time you make the change.

When you add or increase covers, we will usually ask for new medical evidence. However, if you have Guaranteed Insurability options, this works differently.

Guaranteed Insurability options

Guaranteed Insurability options allow you to increase certain covers when particular events happen in your life, without giving us any more information about your health. The covers you can increase are:

- Life Cover
- Serious Illness Cover
- Income Protection Cover
- Family Income Cover
- Disability Cover

We include this feature in your plan automatically as long as:

- We accepted you and any other person covered at normal rates
- We have not added any special exclusions to your plan

Any additions or increases you make to your covers using Guaranteed Insurability options will be subject to the maximum amount we allow for each cover. We will work out a new premium for your increased cover using your age and the rates that applied at the time of the increase. We will apply the terms and conditions that were in effect when you first added the cover.

Your Guaranteed Insurability options end when you reach a particular age. The age at which they expire depends on the particular option.

For more about Guaranteed Insurability options, see provision C10 in the plan provisions.

How do the benefits work?

Life Cover

If you die while you're covered, Life Cover pays a lump sum to whoever is entitled to receive the benefit. It will also pay a lump sum if you're diagnosed with a terminal illness, and your life expectancy is no more than 12 months.

If you have a joint life first death plan, your Life Cover stops after we pay a claim for the death of one of the people covered. If you have a joint life second death plan, we will pay a claim for Life Cover after both people covered have died.

LifestyleCare Cover

If you have a single life plan with Life Cover that lasts for the whole of your life you can choose to add LifestyleCare Cover. This allows you to access some or all of your Life Cover if you are unable to look after yourself and you meet one of the definitions that we cover. For a full list of the conditions we cover, see Appendix 4 of the plan provisions. You can use the lump sum that we pay to you for any purpose. Any cover that isn't paid out to you as a result of a claim for LifestyleCare Cover will be paid when you die.

The amount we pay out will depend on your amount of cover and how severe your condition is. There are two severity levels - Severity Level 1 and Severity Level 2.

When we make payments under LifestyleCare Cover your remaining Life Cover and LifestyleCare Cover reduce by the amount we have paid. This works differently if you have chosen LifestyleCare Cover Protector.

There are two types of LifestyleCare Cover Protector - LifestyleCare Cover Protector (level 1) and LifestyleCare Cover Protector (level 1 and 2).

If you have chosen LifestyleCare Cover Protector (level 1) and we make a payment for a Severity Level 1 condition, the payment will not affect the amount that is available for future Life Cover or LifestyleCare Cover claims. If we pay you a claim under Severity Level 2, LifestyleCare Cover will be removed from your plan and the amount of your Life Cover will reduce by the amount we have paid you.

If you have chosen LifestyleCare Cover Protector (level 1 and 2) and we make a payment for a Severity Level 1 condition, the payment will not affect the amount that is available for future Life Cover or LifestyleCare Cover claims. If you meet the definition for a Severity Level 2 condition and you survive for at least 14 days we will pay your remaining LifestyleCare Cover amount. LifestyleCare Cover will be removed from your plan. The amount of your Life Cover will not reduce.

For more about Life Cover and LifestyleCare Cover, see provision B1 in the plan provisions.

Serious Illness Cover

Serious Illness Cover pays a lump sum if you are diagnosed with an illness or condition that we cover and that meets our definition of that condition. Serious Illness Cover is designed to cover a wide range of illnesses and related procedures which are severe enough to impact your lifestyle and health. Examples of the types of serious illnesses and related procedures which are covered are Cancer, Stroke and Heart Attack. Serious Illness cover may not cover minor illnesses or injuries. Examples of illnesses/conditions not covered are Influenza, broken bones, sprains or muscle injuries. For a full list of the illnesses and conditions we cover, see Appendix 1 of the plan provisions.

