Chesnara Life

Chesnara Life - Life and Critical Illness and Chesnara Life - Life and Critical Illness Plus

Policy Booklet

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Policy Booklet

Introduction

Important

This Policy Booklet is for:

- Chesnara Life - Life Critical Illness; and
- Chesnara Life - Life Critical Illness Plus

If You are unsure as to which of these You have chosen, this information can be found in Your Policy Schedule.

The terms and conditions of the Policy are set out in this Policy Booklet. You need to read and study them carefully. This Policy Booklet contains exclusions from cover. Please pay particular attention to the key words and phrases that are defined in the 'Critical Illness Definitions', 'Critical Illness Plus Definitions' and 'General Definitions' sections. These words have specific technical meanings and explanations for the Policy. They affect what is covered by, and what is excluded from the Policy and are capitalised in this Policy Booklet.

Premiums

Premiums for Level and Decreasing Policies are guaranteed and are payable on a monthly basis. You must pay all Premiums, if You stop paying Your Premium, benefits under the Policy may be lost.

If the Policy has an Increasing Cover option, the Premiums will increase in line with the change in the Retail Prices Index (RPI) multiplied by 1.4 subject to a maximum increase of 14% per annum.

Documents

The documents below provide evidence of Your legal entitlement to the benefits under the Policy. These are held in Your online portal for You to view, print or download. If You have requested a paper copy please do not destroy these documents. You may need to refer to these in the event of a claim under the Policy.

- The Policy Summary
- This Policy Booklet
- Policy Schedule(s)
- Any amendment, endorsement or specially agreed terms relating to the Policy
- An overview of how We collect Your information

Eligibility

You can apply if You are aged between 17 and 69 and have been resident within the UK for the past six months and intend to remain a resident in the UK. The UK does not include the Channel Islands and the Isle of Man. For a joint policy, both applicants must be within this age range.

How to make a Claim or contact Us about Your Policy

You, the executor, an appointed administrator of Your estate or the appointed trustees can make a claim:

- by calling Chesnara Life (UK) Ltd on 0333 207 5563
- by emailing **support@lifeprotectionplan.chesnaralife.co.uk** and clicking on the 'Contact Us' link
- or by writing to:
  Chesnara Life (UK) Ltd
  PO Box 1053
  St Albans
  AL1 9QG

Our lines are open 9am to 5:30pm, Monday to Friday (excluding public holidays).

To help Us continually improve Our service and in the interests of security, We may monitor and/or record Your communication with Us.

If You need to contact Us about any other aspect of Your Policy, You may do so using the contact details above.

Term Limits

The Policy can be issued naming a sole Life Insured or it can be issued naming two Lives Insured. The duration of the Policy depends on how the Policy is issued and the options are set out as follows:

- Sole Life Insured:

You can choose the number of years the Policy runs for. The only limitations are that You must take out a Policy that runs for at least five years and the Policy must end no later than Your 80th birthday.

- Two Lives Insured:

You can choose the number of years the Policy runs for. The only limitations are that You must take out a Policy that runs for at least five years and the Policy must end no later than the oldest applicant's 80th birthday.

Maximum Sum Assured Limits

The Maximum Sum Assured limits are detailed in Policy Condition 23 and depend upon Your age at the time of Your current application. If You have existing Policies, the amount of additional cover that can be purchased is the relevant Maximum Sum Assured limit, minus the total of Your Sums Assured under Your existing Policies at the time of Your application.

Policy Conditions

1. Death Benefit

If You die during the term of the Policy, then the Death Benefit shall become payable. The Death Benefit will be equal to the Sum Assured.

- For Level Cover the Sum Assured will be the same throughout the Policy term
- For Decreasing Cover, the Sum Assured will decrease monthly. This cover is designed to reduce on a monthly basis (calculated at a mortgage interest rate of 8%) in line with an outstanding repayment mortgage or loan
- For Increasing Cover, the Sum Assured will increase in line with Retail Price Index (RPI)

Further details on the different types of cover can be found in Condition 5.

For all types of cover, on payment of the Death Benefit the Policy will automatically terminate.

2. Interim Cover

- **House Purchase Cover** – if you are taking the policy out in connection with a UK residential mortgage, free Death or Critical Illness Benefit is provided until the policy commences up to the amount applied for. This cover will start from the later of:
  - the date of exchange of contracts; or
  - the date we accept your application
- Cover will last for a maximum period of 90 days, or until your mortgage is completed if earlier.
- House Purchase Cover is subject to limitations and exclusions which are fully detailed in Condition 6 & 8 of the Policy Conditions in the Policy Booklet.
- **Free Cover** – we'll cover you for death or critical illness benefit from the date we receive the application, for up to 90 days or until we accept, postpone or decline your application, whichever is earliest.

This means that if you die or suffer a specified critical illness or undergo a specified surgical procedure during this time period we'll pay out the amount you've requested to be insured for up to a maximum of £750,000 for all applications.

