



Key Features of the mortgage and family protection plans

This is an **important document** which you should keep in a safe place.

AA Life Insurance is provided by Legal & General

Using this document

Introducing AA Life Insurance

AA Life Insurance is provided by Legal & General. Under the agreement, the AA introduces its customers to Legal & General's Life Insurance products. Legal & General provide the product and any services related to it.

Unless otherwise indicated, all references to '**us**', '**our**' and '**we**' in this Key Features document indicate Legal & General.

What are key features?

The Financial Conduct Authority is the independent financial services regulator. It requires us, Legal & General, to give you this important information to help you decide whether our Mortgage and Family Protection Plans are right for you. You should read this document carefully so that you understand what you are buying, and then keep it in a safe place for future reference.

Before you start reading

In this Key Features document we've tried to give you all the information about our products in a clear and straightforward language. Where we've had to use technical terms we've highlighted them in ***bold and italics***, and given a full explanation in our glossary on page 19.

Other documents

It's a good idea to read this document alongside your quote or ***Policy Schedule***. If you need more detailed information about how the plans work, you can ask us for a copy of the ***Policy Terms and Conditions*** of the plan. We'll be happy to talk through any questions you might have.

About us

The Legal & General Group, established in 1836, is one of the UK's leading financial services companies. As at 31st December 2013, we were responsible for investing £452 billion worldwide on behalf of investors, policyholders and shareholders. We also had over 7.9 million customers in the UK for our life assurance, pensions, investments and general insurance plans.

Legal & General is one of the biggest providers of index-tracking investments in the UK, managing £269 billion as at 31 December 2013.

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An overview of our protection plans

Its aims

Our Mortgage and Family Protection Plans have some very specific aims. They're designed to help protect against the financial impact of death, terminal illness or critical illness (if chosen) by paying a cash lump sum for your family (Family Protection Plan) or to help you pay off your mortgage (Mortgage Protection Plan). It's really important that you understand how they work and whether they are right for you.

With both the Family Protection Plan and the Mortgage Protection Plan you can choose:

- **Life Cover** – which pays out a cash lump sum if you die during the length of the plan, or are diagnosed with a terminal illness where you're not expected to live for more than 12 months; or
- **Life and Critical Illness Cover** – which pays out a cash lump sum if you die during the length of the plan, or are diagnosed with a terminal illness or critical illness that meets our definition. We only cover specific illnesses which are listed under 'What is Critical Illness Cover' on page 11.

If you are diagnosed with a condition that isn't on the list or doesn't meet our definition, then we won't pay out.

Your commitment

You need to make some very specific commitments for the plan to work properly. Please:

- Keep paying your premiums for the length of the plan. You can pay them monthly or annually by direct debit. If you stop paying, your cover will stop 30 days after your last payment was due.
- Answer any questions we ask you when you apply fully, honestly and accurately. If you're not sure about anything please ask us for help. If you don't provide full, honest and accurate information when we set up your plan or when a claim is made, it might not pay out, or only pay out in part.
- Tell us if there are any changes to the information you gave us in your application before your plan starts. For example, if your health changes, you change jobs, or you take up a potentially risky new sport. You need to let us know to make sure that your cover isn't affected.

Risks

There are some risks you need to understand about your plan.

Your plan will not pay out, or might not pay out in full, if:

- You don't give us full, honest and accurate information when we're setting up your plan.
- You reach the end of your plan without making a **valid claim**.
- You cancel your plan after the 30 day cancellation period, or stop paying your premiums at any time, in which case your cover will end and you won't get any money back.

There are also other circumstances when the plan won't pay out. See page 15 for more details.

The cost of your plan might rise, making it more expensive than you're willing or able to pay, if:

- You change your plan. For example, increasing the amount you're covered for, or extending the plan so it lasts longer, will make your premiums go up.

For mortgage protection, your plan might pay out the full amount, but not completely pay off your outstanding mortgage, if:

- You change the type of mortgage you have, the amount you've borrowed, or the length of your mortgage, and you don't adjust your cover to match your new arrangements.
- The interest rate on your mortgage becomes higher than the rate applied to your decreasing cover (if chosen). You can find the interest rate for your cover in your Personal Illustration and your **Policy Schedule**. See page 8 for more information on decreasing cover.

Questions and answers

This section answers some important questions about the Mortgage and Family Protection Plans. It will give you a better idea of how they work, the options and benefits available to you and what to expect if you make a claim.