Our Serious Illness Cover pays out based on a scale, from 5% (Severity G) for the lowest severity level of a condition, to 100% (Severity A) for the highest. So the more severe your condition - and the bigger impact it has on your life - the larger the payment you'll get. We offer a choice of levels of serious illness cover. If you choose Primary Cover cover you are covered for Severity levels A, B, C and D. If you choose Comprehensive Cover you are covered for Severity levels A, B, C, D, E, F and G. For more about this see provision B2.3 in the plan provisions.

If you select Serious Illness Cover Booster, for certain serious illness conditions, the payment you'll get may be increased. The increase in the payment will depend on the the serious illness condition you are claiming for, your age at the time you claim and the number of dependent children covered under

Optional Serious Illness Cover for Children or Education Cover. For more about this see provision B2 in the plan provisions.

You can get more than one payment from your Serious Illness Cover. If you claim more than once, we will classify the subsequent claim as either a progressive or an unrelated claim. How we classify your claim will affect how much we pay you. For more about this, see provision B2.7 in the plan provisions.

VitalityLife Serious Illness Cover works differently to Critical Illness Cover. The payment you will get if you are diagnosed with one of the conditions that we cover may be more than, the same as or less than you would receive from a policy with Critical Illness Cover. For example the amount we pay for a claim for cancer, heart attack or stroke may be the same as or less than you would receive from a policy with Critical Illness Cover.

When we make payments under Serious Illness Cover, the value of the plan account normally reduces by the amount we have paid. If you have the Minimum Protected Account option or Protected Life Cover, this works differently.

With the Minimum Protected Account option, your cover will be reinstated to your chosen amount after a payment. For more about this, see 'How does the Minimum Protected Account option work?' or provision C11 in the plan provisions. If you have Protected Life Cover, any benefits we pay under your Serious Illness Cover will not affect any future benefits we pay under your Life Cover. However the amount available for future Serious Illness Cover claims will reduce. See provision B2.8 in the plan provisions. For more about Protected Life Cover, see 'How does Protected Life Cover work?' or provision C12 in the plan provisions.

We won't pay out under Serious Illness Cover if you do not survive for at least 14 days after the date of the lifechanging event which caused you to claim. Your claim also needs to meet other criteria. For more about these, see provision B2 in the plan provisions.

Core Serious Illness Cover for Children

If you choose Serious Illness Cover, we automatically give you Core Serious Illness Cover for Children. We provide this for each of your children. That means we'll pay you a lump sum if your child suffers from a serious illness that we cover. You don't pay anything extra for this cover.

We define a child as a person who:

- Is at least one month old
- Has not reached the first plan anniversary after their 18th birthday (or the plan anniversary immediately following their 23rd birthday if they are in full-time education)
- Is the natural child, adopted child or step-child of one of the adults covered
- Is looked after by, or is financially dependent on, one of the adults covered

The amount of the cover is 50% of your chosen Serious Illness Cover amount, up to a maximum of £25,000 per child. The amount that we pay in the event of a claim will depend on how severe your child's condition is. The number of conditions your child is covered for will depend on whether you have Primary or Comprehensive Serious Illness Cover.

As with Serious Illness Cover, we won't pay out under Core Serious Illness Cover for Children if the child does not survive for at least 14 days after the date of the life-changing event which caused the claim.

Core Serious Illness Cover for Children does not cover any medical conditions that existed before any one of the following:

- The plan's start date
- The child reaching the age of one month
- If your child is adopted, their legal adoption

This exclusion applies regardless of whether or not the illness or condition had been diagnosed, or the child was showing symptoms.

For more about Core Serious Illness Cover for Children, see provision C1 in the plan provisions.

Optional Serious Illness Cover for Children

Optional Serious Illness Cover for Children also pays a lump sum if your child suffers from a serious illness that we cover. It can provide a higher level of cover than Core Serious Illness Cover for Children.

You can have up to £100,000 of Optional Serious Illness Cover for Children for each child that you have asked us to cover. We will calculate the premium for each child's cover separately.

You do not have to have Serious Illness Cover to have this cover. When we make payments under this cover, the amount of cover remaining for the child who you claimed for reduces by the amount we have paid.