We won't pay Free Cover claims if:

- We discover the information you gave us when you applied for your plan or any other information given was incomplete, untrue or inaccurate
- The claim is linked to a medical condition that we could reasonably have expected you or the person covered to know about on or before the date your Free Cover started. This includes any symptoms where you or the person covered has not sought medical advice/attention
- The claim is caused by intentional self-inflicted injury/suicide or taking part in hazardous activities we've asked you about on your application form

Please note that only one Interim Cover payment can be made (House Purchase Cover or Free Cover) and once payment has been made the policy will automatically end.

3. Requirements to pay Death Benefit

Payment of the Death Benefit is subject to receipt of proof, satisfactory to Us, at the Claims Department that a Life Insured has died. In addition, formal documentation may be required to verify the identity of the payee and proof of the right to receive payment.

4. Critical Illness Benefit

Subject to Condition 7 in this Policy Booklet, the benefit will become payable if after the start date of the Policy, You meet the definition for one or more of Our Critical Illnesses during the policy term. The specified illnesses and procedures which are applicable to Your specific Policy are detailed in the Critical Illness Definitions and Critical Illness Plus section of this Policy Booklet.

Critical Illness Cover – full payment conditions

We will pay the Critical Illness Benefit following a successful claim. Once this payment has been made, the Policy will end and You won't be able to make another claim. For joint policies, We will only pay out once, so when a claim has been accepted for one Life Insured, the Policy will end.

Full payment condition	Full payment condition
We will pay this benefit if during the term of the Policy You are Diagnosed with, or undergo surgery or, where applicable, are placed on the NHS waiting list for surgery for one of the Critical Illnesses detailed as full payment conditions in the Critical Illness Definitions section of this Policy Booklet. Following a successful claim, the Policy will end.	We pay the benefit equal to the Sum Assured at the time of claim • Level Cover – the Sum Assured will be the same throughout the Policy term • Decreasing Cover – the Sum Assured will decrease monthly • Increasing Cover – the Sum Assured will increase annually

Critical Illness Cover – additional payment conditions

The additional payment conditions are provided in addition to the full payment conditions on Your Policy. Following a successful claim for an additional payment condition, Your Policy will continue, meaning that at a later date You can still make a claim for other additional payment conditions or for a Critical Illness full payment condition.

Additional payment condition	What We pay
We will pay this benefit if, during the term of the Policy You are Diagnosed with, or undergo surgery or, where applicable are placed on the NHS waiting list for surgery for one of the Critical Illnesses detailed as additional payment conditions in the Critical Illness Definitions section of this Policy Booklet. Following a successful claim, You will no longer be able to claim for the same condition. However, the Policy will continue for the other full payment conditions and additional payment conditions. • The payment of this benefit will not alter the Sum Assured covered under the Policy • The payment of this benefit will not cause the Policy to end under Condition 21 of the Policy Booklet	Critical Illness £25,000 or 25% of the Sum Assured at the time of claim (whichever is lower). Critical Illness Plus £50,000 or 50% of the Sum Assured at the time of claim (whichever is lower).

Children's Critical Illness	What We pay
Any Child is covered. Subject to Conditions 7 and 8 below, the benefit will become payable, if after the start date of the Policy, the Child suffers from a specified Critical Illness or undergoes a specified Surgical Procedure or, where applicable, is placed on the NHS waiting list for surgery, for one of the Critical Illnesses detailed in the Critical Illness Definitions section of this Policy Booklet. • The Child must survive at least 10 days from their date of Diagnosis, or operation or, where applicable the date they are placed on the NHS waiting list for surgery • The date of Diagnosis of the Child, or operation on the Child of the type listed, or, where applicable the date the Child is placed on the NHS waiting list for surgery must be when the Child is aged between: – 30 days and their 21st birthday for Chesnara Life - Life Critical Illness – Birth and their 23rd birthday for Chesnara Life - Life Critical Illness Plus • The payment of this benefit will not alter the Sum Assured covered under the Policy • The payment of this benefit will not cause the Policy to end under Condition 21 • A successful claim on a full payment condition will only ever be paid once in respect of any Child of a Life Insured, under this policy. Once a claim has been paid, there is no future entitlement to Children's Critical Illness Benefit under this, or any other Policy the Life Insured has with Chesnara Life, for the Child for whom the benefit has already been paid.	**Critical Illness** **Full Payment Conditions** £25,000 or 50% of the Sum Assured at the time of the claim (whichever is lower). **Additional Payment Conditions** £25,000 or 25% of the Sum Assured at the time of the claim (whichever is lower). **Critical Illness Plus** **Full Payment Conditions (including Children's Conditions)** £50,000 or 50% of the Sum Assured at the time of the claim (whichever is lower). **Additional Payment Conditions** £30,000 or 50% of the Sum Assured at the time of the claim (whichever is lower).
Children's Bereavement Assistance	**What We pay**
We pay this amount to assist in any costs in relation to the death of Your Child/Children during the Policy term. In order to pay this benefit the Child must be aged between: • 30 days and their 21st birthday for Chesnara Life - Life Critical illness • Birth and their 23rd birthday for Chesnara Life - Life Critical Illness Plus	£5,000 if You have selected an Chesnara Life - Life Critical Illness Policy. £10,000 if You have selected an Chesnara Life - Life Critical Illness Plus Policy.