How do the plans work?

What types of cover are available?

- **Life Cover**, which pays out a cash lump sum when the person covered by the plan dies during the length of the plan, or is diagnosed with a terminal illness, and has a **valid claim**.
- **Life and Critical Illness Cover**, which pay out a cash lump sum when the person covered by the plan dies during the length of the plan, or is diagnosed with a terminal illness or one of the critical illnesses we cover and has a **valid claim**.

For joint life plans, we will pay out when the first person covered by the plan dies during the length of the plan, or is diagnosed with a terminal illness, or a critical illness (if this has been chosen) and has a **valid claim**.

What choices will I need to make?

You can choose how you want the cash lump sum paid out to work for you:

For Family Protection:

- The cash lump sum stays the same for the length of your plan (level pay out).

For Mortgage Protection:

- You can ask for the cash lump sum to stay the same for the length of your plan (level pay out), or
- You can decide that you want the cash lump sum to decrease regularly during the length of your plan roughly in line with the way your repayment mortgage decreases (decreasing pay out).

See page 8 for more details on the difference between level and decreasing pay outs. The plan will only pay out in full once. After this happens, your plan will end and you'll no longer have any cover.

You will also need to decide:

- How much your plan will pay out, and for Life Cover, who it will pay out to.
- When you want your plan to start, and how long it lasts for. The table opposite shows you how long each kind of plan can last for, and when it has to end by.
- Whether you want your plan to cover one or two people (joint cover). One of these people might be you, but it doesn't have to be.

Mortgage and Family Protection plans	Maximum age for buying a plan	Minimum length	Maximum length	Plan ends before age
Level Life Cover	77 years	1 year*	40 years	80
Decreasing Life Cover	74 years	5 years	40 years	80
Level Life and Critical Illness Cover with guaranteed premiums	67 years	2 years	40 years	70
Decreasing Life and Critical Illness Cover with guaranteed premiums	64 years	5 years	40 years	70

*Please note: Terminal Illness Cover doesn't apply during the last 12 months of the plan or for plans of less than two years.

How do the plans pay out?

What kind of payments do the plans make?

Final payments

- If you have Life Cover, we'll pay out a cash lump sum if the person insured dies or makes a terminal illness claim. If a terminal illness claim is made, both an attending consultant and our Medical Officer must agree that life expectancy is less than 12 months.
- If you have Life and Critical Illness Cover, we'll pay out a cash lump sum if the person insured dies, or is diagnosed with a terminal illness, or one of the critical illnesses we cover and meets our definition of the illness.
- Once we've made a final cash lump sum payment, your plan and all cover ends.

All our plans can cover two people, however, we'll only pay the cash lump sum out once. This will be when the first person dies or has a **valid claim**.

Additional Cover included with your critical illness plans.

- If your plan includes Critical Illness Cover, we'll pay 50% of your amount of cover up to a maximum of £25,000, if any natural, legally adopted or stepchildren you have become critically ill.
- We'll also pay 25% of your amount of cover up to a maximum of £25,000 in the event of a **valid claim** for ductal carcinoma in situ of the breast or low grade prostate cancer.

These payments are in addition to your main plan. Your final payment and your premiums will not be affected if we make an additional payment to you. See page 13 and 14 for more details.

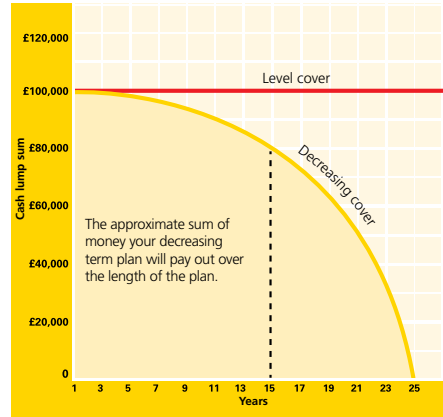
Difference between Level Cover and Decreasing Cover

For mortgage protection you can choose for your final payment to be level or decreasing.

The graph below shows the difference between how much we'll pay out for level cover and how much we pay out for decreasing cover. If we assume that £100,000 cover is chosen:

- The red line shows that we'll pay out the full £100,000 at whatever point during the plan a claim is made for fixed cover.
- The yellow line shows how decreasing cover reduces over the length of the plan roughly in line with the way a repayment mortgage reduces. So if for example a claim is made in the 15th year of the plan, because the amount of cover decreases over time, the amount paid out will be less than £100,000. This is why you should check that the interest rate applied to your Life Cover is higher than your mortgage interest rate to ensure that the amount paid out will cover the amount of your outstanding mortgage.