As with Serious Illness Cover, we won't pay out under Optional Serious Illness Cover for Children if the child does not survive for at least 14 days after the date of the life-changing event which caused the claim.

Optional Serious Illness Cover for Children does not cover any pre-existing medical conditions that existed before any one of the following:

- The plan's start date
- The child reaching the age of one month
- If your child is adopted, their legal adoption

This exclusion applies regardless of whether or not the illness or condition had been diagnosed, or the child was showing symptoms.

For more about Optional Serious Illness Cover for Children, see provision C2 in the plan provisions.

Family Income Cover

Family Income Cover pays a regular monthly benefit rather than a lump sum to whoever is entitled to receive the benefit if you:

- Die
 - Are diagnosed with a terminal illness, and your life expectancy is no more than 12 months.
 - Are diagnosed with an illness or condition that we cover and that meets our definition of that condition and you have chosen to include Serious Illness Cover in your Family Income Cover.
- For a full list of the illnesses and conditions we cover, see Appendix 1 of the plan provisions

If you are diagnosed with a serious illness and are eligible for a payout, the length of time that we will pay the regular monthly benefit is based on a scale. The scale ranges from severity G for the lowest severity level of a condition, to severity A for the highest. The more severe your condition – and the bigger impact it has on your life – the longer we will pay the regular monthly benefit.

If you claim for Family Income Cover the regular monthly benefit will be paid for a minimum period. You choose this period – it can be up to 10 years. If the minimum period ends before the date of expiry of your Family

Income Cover and you are still eligible to receive a benefit we will continue to pay the regular monthly benefit.

We also provide other benefits as part of our Family Income Cover. For example, if you die we will pay a lump sum of up to £2,000 towards the cost of your funeral.

If you die or are diagnosed with a severity A serious illness (and have chosen to include Serious Illness Cover in your Comprehensive Family Income Cover) we will pay an additional benefit in the first 12 months of the claim. The additional amount will be paid towards the cost of your regular monthly outgoings up to a maximum amount.

For more about Family Income Cover, see provision C5 in the plan provisions.

Education Cover

Education Cover is designed to provide a regular benefit to help your children continue with their education if you die or are seriously ill.

The amount of the benefit will depend on how many children you have asked us to provide this benefit for. It will also depend on whether your children attend a state school or a private school.

We also provide some other benefits as part of our Education Cover. For example, if your child is diagnosed with an illness or condition that we cover and that meets our definition of that condition we will pay a lump sum of up to £5,000.

For more about Education Cover, see provision C6 in the plan provisions.

Disability Cover

Disability Cover pays one or more lump sums if you become disabled because of an accident or illness. It covers a wide range of conditions and procedures. For more about what it covers, see provision C3 of the plan provisions.

You can be covered for four different categories of disability, from temporary disability that stops you working in the short term, to severe disability that affects you for the rest of your life. For more about these categories, see provision C3.2 in the plan provisions.

If you are also covered by other policies issued by us, the overall maximum amount that we will ever pay in respect of a person covered for Disability Cover for Business, Serious Illness Cover, Disability Cover, Family Income Cover payable on diagnosis of a serious illness and Education Cover payable on diagnosis of a Severity A serious illness is £3,000,000. This overall maximum amount is increased to £4,000,000 if your plan includes Serious Illness Cover Booster.

There are other exclusions and provisions that apply to Disability Cover. For more about these limitations, see provision D5.6 in the plan provisions.

Income Protection Cover

If you become ill or injured so that you can't work and you lose your working income, Income Protection Cover pays you a monthly tax-free income until you're well enough to go back to work.

When you take out Income Protection Cover you choose whether you want us to pay you an income for a maximum of 24 months or until the end of your term.

You decide how much Income Protection Cover you need when you take out your plan, based on your salary at the time. The amount you receive if you claim will also be affected by any other sources of income you have at that time.

When you take out Income Protection Cover, you choose a deferred period. This is the amount of time that will pass between you stopping work and us starting your Income Protection payments. You can find more information on your deferred period in section B3.1 of your Plan Provisions.