Chesnara Life - Life and Critical Illness Plus – additional benefits

This is only applicable if Your Policy Schedule confirms You have Chesnara Life - Life and Critical Illness Plus. In addition to the payment conditions already listed, Our Critical Illness Plus Policy covers:

Children's Hospital Benefit (for Life and Critical Illness Plus)	What We pay
A payment if any of Your Children are hospitalised for more than 7 consecutive nights, up to a maximum of 30 consecutive nights. No benefit is paid for the first 7 consecutive nights. If the Child returns to hospital with a condition which relates to a previous successful claim, the 7 consecutive night waiting period will not apply however, You can only claim for the remainder of up to 30 days. The maximum amount that can be claimed for this benefit throughout the Policy term is £10,000 per Child and once paid, there is no future entitlement under this, or any other Policy held with Chesnara Life for a Child for whom the benefit has already been paid. In addition to Conditions 7 and 8, the following is not covered under this definition: • We will not pay this benefit if a successful Children's Critical Illness claim has been made • We will not pay this benefit if the stay in hospital is due to the Child being born prematurely (before 37th week of pregnancy) • We will not pay this benefit for cosmetic surgery or any other treatment which a doctor does not confirm is medically necessary • We will not pay this benefit if the hospital stay is outside of the UK • We will not pay this benefit if any hospital admission is caused by an illness or injury which occurs in the first 12 months of the Policy as a result of: – Any medical condition for which treatment has been given, or Diagnosis has been made or investigations commenced in the 12 months immediately before the commencement date of the Policy – Attempted suicide or intentional self-inflicted injury – Inappropriate use of alcohol or drugs, including but not limited to the following: – Consuming too much alcohol – taking an overdose of drugs, whether lawfully prescribed or otherwise – taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription Upon admission to the hospital the Child must be aged between birth and 23 years old	£100 per consecutive night (maximum 30 nights).

Hospitalisation Benefit due to accidental injury, for 30 or more consecutive days	What We pay
We pay this benefit for an Accident that results in physical injury which requires You to stay in hospital for 30 or more consecutive days. In addition to Conditions 6 and 7, for the above definition, an Accident that is directly or indirectly caused by Your alcohol or drug use is not covered. This means the intake of alcohol or drug use, including but not limited to the following: • Inappropriate use of alcohol or drugs, including but not limited to the following: – consuming too much alcohol – taking an overdose of drugs, whether lawfully prescribed or otherwise – Taking Controlled Drugs ((as defined by the Misuse of Drugs A ct 1971) otherwise than in accordance with a lawful prescription This benefit will only be paid once per Life Insured under this or any other Policy held with Chesnara Life.	£50,000 or 50% of the Sum Assured at the time of claim (whichever is lower).

Top Up Payments	What We pay
We will make a payment, in addition to your sum assured if, before age 60, You meet the definition for one of the following conditions: • Blindness • Heart Failure • Kidney Failure • Liver Failure • Major Organ Transplant • Motor Neurone Disease • Open Heart Surgery • Parkinson's Disease • Traumatic Brain Injury	£200,000 or the sum assured (whichever is lower)

Pregnancy Complications	What We pay
We will pay this benefit upon a definite diagnosis by a Consultant Obstetrician if You or Your Partner are diagnosed with one of the following: • disseminated intravascular coagulation (DIC); • eclampsia (but excluding pre-eclampsia); • ectopic pregnancy with surgery to remove a fallopian tube; • foetal death in utero after at least 20 weeks gestation; • hydatidiform mole; • placental abruption (but excluding placenta praevia);or • still birth after at least 24 weeks gestation We will only pay this benefit once per pregnancy.	A lump sum payment of £5,000

5. Types of cover

- **Level Cover**

  Level Cover provides a fixed benefit amount throughout the term of the Policy. This type of cover does not take into account any changes in inflation and so where the cover has been taken out to provide lifestyle protection, the benefit paid may not meet the same lifestyle costs as it did at the start of the Policy.

- **Decreasing Cover**

  Decreasing Cover provides an amount of benefit which is designed to reduce on a monthly basis in line with an outstanding repayment mortgage or loan (calculated at a mortgage interest rate of 8%). This means that should Your mortgage interest rate rise, or You decrease Your mortgage payments, the benefit paid at point of claim may not be enough to cover the outstanding mortgage or loan.

  You can find out Your current Sum Assured at any time online in the My Policy section of Chesnara Life Access.

- **Increasing Cover**

  Increasing Cover provides an increasing amount of benefit to help combat the effects of inflation or allow for changes in personal circumstances.

The optional annual increase is in line with the Retail Prices Index (RPI) which provides an indication of inflation on a monthly basis.

The RPI measures and tracks the average change in the purchase of goods and services such as housing expenses and mortgage interest payments. If RPI is withdrawn in the future, We would use an index comparable to the RPI instead.

If the change in the RPI is less than or equal to 1%, We will not increase the amount of cover or the Premium. If the change in the RPI is more than 10%, We will only increase the amount of cover by 10% per annum and the Premium by 14%.