Please note: These figures are purely for illustrative purposes only. How your plan will decrease will be shown in your **Policy Schedule**.



You can also choose to add Critical Illness Cover to your plan at outset. This comes at an added cost. If you choose mortgage decreasing cover, any Critical Illness Cover will also be decreasing. If you choose decreasing cover, then your Terminal Illness Cover will also decrease over time.

How much does the plan cost?

If you've not yet been accepted for your cover, your quote will give you an idea of the premium you will pay. This can change as a result of **underwriting** or if we've repriced our premiums before your application is accepted. You can get a new quote by calling us or visiting us online.

If you have an existing Mortgage or Family Protection Plan, you can find out how much your cover costs in your **Policy Schedule**. The amount you pay depends on several factors.

- Your personal circumstances, for example, your age, health, job and whether or not you smoke.
- The amount, type and length of cover you choose. The premium includes all the costs of our administration, **underwriting**, claims and selling.

Who receives the payment?

- With a terminal illness claim or a critical illness claim, we'll pay the money to you. With a claim under Life Cover, we will pay the money to your estate. In some cases your dependants may need to apply for probate from a court to access the money, which can be time consuming if you haven't made a will. You can make sure that it goes straight to those you want by placing your plan in trust. Please ask us for more information.

Additional benefits included in your plan at no extra cost.

For all plans

Accidental Death Benefit during your application

If we're unable to accept your completed application straight away, we provide you with Accidental Death Benefit, which starts when we receive your application. We provide this cover free of charge and without the need for any **underwriting**. The cover lasts for 90 days or until we accept, postpone or decline your application or you tell us you don't want to take the cover out.

In the event of a claim we'll pay out only once regardless of the number of applications submitted and number of people insured. It covers you if you die within 90 days following an accident. By this we mean that you sustain a bodily injury caused by accidental, violent, external and visible means which is the sole cause of death.

The amount of cover will be the amount of cover you applied for or up to £300,000, whichever is lowest over all applications submitted. We don't provide this benefit if you have told us your application is to replace an existing plan with us, while you remain covered under the existing plan. It won't pay the benefit if the cause of death is directly or indirectly caused by any of the following:

- Self-inflicted injury, including intentionally attempting to take your own life.
- Taking part or attempting to take part in a dangerous sport or pastime.
- Taking part or attempting to take part in any aerial flight other than as a farepaying passenger on a licensed airline.
- Committing, attempting or provoking an assault or criminal offence.
- War (whether declared or not), riot or civil commotion.
- Taking alcohol or drugs (unless these drugs were prescribed by a registered doctor in the UK).
- Accidents that happened before your application.

Increasing your cover

If you're under 45 years old when your plan starts and we haven't applied a rating to it, your plan will include the guaranteed insurability option. This allows you to increase your cover without having to give us any more medical information. You can do this if:

- You get married or enter into a registered civil partnership.
- You become a parent.
- You increase your mortgage to move or make major home improvements.
- Your salary increases due to a new job or promotion.

We'll give you a new plan to cover the increased amount and your monthly premium will increase. There are certain limits on when, how and under what circumstances you can use this option. If you increase the amount you're covered for your premiums will go up.

Further details on how increasing your cover works can be found in the **Policy Terms and Conditions**. You can ask us for a copy (see back page).

Mortgage protection plans only

We include the following at no extra cost.

Free Life Cover

This benefit provides Free Life Cover if you die between the exchange of your contracts and completion of your property purchase, a cash lump sum will be paid out if a **valid claim** is made.

If you're under 55 years old when your application is accepted and we haven't applied a rating to it, you'll be covered for your proposed cash lump sum or the amount of your mortgage, up to a maximum of £300,000. If you live in Scotland, you'll be covered between completion of missives and your date of entry.

SmoothMove

If you're protecting a new mortgage and are moving house, SmoothMove can help with unexpected hitches on moving day, up to a value of £750. It also covers you for home emergency repairs, up to a value of £250, and free legal advice for up to three months after you've moved in. It's provided by Inter Partner Assistance, who are part of one of the largest international emergency assistance groups.

A separate policy summary and Policy Terms and Conditions with more information about this benefit are available. Please call us for a copy, or visit us online.