We use three definitions to assess your incapacity:

A '**standard**' definition means that illness or injury makes you unable to perform the duties that are normally needed to do your own occupation, and that cannot reasonably be changed. To meet this definition, you must also not be working in any other occupation for payment or profit.

An '**activities of daily living**' definition means that we assess your incapacity according to a specific set of everyday physical activities. These are designed to show how able someone is to look after themselves.

A '**special**' definition means that:

- For the first 12 months, we will pay you the full monthly benefit if you meet the standard definition, as above
- After 12 months, we will assess you again. At this point we will either continue to pay you the full monthly benefit, or reduce the amount we pay you to 50% of the benefit. This will depend on how severe your incapacity is when we assess you

We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about Income Protection Cover, see provision B3 in the plan provisions.

Premium waivers

A waiver of premium means that you do not have to pay plan premiums when the conditions for the waiver are met. There are three types of waiver of premium available under your plan:

Type of waiver:	When we will waive your premiums:
Waiver of Premium on Incapacity	If you become incapacitated, and your incapacity meets one of our definitions. We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about this, see provision C7 in the plan provisions..
Waiver of Premium on Serious Illness	If you get a serious illness that we class as severity A. You do not need to have Serious Illness Cover to get this waiver. For more about this, see provision C8 in the plan provisions.
Waiver of Premium on Death	If the person covered by the waiver dies or is diagnosed with a terminal illness , with a life expectancy of no more than 12 months.. This waiver is only available if you have a joint life plan. For more about this, see provision C9 in the plan provisions.

You will pay an extra premium for any waivers of premium you have.

If you claim under your plan, you may be able to use benefits you receive under other covers, such as Serious Illness Cover, Disability Cover and Income Protection Cover to pay your premiums. This means that you may not need to add any premium waivers to your plan.

Are there any other covers in my plan?

Immediate Cover

If you have applied for Life Cover but we are still assessing your application, we automatically give you some limited Life Cover. This is called Immediate Cover. It is equal to the amount of Life Cover you applied for, up to a maximum of £500,000. It does not pay out for terminal illnesses. For more about this, see provision B1.4 in the plan provisions.

Immediate Cover is only available for new plans. It is free of charge.

Mortgage Free Cover

Mortgage Free Cover is temporary Life Cover or Serious Illness Cover or both. It covers you in the time between us giving you an acceptance letter, and the start of your mortgage or plan - whichever starts earlier. It is also only available for new plans.

Mortgage Free Cover covers you for a maximum of three months. You can only get this cover if you are younger than 50 when we issue your acceptance letter, and if we accept you at ordinary rates and with no exclusions.

For more about Mortgage Free Cover, see provision C4 in the plan provisions.

How does the Minimum Protected Account option work?

If you make a successful claim under Serious Illness Cover, your plan account will reduce by the amount of the benefit we have paid. Normally, the amount available for future claims is the amount left in your plan account.

If you have the Minimum Protected Account option, we will top up your plan account after any claim that takes it below a particular minimum level. You choose this minimum level when you add this option to your plan. The amount you choose to protect must be between 25% and 100% of the value of your plan account at that time.

You can add the Minimum Protected Account option for your plan at any time, however we may underwrite your request. For more about the Minimum Protected Account option, see provision C11 in the plan provisions.

How does Protected Life Cover work?

If you have Serious Illness Cover as well as Life Cover, you have the option to include Protected Life Cover in your plan.

Normally, your Life Cover will reduce if you claim under Serious Illness Cover. With Protected Life Cover, your Life Cover would be unaffected by these claims. However the amount available for future claims under Serious Illness Cover will reduce. See provision B2.8 in the plan provisions.

You can add Protected Life Cover to your plan at any time, however we may underwrite your request.

For more about Protected Life Cover, see provision C12 in the plan provisions.

How Vitality rewards you for being healthy

The healthy living programme helps the person covered improve their health - and saves you money at the same time. It encourages them to be healthy by offering discounts with a range of health partners. They start on Bronze status. By taking steps to look after their health, they can increase their status to Silver, Gold or even Platinum. The higher their status the greater the discounts and rewards.