We will contact You three months before the Policy anniversary to tell You what the increase in the amount of cover and Premium will be.

The increase will be applied automatically and You do not need to take any action. We will increase the amount of cover and the Premium and update Your direct debit. Should You wish to decline the increase, You will need to notify Us. If you choose not to increase your policy for three years in a row, we will withdraw the Increasing Cover option and You will not be given the option or be able to increase the amount of cover in the future.

You can find out Your current Sum Assured at any time online in the My Policy section of Chesnara Life Access.

6. Limitations and Exclusions for Chesnara Life - Life and Critical Illness and Life and Critical Illness Plus

The following limitations may apply in respect to a Critical Illness claim

The Policy may not pay out in full and some or all benefits under the Policy may be cancelled if:

- You do not take reasonable care to provide accurate and full information in response to the questions asked when You take out the Policy, this also includes, for Joint Life policies, completing it accurately on behalf of the other Life Insured. You should not assume that We will write to Your doctor. It is Your responsibility to ensure that the application form has been completed fully and accurately, and to check the application summary carefully;

- In respect of the following areas that We have asked You about in Your application form, You do not tell Us about any changes that happen in respect of a Life Insured between the completion of the application form and when the Policy starts in relation to:

  – Health

  – Family history

  – Lifestyle (including smoking habits)

  – Occupation and pastimes

- We will cancel Your policy from the date it started and decline all claims if We establish that You deliberately or recklessly provided Us with false or misleading information

- We will not pay a claim under an Additional Payment Condition where more than one diagnosis is made within the same period of investigation or treatment, and You are eligible for payment of full cover for Critical Illness

- We will not pay the Death Benefit, and the Policy will end, if the death of a Life Insured is caused by suicide or intentional, self-inflicted injury within 12 months of the Policy start date. Intentional, self-inflicted injury means that the most likely cause of death is that the person covered intended to take his or her own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation. In the event of a joint Policy, the remaining Life Insured would be offered a single life Policy based on their application at the time they applied for the joint Policy, at a cost equal to their part of the joint life Premium.

- To make a claim under Pregnancy Complications, Your policy must have been in force for 9 months.

7. Notification of a claim and requirements for payment of a claim

Any claim under the Policy is subject to:

- either written or verbal notification to the Claims Department along with any written evidence as We may consider necessary to support the claim
- You giving written consent to allow any medical information or results of any examination or test to be given directly to Us
- You attending any examination required by Us or by any medical practitioner appointed by Us
- You returning to the Permitted Areas for Diagnosis where You are living, working or travelling outside the Permitted Areas
- formal identification checks of the payee and proof of the right to receive payment

If a claim is not made within 12 months of the date of Diagnosis or the date of the specified Surgical Procedure or, where applicable, the date You are placed on the NHS waiting list for surgery, then We may reject the claim as invalid and no benefit will be payable. This could be the case where We are not able to obtain satisfactory medical evidence to support a claim due to the time elapsed between the date of claim and the date of Diagnosis or the date of the specified Surgical Procedure or, where applicable the date You are placed on the NHS waiting list for surgery. We will at all times act in a fair and reasonable way when assessing Your claim.

8. Limitations and Exclusions for Children's Critical Illness Benefit and Children's Bereavement Assistance

The following exclusions apply to Children's Critical Illness Benefit:

- No claim will be paid where the date of diagnosis of the Child is made, or operation on the Child of the type listed takes place, or, where applicable, the date the Child is placed on the NHS waiting list for surgery when the Child is aged less than 30 days or has passed their 21st birthday (or before the birth of the child or has passed their 23rd birthday for Critical Illness Plus policyholders)
- We will not pay a claim if, before the later of the start or reinstatement of Your Policy, or the date the Child was adopted or started to reside with and became financially dependent on You:
  - the Child is Diagnosed with a listed condition or requires an operation of the type listed or, where applicable, is placed on the NHS waiting list for surgery
  - You had received specific medical advice that Your Child was at increased risk of suffering a critical illness
  - the symptoms first arose before the Child was covered
- No claim can be made for the following conditions:
  - Total Permanent Disability
- For the following listed conditions (Critical Illness Plus only), Your Policy needs to have been in place for at least 9 months before the Child is born
  - Cerebral palsy
  - Congenital Heart Disease (artrial ventricular septal defects)
  - Cystic Fibrosis
  - Diabetes Mellitus Type 1
  - Down's syndrome
  - Hydrocephalus
  - Muscular Dystrophy
  - Spina Bifida
- We will not pay a claim under Children's Bereavement Assistance for Still Birth, as this is covered under Pregnancy Complications.

9. Fees and costs for a claim for Critical Illness Benefit

If You are living in the UK, We will pay fees for any medical examinations which We request provided they are carried out in the UK. We will not pay any amount towards medical evidence in support of a claim unless We have given prior agreement to such fees or expenses being incurred. If You are living outside the UK, We will only pay fees for medical examinations which We request up to the amount that We would reasonably expect to pay in the UK.