If you make a claim under Accidental Death Benefit or Free Life Cover, we'll only pay out once. This will be either under Accidental Death Benefit, the Free Life Cover or the protection plan itself.

Are there any optional benefits?

The following benefit is optional and comes at an additional cost. If required, you should choose it at the start of your plan. Your **Policy Schedule** will show you if you have this option.

Waiver of Premium

With this option you won't have to pay your premiums if you have an illness or injury that stops you from doing your normal job for more than 26 weeks. If you're not in work we'll use specified work tasks to see whether or not you have to pay premiums. You'll have to pay your premiums for the first 26 weeks, but we'll waive premiums until the first of the following events:

- the end of period of incapacity
- payment of the cash lump sum
- the policy ends

Details of how this additional option works can be found in the **Policy Terms and Conditions**. If you'd like a copy, please ask us.

Critical illnesses covered

What is Critical Illness Cover?

If you choose to add Critical Illness Cover to your Mortgage or Family Protection Plan, we cover you for specific conditions. The complete list of conditions we cover is set out below.

These headings typically use medical terms to describe the illnesses, but in some cases the cover may be limited. For example, some types of cancer are not covered and to make a claim for some illnesses, you need to have permanent symptoms.

These headings are only a guide to what is covered. You can find full definitions and what you can claim for these illnesses in our Guide to Critical Illness Cover and **Policy Terms and Conditions**.

Critical illnesses

- **Alzheimer's disease** – *resulting in permanent symptoms.*
- **Aorta graft surgery** – *requiring surgical replacement.*
- **Aplastic anaemia** – *with permanent bone marrow failure.*
- **Bacterial meningitis** – *resulting in permanent symptoms.*
- **Benign brain tumour** – *resulting in either surgical removal or permanent symptoms.*
- **Blindness** – *permanent and irreversible.*

- **Cancer** – *excluding less advanced cases.*
- **Cardiac arrest** – *with insertion of a defibrillator.*
- **Cardiomyopathy** – *of specified severity.*
- **Coma** – *resulting in permanent symptoms.*
- **Coronary artery by-pass grafts** – *with surgery to divide the breastbone or anterolateral thoracotomy.*
- **Creutzfeldt-Jakob disease (CJD)** – *resulting in permanent symptoms.*
- **Deafness** – *permanent and irreversible.*
- **Dementia** – *resulting in permanent symptoms.*
- **Encephalitis** – *resulting in permanent symptoms.*
- **Heart attack** – *of specified severity.*
- **Heart valve replacement or repair** – *with surgery.*
- **HIV infection** – *caught from a blood transfusion, physical assault or accident at work.*
- **Kidney failure** – *requiring dialysis.*
- **Liver failure** – *of advanced stage.*
- **Loss of hand or foot** – *permanent physical severance.*
- **Loss of speech** – *permanent and irreversible.*
- **Major organ transplant.**
- **Motor neurone disease** – *resulting in permanent symptoms.*
- **Multiple sclerosis** – *with current symptoms.*
- **Multiple system atrophy** – *resulting in permanent symptoms.*
- **Open heart surgery** – *with median sternotomy.*
- **Paralysis of a limb** – *total and irreversible.*
- **Parkinson's disease** – *resulting in permanent symptoms.*
- **Primary pulmonary hypertension** – *of specified severity.*
- **Progressive supranuclear palsy** – *resulting in permanent symptoms.*
- **Removal of an eyeball** – *due to injury or disease.*
- **Respiratory failure** – *of advanced stage.*
- **Stroke** – *resulting in permanent symptoms.*
- **Systemic lupus erythematosus** – *with severe complications.*
- **Third degree burns** – *covering 20% of the surface area of the body or 20% of the face or head.*
- **Total and Permanent Disability** – *of specified severity.* See 'What is Total and Permanent Disability?' on page 13.
- **Traumatic head injury** – *resulting in permanent symptoms.*

Additional cover

We pay out an additional, lower amount separate to your main plan for the following conditions. See page 13 and 14 for details.

- **Ductal carcinoma in situ of the breast** – *treated by surgery.*
- **Low grade prostate cancer** – *requiring treatment.*

What is Total and Permanent Disability?

We define Total and Permanent Disability in two different ways. The definition we apply to you will depend on what kind of job you do and if you're paid for your work. We'll pay out if, due to an illness or accident, you are unable to do your occupation ever again. If this definition doesn't apply to you, we'll ask you to perform the following **specified work tasks**: walking, climbing, lifting, bending, getting in and out of a car and writing. If you can't manage at least three of these, then your cover will pay out. You can see which definition has been applied to you in your **Policy Schedule**.