You can take out Vitality Plus or Vitality Optimiser at your plan's start date, or within three months of your plan's start date. Outside of this period, you cannot add Vitality Optimiser, and Vitality Plus can only be added at each anniversary of the plan.. You are only eligible for Vitality Optimiser under this plan if you also have Vitality Plus. If you cancel Vitality Plus, we will remove Vitality Optimiser from your plan. If Vitality Optimiser is removed, your premiums will change.

If you remove Vitality Optimiser from your Plan, your Vitality Plus will remain in place, unless you cancel it separately.

Some Vitality rewards and benefits are only available to those who are over the age of 18. For more information about Vitality Plus, please see your separate terms and conditions for the healthy living programme.

The Vitality commitment

The healthy living programme gives you access to discounts and rewards for the duration of your plan. Because your plan could last many years, the discounts and rewards offered to you may need to be revised from time to time.

As new opportunities and technologies emerge, the way Vitality rewards you for being healthy will naturally change over time. The discounts and rewards Vitality offers depend on relationships with third party providers and the range of services these providers offer.

Please refer to the separate terms and conditions for more information on the healthy living programme. This includes changes to the way we award Vitality points, the eligible activities, incentives and partners we offer, and how your Vitality status could change as a result. If you're not satisfied with the changes we make, you may cancel your plan.

How do I make a claim?

Telling us about a claim

If a claim needs to be made under your cover, we need you to tell us as soon as possible.

You can call us on: **0345 601 0072**

Or you can write to us at:
VitalityLife, Stirling FK9 4UE

What we need before we can settle a claim

We may need you or your representative to send your plan schedule back to us. Please make sure this is easily accessible.

For some claims, we may need to assess your incapacity using a set of functional activity tests.

For each type of cover, we describe what we need before we can settle a claim in the individual cover sections of the plan provisions.

For the purposes of complying with our Anti-Money Laundering obligations, we may require a claim recipient to give us satisfactory proof of their identity.

Who will you pay the benefit to?

We will pay any benefits to the person legally entitled to receive them.

Any cash sum we pay out under your plan will be free of personal income tax and capital gains tax. However, this may change if tax rules change.

If the cash sum forms part of your estate, it may not be free of inheritance tax. If you would like to put your plan in trust, you should talk to a solicitor.

Are there any significant exclusions I should be aware of?

You can find full details of all the exclusions in the plan provisions. Here are some that we would like to draw your attention to:

We won't pay a claim for Life Cover, Family Income Cover or Education Cover if one of the persons covered dies as a result of suicide within 12 months of:

- The start date of the Life Cover, Family Income Cover or Education Cover
- The date you added that person to the plan
- The date the plan was re-instated if it has been suspended because your premiums were not paid

If the illness, condition or procedure you are claiming for is a direct or indirect consequence of an excluded condition, then we won't pay any benefit under:

- Serious Illness Cover

- Serious Illness Cover
- Core Serious Illness Cover for Children
- Optional Serious Illness Cover for Children
- Family Income Cover
- Education Cover
- Disability Cover
- Income Protection Cover
- Waiver of Premium on Serious Illness
- Waiver of Premium on Incapacity
- Mortgage Free Cover
- LifestyleCare Cover

This applies for conditions that are excluded from the definitions of named conditions, as well as for any conditions that we excluded from your cover at the start of your plan.

We won't pay a benefit for any of the covers listed above if the claim arises, either directly or indirectly, because you unreasonably do not seek or follow medical advice. Serious Illness Cover is designed to cover a wide range of illnesses and related procedures which are severe enough to impact your lifestyle and health. Examples of the types of serious illnesses and related procedures which are covered are Cancer, Stroke and Heart Attack. Serious Illness cover may not cover minor illnesses or injuries. Examples of illnesses/conditions not covered are Influenza, broken bones, sprains or muscle injuries.

We also won't pay benefits under any cover if the claim arises, either directly or indirectly, from an accident which occurred while you were performing your own occupation, but only if we told you that we have excluded this occupation from your cover.