10. Premium payment when claiming

If a claim is made for Critical Illness Benefit, payment of Premiums must continue until the claim is accepted by Us as a valid claim. Once We have accepted a claim is valid for a full payment condition, all Premiums paid after the date of notification of the Critical Illness shall be refunded in full, without interest. For an additional payment condition premiums will continue to be collected. Upon notification of death, Premiums will cease. Any Premiums received after the date of death shall be refunded in full, without interest.

11. Delay in payment of the Death Benefit

If the Death Benefit has not been paid within one calendar month (from the date of written notification of death being received at the Claims Department and We have received satisfactory evidence to pay the claim) then We will usually pay interest on the Death Benefit on a monthly basis, except when the HSBC UK Bank plc base rate is 1.25% or lower, when no interest will be paid.

Where the base rate is above 1.25%, interest will accrue for the period from the end of the calendar month in which written notification of death was received until the date of payment of the lump sum. The rate of interest will be determined by the Company, from time to time, but will not be lower than the base rate of HSBC UK Bank plc less 1.25%.

Interest will be calculated by applying the rate of interest proportionately over the number of months that payment is delayed. Any interest payments made in accordance with this Condition will be subject to deduction of Income Tax or any other taxation as appropriate.

12. Changes We can make

We may make changes any time in a fair, proportionate and reasonable manner to:

- the terms and conditions of the Policy: or
- any Premiums or benefits under the Policy to take account of:

to take account of:

- any relevant ombudsman decision; or
- any actual or proposed changes in taxation, legislation, guidance, legal precedents, regulations, or the manner in which such legislation or regulations are interpreted or construed

We may make changes at any time in a fair, proportionate and reasonable manner to the Policy terms and conditions to take account of changes in technology or other systems.

We may also make changes at any time in a fair, proportionate and reasonable manner for any other valid reason.

If We make any changes to the terms and conditions of the Policy and/or the Premiums or benefits under the Policy, We will give You at least 30 days' prior notice in writing or, where the change is required sooner, We will notify You in writing as soon as reasonably practical. In either case, We will notify You in accordance with Condition 25.

If We give You notice as set out above and You do not want to accept a change, You are free to cancel the Policy in accordance with Condition 14. We will not refund any Premiums You have paid. The Life/Lives Insured will not be able to reinstate the Policy once it is cancelled.

Any changes We make will always be subject to Condition 34.

Where We make any changes to the Policy We will issue an Endorsement to You as evidence of the change(s) to Your Policy.

13. Alteration by You

If requested by You, We may, but are not obliged to, reduce the Sum Assured and Premium, and/or make the Expiry Date earlier.

If allowed, any such change will take effect from the Premium due date following the receipt, at the Customer Services Centre, of the instruction from You.

14. Cancellation by You

You have the right to reconsider Your decision and change Your mind. If You cancel the Policy within 30 days of receiving the Policy Schedule, any Premium paid by You for the Policy will be refunded.

If You decide to cancel the Policy outside of the 30-day cancellation period, We will not refund any Premiums You have paid.

If requested by You, We will cancel the Policy with immediate effect. You will not be able to reinstate the Policy once it is cancelled.

You have chosen to include the optional Total Permanent Disability or the Waiver of Premium benefit as part of Your Policy, You have the right to change Your mind and remove either or both of these options from Your Policy at any time.

You may cancel:

- the Policy (this will also include any associated Total Permanent Disability and Wavier of Premium benefit option selected); or
- the optional Total Permanent Disability condition (this will be removed from Your Policy and all other benefits under Your Policy will continue); or
- the optional Waiver of Premium benefit (similarly, this will be removed from Your Policy and all other benefits under Your Policy will continue).

You can do this by either cancelling Your cover online in the My Policy section of Your Chesnara Life Access account or in writing to support@lifeprotectionplan.chesnaralife. co.uk or by calling 0333 207 5563.

Our lines are open 9am to 5.30pm Monday to Friday (excluding public holidays). To help Us continually improve Our service and in the interests of security, We may monitor and/or record Your communications with Us.

15. Guaranteed Insurability Options

Guaranteed Insurability Options offer the ability to increase the Sum Assured without further medical underwriting, subject to certain provisions. The options are related to changes either in personal circumstances or to a residential mortgage.

For Personal Protection

You can elect to increase the Sum Assured without further medical underwriting within three months of:

- the birth of a Child(ren) to You or Your spouse, or Your legal adoption of a Child
- Your legal marriage or the legal registration of Your Civil Partnership in accordance with the Civil Partnership Act 2004 (and any legislation which amends or supersedes this)

For increases in mortgage borrowing

You can elect to increase the Sum Assured without further medical underwriting within 28 days provided that:

- the Policy is being used to protect a residential mortgage, and the increase is in respect of moving home or home improvements in the UK; and
- the increase is limited to the lower of the limit set out in Section 16

Only one increase for home improvements can be made between home moves.