Terminal Illness Cover pays out the cash lump sum if you become terminally ill before the last 12 months of the plan and you meet our definition.

What additional benefits are available with Critical Illness Cover?

Accidental Hospitalisation Benefit

We'll pay £5,000 if you are in hospital with physical injuries for a minimum of 28 consecutive days, immediately following an accident.

Critical Illness Cover for your children

If you choose Life and Critical Illness Cover, we automatically provide additional cover for your children too. This will cover any natural, legally adopted or stepchild you have, as well as any children you may have in the future. We cover children from the age of 30 days up to their 18th birthday (or 21st if they're in full time education) during the length of the plan.

We'll pay out if a child survives for 14 days from diagnosis of one of the critical illnesses we list on pages 11 and 12, except for Total and Permanent Disability.

We also exclude any condition that was present at birth, where the symptoms arose before the child was covered or if death occurs within 14 days of diagnosis.

We'll pay out one claim per child under your plan. Once two claims have been made, children's cover will end.

The amount we'll pay will be equal to 50% of your cash lump sum or £25,000, whichever is lower. If you have more than one plan that includes Critical Illness Cover with us, and you make a valid claim under children's cover, the maximum amount we'll pay out under all plans will be £50,000 per child.

Additional benefits included with this cover are:

- Child Accident Hospitalisation Benefit – pays £5,000 if an eligible child is admitted to hospital with physical injuries for a minimum of 28 consecutive days immediately following an accident.
- Child Funeral Benefit – contributes £4,000 towards the funeral of an eligible child.
- Childcare Benefit – if we have paid a claim for critical illness under this policy, and you have a natural child, legally adopted child or stepchild under 5 years old, we will pay up to £1,000 towards childcare with a registered childminder.
- Family Accommodation Benefit – for every night an eligible child spends in hospital, in the three months immediately following diagnosis of one of the critical illnesses covered, we will pay £100 per night up to a maximum of £1,000.

These payments are in addition to your main plan. Your final payment and your premiums will not be affected if we make an additional payment to you.

Additional Cover for ductal carcinoma in situ of the breast and low grade prostate cancer

We provide additional cover where the diagnosis of ductal carcinoma in situ of the breast requires surgery, or where diagnosis of low grade prostate cancer results in treatment.

This means in the event of a valid claim, the amount we'll pay out will be equal to 25% of your cash lump sum or £25,000, whichever is lower. We'll only pay out once for each additional cover on your plan. This payment is in addition to your original cover. Your premiums and original cover will be unaffected and will still pay out in case of a terminal illness, critical illness or death.

For a full list of all the illnesses and conditions covered by your plan please see pages 11 and 12. For full details of our definition of ductal carcinoma in situ of the breast, low grade prostate cancer, accidental hospitalisation benefit, additional benefits for children's critical illness cover and the definition of all the illnesses covered by the plan, please see our Guide to Critical Illness Cover or **Policy Terms and Conditions** which are available on request.

More information on protection plans

When will my plan start?

You can choose a date on which you'd like the plan to start. If we're able to process and accept your application in time your plan will start on this date. If we need more information before we can accept your application it may take longer. In this case we'll write to you and let you know when your plan can start. We'll also ask if you still want to go ahead with the plan. If you already have existing Life Cover or Critical Illness Cover, make sure your new plan is in place before cancelling any existing plans.

What if I'm not sure if this product is suitable for me?

If you have any doubts about the plan's suitability for you, please call us. We'll only advise on our own products. For contact details please see back page.

Will my premiums ever change?

Your monthly or annual payment will stay the same throughout the length of your plan.

For all types of cover, your premium can change if you make any changes to your plan. For example, increasing or decreasing the length of your cover, or removing someone from the plan if you have joint cover, can affect your premium. We'll explain your available options so you can make an informed decision.

Can I make changes to the plan once it's started?

You can ask to:

- Reduce or increase the length of your plan.
- Change the amount you're covered for.
- Remove someone from a joint plan.

- Split a joint plan into two single plans if you get divorced, or your registered civil partnership is dissolved, or change a joint life mortgage into one name.
- Change between monthly and annual premiums.

