PLAN & PROTECT
BODY COVER

POLICY SUMMARY
THIS POLICY SUMMARY WILL HELP YOU DECIDE IF PLAN & PROTECT BODY COVER IS RIGHT FOR YOU. IT DOESN’T GIVE YOU THE FULL DETAILS OF THE POLICY, YOU CAN FIND THESE IN THE TERMS AND CONDITIONS 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.

PLAN & PROTECT BODY COVER IS AVAILABLE FROM SCOTTISH WIDOWS LIMITED, PART OF LLOYDS BANKING GROUP.
WHAT IS PLAN & PROTECT BODY COVER?

Plan & Protect Body Cover is a critical illness insurance policy that you take out for a period of time you choose.

It will pay out a cash lump sum if you are diagnosed with one of the illnesses we cover before the policy’s end date. Please see page 4 for this information.

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 early help payment, the policy will continue. See the Cancer definition on page 4 for more details.

If a claim isn’t made before the policy’s end date, 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 and aged between 18 and 59. The shortest time you can set up a policy for is five years. Your policy must end before you reach age 70.

You can apply for up to £500,000 of Body Cover online. However, you can’t have more than £500,000 of Body Cover across all Plan & Protect policies.

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.

Once your policy has started you can’t make any changes to your cover.

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.

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 the policy
• if you smoke
• the amount you want to be covered for
• how long you want the policy to last
• your answers to the application questions.

What you pay each month includes all charges and will never change.

There will never be anything else to pay us for the cover you choose.

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

Level cover

The policy is a level cover policy. This means the amount of cover you choose stays the same until the policy ends.

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 the application process honestly and completely. We could also cancel your policy. If we cancel the policy, we may not refund your payments.

We may not pay a claim if we don’t receive all the information we ask for at the time of the claim. We may also not pay a claim if we believe your illness isn’t one of those we cover.

If you die within seven days of an illness first being diagnosed, we won’t pay any claim.

If you miss three months’ payments, we’ll cancel the cover three calendar months from the date of the first missed payment. We won’t refund any payments you’ve made.

WILL MONEY FROM A CLAIM BE TAXED?

Under current tax rules there will be no tax to pay on any cash amount paid out. However, inheritance tax may be payable if it forms part of your estate. If you’re worried about inheritance tax, we recommend that you speak to a solicitor.

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

Please remember that tax rules can change.
THE ILLNESSES WE COVER

The list of illnesses we cover is set out below. These headings are only a guide. The Terms and Conditions booklet gives full details of the illnesses we cover and when you can claim. We only cover the illnesses described in the booklet.

If you are unsure if your illness is covered you should show these medical definitions to your doctor who will be able to help.

Organs
- Kidney failure requiring dialysis
- Transplant:
  - Heart
  - Kidney
  - Liver
  - Lung
  - Bone Marrow
  - Pancreas

Brain and Neurological System
- Stroke
- Brain Tumour
- Traumatic Head Injury
- Encephalitis
- Bacterial Meningitis
- Dementia
- Multiple Sclerosis (MS)
- Motor Neurone Disease (MND)
- Parkinson’s Disease
- Atypical Parkinsonism / Parkinson Plus Syndrome
- Creutzfeldt-Jakob Disease (CJD)
- Devic’s Disease

Cancer
- Invasive cancer
- For some less severe, early stage cancers, we will make an early help payment of £5,000 if you:
  - Undergo surgery for early stage cancer
  - Receive treatment for low grade prostate cancer
  - Develop early stage malignant melanoma

You can claim for the early help payment more than once for any other unrelated early stage cancer.

If you’ve got more than one Plan & Protect policy, we’ll only pay one early help payment across all of your policies.

Your full cover continues unchanged and you can go on to make a full claim for any of the illnesses we cover.

Heart
- Heart Attack
- Heart Surgery:
  - Coronary artery bypass surgery
  - Heart valve replacement or repair
  - Open heart surgery
  - Aorta graft surgery
  - Inserting a defibrillator after cardiac arrest

Limbs
- Paralysis of an arm or leg
- Amputation or severance of hand or foot
HOW CAN I CONTACT YOU OR MAKE A CLAIM?

If you have any questions about your policy please call us on:

0345 608 0378

If you need to make a claim, please call:

0345 601 4839

We are open from 9am to 5pm, Monday to Friday. Calls may be recorded to help us improve our service.

You can also make a claim using the online claim form on our website.

or write to us at:

SCOTTISH WIDOWS LTD, PO BOX 24171,
69 MORRISON STREET, EDINBURGH EH3 1HL

Please ask us if you’d like this policy summary in large print, braille or audio.
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 608 0378 or write to us at the address on page 5.
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

FINANCIAL SERVICES COMPENSATION SCHEME (FSCS)
Your policy 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 policy 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

SCOTTISH WIDOWS’ FINANCIAL STRENGTH
We do 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-2-returns.html

LAW THAT APPLIES TO THIS POLICY
Your policy 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 printed it. If there are changes to tax rules or other laws then this may affect your policy.

HOW CAN I FIND OUT MORE ABOUT CRITICAL ILLNESS COVER?
The Association of British Insurers (ABI) has 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.