16. Guaranteed Insurability Options Conditions and Restrictions

Guaranteed Insurability Options are subject to the following restrictions:

- the Policy must be in force at the date the option is requested
- there must be at least five years remaining of the Policy term when this option is requested
- this option is no longer available once You reach the age of 55 (for joint lives, this means when the oldest Life Insured reaches the age of 55)
- this option is available if We have accepted You on standard terms. The option may also be considered if We have accepted You on non-standard terms, which is based on the answers You gave in Your Policy application. If this is the case We will inform You of Our decision
- the increase must be elected within three months of the events specified above, or within 28 days for the case of an increase in mortgage lending. We are not obliged to accept requests received at Our Customer Services Centre after this time.
  The increased cover will be effective from the next Premium due date following the receipt of Your request
- the option is not available if You or anyone covered under the Policy is in a position to make a claim for Critical Illness Benefit or Waiver of Premium Benefit, or a claim for Critical Illness Benefit or Waiver of Premium Benefit has already been notified under the Policy
- the increase per event shall be the lower of:
  - the amount requested by You
  - the amount of the increase in the mortgage (if applicable)
  - 50% of the Sum Assured at the Policy start date up to a maximum of £150,000
- where Your Policy Schedule shows either Decreasing or Increasing Cover, the increased cover You request will be added to the Sum Assured amount at the date Your increased cover starts
- the total increases made to the Policy shall not exceed the lower of £200,000 or cause You to exceed the Maximum Sum Assured limit. The Maximum Sum Assured limit is shown at Policy Condition 23, and to find out how this applies to You, You should contact Our Customer Services Centre
- the increased cover will be provided on the same terms and conditions as the Policy under which the option is being exercised
- the Premium for the increased cover will be calculated based on Your age, and the term of the cover, at the date the increased cover starts

This option is only available provided, at the time of the request, You are not living in a country in which We are prohibited from transacting business. Please contact Our Customer Services Centre for further details.

17. Separation Benefit

In the event that You separate, under this benefit a joint life Policy can be split into two single Policies without the need for any further medical information, allowing You the option to continue Your cover independently.

Separation benefit is subject to the following restrictions:

- You provide Us with evidence of Your separation in the form of one of the following:
  - For divorce, dissolution of civil partnership or separation, evidence of decree absolute or dissolution order
  - For mortgage transferred into one name only, the mortgage transfer document
  - For moving into a different house, evidence of the new mortgage or new address
- the joint Policy is in force and We have instruction from both Lives Insured to cancel the Joint Life Policy
- You are 55 years of age or less at the time of the request
- this benefit is available if We have accepted You on standard terms. The option may also be considered if We have accepted You on non-standard terms, which is based on the answers You gave in Your Policy application. If this is the case We will inform You of Our decision
- the new Policy starts within 90 days of date shown on the separation evidence provided to Us at the time of Your request
- neither of You have made a Critical Illness claim, are in the process of making such a claim, or are eligible to do so, at the time of the request (this does not include claims made for any Child benefits)

Your new single Chesnara Life Critical Illness Policy:

- will start immediately after the original joint life Policy has been cancelled
- must end on the same date as Your original joint life Policy was due to end
- must not exceed the current Sum Assured of the original joint life Policy
- must be the same cover type (level, decreasing, increasing) as the original joint life Policy
- will not include Separation Benefit

The Premium for Your new single Critical Illness Policy will be calculated on Your age, original Policy cover type, Sum Assured and the rates at the time You make the request. For Level Cover the Sum Assured will be equal to or less than the Sum Assured of the original Policy, for Decreasing and Increasing Cover the Sum Assured will be equal to or less than the Sum Assured remaining on the original Policy at the time of the separation request.

18. Currency and place of payment

All benefits payable and Premiums due under the Policy will be made in pounds sterling or, if different, the lawful currency of the UK. All Premiums due under the Policy shall be payable to Us by Direct Debit.

19. Payment of Premiums

All Premiums are payable on the due dates set out in the Policy Schedule. Premium payment will have only been made when We have received the total amount of the Premium at the Customer Services Centre.

All Premiums are non-refundable unless:

- We collect an amount in error
- You cancel the Policy within 30 days under Condition 14

Where either of the above occurs, the excess Premium will be returned to You.

20. Non-payment of Premiums

A Grace Period of 60 days following the Premium due date is allowed for the payment of each Premium. If You miss a payment and We do not receive a Premium by its due date, We will write to You and remind You that You have missed a Premium. If the Sum Assured becomes payable during the Grace Period, it will be reduced by the amount of any outstanding Premiums. If no Premium is paid within the Grace Period, or if no premium is received in the 60 days after the policy commencement date, the Policy will lapse without value and will end automatically and no benefits will be paid, or will become payable.

21. Termination of the Policy

All Our rights and obligations and those of the Policyholder under the Policy will end immediately when one of the following events occurs:

- payment of the Death Benefit in accordance with Condition 1; or
- a full payment condition in respect of the Critical Illness Benefit in accordance with Condition 4; or
- suicide, or death from an intentional self-inflicted injury, of a Life Insured within 12 months of the commencement date of the Policy showing in the Policy Schedule; or
- the lapse of the Policy following the non-payment of Premiums in accordance with Condition 20; or
- the Expiry Date as shown in the Policy Schedule is reached; or

- We take action to comply with Our Financial Crime obligations under Condition 34 and are unable to provide all or part of the Services to You and are unable to continue Our entire relationship with You; or
- You cancel the Policy; or
- the Policy is declared void by Us due to misrepresentation in the information You have given Us as detailed below

22. Information You have given Us

In deciding to accept this Policy and in setting the terms and Premium, We have relied on the information You have given Us. You must take care when answering any questions We ask by ensuring that all information provided is accurate and complete.