We won't pay any benefit under:

- Category C Disability Cover
- Waiver of Premium on Incapacity

If the person making the claim is permanently based outside the UK or permitted countries.

If the person making the claim is temporarily based outside the UK or permitted countries, we'll only:

- Pay a maximum of three consecutive benefit payments for Disability Cover
- Waive a maximum of 12 months' premiums for Waiver of Premium on Incapacity

For more about exclusions to your cover, see provision D5.6 in the plan provisions.

Impact on means tested benefits

Payments of benefits from this plan, including LifestyleCare Cover may affect your entitlement to receive means tested benefits from the government or your local authority. We recommend that you seek professional advice if you are concerned about this.

Can I cancel my plan if I change my mind?

You can cancel your plan at any time.

If you cancel it within 30 days of receiving your plan details, we'll refund your premiums, as long as you haven't made a claim.

To do this, you need to write to us at:

VitalityLife
Stirling
FK9 4UE

You can call us on: **0345 601 0072**

If you cancel your plan after 30 days, we won't refund your premiums and there is no cash-in value. You can either contact us to cancel it, or just cancel your direct debit.

Other Information

How to make a complaint

Our commitment to you

We understand that sometimes things can go wrong. You are important to us, so if you have reason to complain we want to know. We will try to resolve your complaint quickly in a professional and helpful way.

How to contact us

You can contact us by letter, phone or email. It will help if you give your name, address and plan number. Either send us a secure message via our Member Zone, or call us on the number shown on your certificate of insurance.

Or you can write to us at:

VitalityLife Customer Services, Stirling, FK9 4UE

How we will deal with your complaint

The time it takes to resolve your complaint will depend on how complex it is and how much investigation we have to do. We will always try to resolve your complaint as quickly as possible, keeping you informed of our progress.

We will:

- Acknowledge your complaint promptly
- Tell you who is dealing with your complaint so contacting us is easier. This person will be a trained complaint handler not directly involved with your case before the complaint
- Fully investigate your complaint and send you a detailed report about our findings. We will clearly explain the reasons behind our decision and what action we will take to put things right, if appropriate
- Update you every four weeks if the investigation is not complete and explain the reason for the delay

What to do if you are still not happy with the outcome

We want to resolve complaints to your satisfaction whenever possible. If we cannot reach agreement with you, you can refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service is an impartial adjudicator and provides a free, independent service for resolving disputes with financial services firms. If you are going to ask the Financial Ombudsman to review your case, you should do so within six months of our giving you our final decision on your complaint. You can contact the Financial Ombudsman in the following ways:

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

Enquiry line: 0800 023 4567 | **Fax number:** 020 7964 1001

Website: www.financial-ombudsman.org.uk | **Email:** complaint.info@financial-ombudsman.org.uk

If you contact the Financial Ombudsman Service, this does not affect your right to take legal action if you are dissatisfied with and do not accept the outcome of the review.

Making a full disclosure

When you take out your plan, you have a responsibility to give us the information we ask for. That's because we rely on this information to assess your risk and work out your premiums. If any of the information you give us is incomplete, incorrect or untrue, it's likely that we'll reduce the value of any claims you make. In some circumstances we may not pay your claim at all. We may also cancel your plan altogether. So, if you realise that you haven't made a full disclosure to us, please let us know as soon as you can. Then we can help you to get a valid insurance contract back in place.

Compensation

We are covered by the Financial Services Compensation Scheme. This means that you may be entitled to financial help up to 90% of the value of your loss if we cannot meet our obligations.

For more information about the Financial Services Compensation Scheme, please contact them by email: enquiries@fscs.org.uk or by phone: 0800 678 1100.

VitalityLife is a trading name of Vitality Corporate Services Limited. Vitality Life Limited (registration number 03319079) is the insurer that underwrites the VitalityLife plan. Vitality Corporate Services Limited (registration number 05933141) arranges and administers VitalityLife plans.

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Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Vitality Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Calls may be recorded/monitored to help improve customer service.

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