We'll consider your request and let you know if the changes are possible. If you have a joint policy we might also need to ask any other policy owners if they're happy with the changes you want to make. Depending on the changes you want, we may need to set up a new plan for you, different terms and conditions may apply. There could be differences between your current plan and your new one. If that's the case please call us and we'll explain any differences.

Can Legal & General make changes to my Plan once it's started?

We may make changes to the **Policy Terms and Conditions** applying to your plan if there are any changes in law, regulation or taxation. If this happens, we'll notify you in writing in advance of any changes being made.

After the plan starts is there anything I need to do?

If you move house – Let us know, the plan will move with you and we'll need to update our records. You can also ask us to increase your cash lump sum to cover a larger mortgage, within certain limits. Please see page 9, 'Increasing your cover'. If you change the type of mortgage you have your cover may no longer give you the right protection.

If you move abroad – If your plan includes Critical Illness Cover or Waiver of Premium, you should check your **Policy Terms and Conditions** as your cover may be affected.

When won't the plan pay out?

- Life Cover won't pay out if the person insured intentionally takes their own life within the first year of the plan.
- Life and Critical Illness Cover won't pay out if:
 - You have an illness that we either don't cover, or that doesn't meet our definition of a critical illness. For example, we don't cover some types of cancer.
 - We won't cover children's critical illnesses if the condition was present at birth, the symptoms arose before the child was covered or if death occurs within 14 days of diagnosis. Children's cover doesn't pay out for Total and Permanent Disability.
- Terminal Illness Cover won't pay out during the last 12 months of your plan, on plans of less than two years or if the person covered dies.

Our plans won't pay out if you reach the end of the plan without having made a claim.

What might stop the plan from paying out?

Our plans might not pay out if:

- You don't give us all the information that we ask for, or give us inaccurate information. This applies to information we ask for when we're setting up your plan and when you, or your representatives, make a claim.

- You don't tell us if anything changes between filling out your application and the start of the plan. You need to let us know, to make sure that your cover is not affected.
- There are specific conditions under which the plan won't pay out. If this applies to you, we'll write to you when you're setting up your plan to let you know about any exclusions we're applying, and check that you're happy to accept them.
- Critical Illness Cover might not pay out if you (or the person insured) have been living outside the European Union, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands for more than 12 months when a claim is made.
- We might decline a Waiver of Premium claim if, when a claim is made, you have been living in a non EU country for more than three consecutive months in any 12 months.

Further information

How do I make a claim?

To make a claim, please contact us.

Post: Claims Department,
Legal & General Assurance,
Society Limited,
City Park,
The Droveaway,
East Sussex BN3 7PY

Phone: **0800 137 101*** for life claims, or **0800 068 0789*** for critical illness claims; and **0800 027 9830*** for Waiver of Premium claims.

*We may record and monitor calls. Calls are free from a landline only.

We'll give you a list of the documents we need to assess the claim. For critical illness and Waiver of Premium claims, we might ask the person covered to have a medical examination.

For joint life plans, if we pay out on the death or diagnosis of a terminal or critical illness of one of the people covered, the plan will end. We have a replacement cover option which could allow the other person covered to take out a new single life plan, ensuring they still have some protection in place.

Your cancellation rights

After we've accepted your application, we'll send you notice of your right to cancel. You can cancel up to 30 days from then by sending the notice back to us and we'll then cancel your plan and refund any premiums paid. If you cancel after 30 days, you won't get any money back. To cancel at any point, please write to us at the address below:

Life Premium Collections – Cancellations,
Legal & General Assurance,
Society Limited,
City Park,
The Droveaway,
Hove,
East Sussex BN3 7PY

How do I complain?

If you have a complaint about our service or would like a copy of our internal complaint handling procedure please call our helpdesk on **0370 010 4080**. We may record and monitor calls.

Or you can write to us at:

Complaints Department,
Legal & General Assurance,
Society Limited,
Knox Court,
10 Fitzalan Place,
Cardiff CF24 0TL

Call **0845 071 1439** We may record and monitor calls. Call charges will vary.

If you're not happy with the way we handle your complaint, you can talk to the Financial Ombudsman Service at:

South Quay Plaza,
183 Marsh Wall,
London E14 9SR

0800 023 4567 (free for people phoning from a fixed landline)

0300 123 9 123 (calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs)

www.complaint.info@financialombudsman.org.uk

www.financial-ombudsman.org.uk

Making a complaint won't affect your legal rights.

Who regulates Legal & General?