We will cancel Your policy from the date it started and decline all claims if We establish that You deliberately or recklessly provided Us with false or misleading information, or omitted to tell Us the information requested during Your application.

If We establish that You carelessly provided Us with false or misleading information it could adversely affect Your Policy and any claim. For example, We may:

- treat this Policy as if it had never existed and refuse to pay all claims and return the Premium paid. We will only do this if We provided You with insurance cover which We would not otherwise have offered;
- amend the terms of Your insurance and treat the Policy as if it had been entered into on those different terms; or
- in circumstances where Chesnara Life would have charged higher Premiums for providing the cover, had the risk been fairly presented in accordance with this clause 22, Chesnara Life may reduce proportionately any claim payment for Death Benefit or Critical Illness Benefit to reflect the relative lower amount of Premium paid

We will write to You if We:

- intend to treat Your Policy as if it never existed; or
- need to amend the terms of Your Policy

If You become aware that information You have given Us is inaccurate, You must inform Us as soon as practicable.

Fraudulent Claims

If You make a fraudulent claim under this Policy, We:

a. are not liable to pay the claim; and

b. may recover from You any sums paid by Us to You in respect of the claim; and

c. may by notice to You treat the Policy as having been terminated with effect from the time of the fraudulent act.

If We exercise Our right under (c) above:

a. We shall not be liable to You in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Our liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and

b. We need not return any of the Premiums paid; and

c. We may terminate future cover under this Policy.

23. Maximum Sum Assured

The Maximum Sum Assured limits are detailed below and depend upon Your age at the time of Your current application. Subject to meeting the required application criteria, Sum Assured levels above the Maximum Sum Assured limits may be available via a financial adviser and are dependent on additional medical screening checks. If You have existing Policies, the amount of additional cover that can be purchased is the relevant Maximum Sum Assured limit, minus the total of Your Sums Assured under Your existing Policies at the time of Your application. If You are unsure on the total of Your Sums Assured, please contact the Customer Service Centre

Age Attained	Maximum Sum Assured
17 to 30	£500,000
31 to 35	£500,000
36 to 40	£500,000
41 to 45	£400,000
46 to 50	£300,000
51 to 55	£150,000
56 to 60	£150,000
61 to 65	£75,000
66 to 69	£50,000

If after You have taken out this Policy the level of Your cover under all of Your Policies would exceed the Maximum Sum Assured, Our liability to You under all of Your Policies (including joint Policies) in the event of a claim will at all times be limited to the Maximum Sum Assured. In addition, We may do one of the following:

- At any time in the three months following inception of this Policy, We may notify You that You have exceeded the Maximum Sum Assured and give You 30 days' notice of the cancellation of this Policy. We will refund to You all Premiums paid under this Policy. This will not affect any of Your other Policies
- If more than three months have passed following inception of this Policy, We may at any time terminate this Policy by giving You 30 days' notice. This means that your cover under this Policy will end after that 30 day notice period has expired. We will refund to You the proportion of the Premium paid by You under this Policy according to the extent that Your cover under this Policy exceeded the Maximum Sum Assured. This will not affect any of Your other Policies

24. Reinstatement of a lapsed Policy

If Your Policy has lapsed due to non-payment of Premiums (as described in Condition 20) You may, within 12 months of the due date of the first unpaid Premium, make a request by calling or writing to the Customer Services Centre that the Policy is reinstated. We may, but are under no obligation to, reinstate the Policy subject to:

- sufficient evidence being provided to Us to substantiate Your continuing good health. Such evidence must be relevant and be considered satisfactory by Us; and
- the right to request that You undergo further medical examinations, tests or provide medical or other relevant additional information to substantiate that the state of Your health and Your insurability is satisfactory to Us

If We agree to reinstate the Policy, all the Premiums which were unpaid, and were due if the Policy had not been lapsed, will be immediately payable.

25. Notification to the Policyholder

Any written notice that We give You in relation to the Policy will be sent by email to Your last known email address as notified to Us. Any such notice will be deemed to be served immediately. It is therefore important that You keep Your email address details with Us up-to-date.

If You have asked for correspondence to be sent to You in paper format this will be sent by pre-paid post to the last known address You notified to Us.

Any such notice if sent by pre-paid post will be deemed to be served two days after posting. It is therefore important that You keep Your address with Us up to date.

26. Any change in personal details

Address

You should immediately, or as soon as practicable, tell Us of a change of address by updating the details online in Chesnara Life Access or in writing to **support@lifeprotectionplan.chesnaralife.co.uk**

Age and name

Before any payment of the Sum Assured can be made under the Policy, We will need to see evidence of Your date of birth and evidence of any changes of Your name. Such evidence will include, but is not limited to, the originals of:

- Birth Certificate
- Marriage Certificate
- Deed Poll

If this information is not provided, any payment under the Policy may be delayed.