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. We are entered on their register under number 117659. You can check this at **www.fca.org.uk** or you can write to them at:

25 The North Colonnade,
Canary Wharf,
London E14 5HS.

Or call **0800 111 6768**

Your Mortgage Lender

For mortgage protection if you've assigned the plan to your mortgage lender and you fall behind with, or stop paying premiums we may have to keep the lender informed.

Law

This contract is governed by English law.

Language

We communicate in English. This covers the ***Policy Terms and Conditions***, any other documents and letters we send you and any telephone conversations we might have with you.

The Financial Services Compensation Scheme (FSCS)

The FSCS is designed to pay compensation if a firm is unable to pay claims, because it has stopped trading or been declared in default.

So, if we run into financial difficulties, you may be able to claim via the FSCS for any money you've lost. However, before looking to pay compensation, the FSCS will first see if they can arrange for your current plan to be maintained. They may arrange for your plan to be transferred to another insurer or provide a new plan. If these aren't possible, the FSCS aims to provide compensation.

Most of our customers, including most individuals and small businesses, are covered by the FSCS. Whether or not you can claim, and the amount you could claim, will depend on the specific circumstances of your claim. The FSCS will pay 90% of the value of the claim. There is no upper financial limit on the amount of the payment.

The rules of the FSCS might change in the future and the FSCS may take a different approach on their application of the above, depending on what led to the failure.

You can find out more about the FSCS, including eligibility to claim, by visiting its website **www.fscs.org.uk** or calling **0800 678 1100**.

Tax

The proceeds from this plan are free from UK income tax and capital gains tax. However, for life insurance, as we pay the proceeds after the death of an insured person, inheritance tax may be due on the benefits paid. You may be able to avoid inheritance tax by using an appropriate trust. Please contact us or ask a financial adviser for more details. The Government may change the tax position described above.

PLEASE NOTE – The document complies with the ABI Statement of Best Practice for Critical Illness Cover. It's a guide to our Mortgage and Family Protection Plans and is based on our understanding of current laws and tax rules. Further details are given in the ***Policy Schedule*** and ***Policy Terms and Conditions***. You should get expert advice about the legal and tax information in this Key Features document.

GLOSSARY

Exclusions

If we apply an **exclusion** to your plan, this means we won't cover you for a particular condition or if you take part in certain pursuits or hobbies. If you die, become disabled or incapacitated due to this condition or pastime you won't be able to make a claim.

Policy Schedule

We'll send you this document when we set your plan up. This shows what cover you have.

Policy Terms and Conditions

This document sets out all the terms and conditions that relate to the plans. You'll need to read your **Policy Schedule** alongside this document to understand exactly which terms and conditions apply to your plan.

Rating

Where we add an amount to your premium after underwriting.

Specified work tasks

If the person insured is not in gainful employment and they are unable to do three or more of the following as a direct result of an illness or injury that occurred after the plan started:

Walking – the ability to walk more than 200 metres on a level surface.

Climbing – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed.

Lifting – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.

Bending – the ability to bend or kneel to touch the floor and straighten up again.

Getting in and out of a car – the ability to get into a standard saloon car, and out again.

Writing – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

Underwriting

How we process your application. We assess any risks and decide how much your premium will be. If we think there are increased risks after looking at the details you've given us, we may give you a rating and/or apply exclusions to your plan.

Valid claim

When we're told about a claim, we'll send you or your representative a claim form to complete and return to us.

To make a valid life or critical illness claim we'll ask for supporting evidence. For us to pay out on a critical illness claim, the illness you have must be one of the illnesses covered by your plan and meet our definition of the illness. You can find the full list of illnesses we cover and our definitions in our Guide to Critical Illness Cover.

All diagnosis and medical opinions must be from a medical specialist:

- who holds an appointment as a consultant at a UK hospital; and
- whose specialism we reasonably consider is appropriate to the cause of the claim.

If a claim is made under Terminal Illness Cover, then you must be terminally ill as described below:

We'll pay a claim for Terminal Illness Cover if you are diagnosed as being terminally ill, and in the opinion of your hospital consultant and our Medical Officer, the illness is expected to lead to death within 12 months.

We're here to help

If you have any questions or if you would like more information, you can call our helpdesk.

0370 163 0657

Monday to Friday 8.30am to 6pm. Saturday 9am to 1pm.
We may record and monitor calls. Call charges will vary.

You may contact us using Text Relay. Information is also available in large print, audio and Braille on request, please call 0800 262 050 details.

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