If Your age has been misstated We may, but are not obliged to, alter any amount payable under the Policy to reflect the amount which would have been payable if Your age had been correctly stated.

27. Surrender value

The Policy has no cash in value at any time.

28. Law and jurisdiction

You have a choice of law in relation to this contract. This contract will be governed by English law, unless:

- You and We agree otherwise; or
- You normally reside in Scotland and Northern Ireland, in which case the law of the relevant country or island will govern this contract
- We and You have agreed that any legal proceedings between You and Us in connection with this contract will only take place in the courts of the part of the UK in which You live

29. Policy servicing

This Policy is intended for sale only in the UK. If You, or anyone else with authority over or otherwise connected to this Policy (such as the Life Insured or the beneficiary) is, temporarily or permanently:

- outside of the UK; or
- otherwise subject to the Laws of any other place

such that We reasonably believe that by complying with a particular term or condition of this Policy We would breach any Laws of the UK or such other place, then We are entitled not to comply with such term or condition for any period of time We deem necessary, which might include declining to service Your requests related to this Policy. We will not be liable for any losses, damages, claims, liabilities or costs You or any other relevant person may suffer from

Our exercise of Our rights under this Condition even if this Policy ends for any reason.

30. Complaints

We want You to be entirely satisfied with the products and services You receive from Us. If You are dissatisfied with any aspect of Our service or Your Policy, please let Us know. We always endeavour to resolve any concerns fairly and quickly.

If You ever need to complain You may do so in writing to:

Chesnara Life (UK) Ltd, via email tosupport@lifeprotectionplan.chesnaralife.co.uk or to the following address:

Customer Services Centre
Chesnara Life (UK) Ltd
PO Box 1053
St Albans
AL1 9QG

or by calling on 0333 207 5563

Our lines are open 9am to 5.30pm Monday to Friday (excluding public holidays). To help Us continually improve Our service and in the interests of security We may monitor and/or record Your communications with Us.

A written copy of Our complaints procedure is available on request.

If You are not satisfied with Our response, You can complain to the Financial Ombudsman Service.

Complaining to the Financial Ombudsman will not affect Your legal rights.

The Financial Ombudsman can be contacted by calling 0800 023 4567 or 0300 123 9123 or by using the online form available on their website or in writing to:

The Financial Ombudsman Service,

Exchange Tower, 1 Harbour Exchange Square,

London E14 9SR.

Website **http://www.financial-ombudsman.org.uk/consumers/how-to-complain**

31. Compensation

We are covered by the Financial Services Compensation Scheme (FSCS).

If We are unable to meet Our obligations, You may be able to claim compensation.

Where this is the case the FSCS will provide cover for 100% of the claim with no upper limit.

Further information about the compensation provided by the FSCS is available from the FSCS website: www.FSCS.org.uk,

By calling 0800 678 1100** or 0207 741 4100** (if outside the UK)

Or writing to:

Financial Services Compensation Scheme
PO Box 300
Mitcheldean
GL17 1DY

Please refer to the website for opening hours

Please note only compensation related queries should be directed to the FSCS.

32. Tax and legislation

If a change is made to the Policy Conditions and/ or the Policy benefits under Condition 12 We will not include any taxes, levies, charges, fees and withholdings of any nature now or brought in at a later date by any government, fiscal or other authority in the Premiums charged for this Policy. If any such charges arise as a result of You paying the Premiums, You must ensure they are paid. We will not accept any responsibility for the payment of any such charges You may incur as a result of buying the policy/ paying premiums.

If anything changes to oblige Us to include any taxes, levies, charges, fees and withholdings in the Premiums charged, We will write and tell You in accordance with this Condition and Condition 25.

33. Tax Compliance

It is up to You to meet Your tax responsibilities in the UK and any other countries, where this arises. This relates to the opening and use of accounts and Services provided by members of the Chesnara Group. Some countries' tax Laws may apply to You even if You don't live there or aren't a citizen of that country. Connected Persons, are responsible for their own tax obligations. As You are responsible for Your own tax obligations (and Connected Persons, for theirs), no Chesnara Group member is responsible for this, nor provides tax advice. It is Your choice whether You seek independent legal and tax advice.

34. Actions We may take in order to prevent Financial Crime

We and other members of the Chesnara Group, are required to and may undertake, Financial Crime Risk Management Activity.

Exceptionally, Our Financial Crime Risk Management Activity may lead to Us:

- delaying or refusing to either process a payment or Your instructions;
- being unable to provide all or part of the Services to You and ending Our entire relationship with You;
- taking necessary steps for any member of the Chesnara Group to meet the Compliance Obligations; and/or
- blocking or closing Your account(s) or products(s) (although not any of Your Mortgage Account(s))

To the extent permissible by law, no member of Chesnara Group shall be liable to You or any third party in respect of any loss (however it arose) that was suffered or incurred by You or a third party, caused in whole or in part in connection with the undertaking of Financial Crime Risk Management Activity.

35. Unfair contract terms

If any Policy provision is considered by Us or any regulator or ombudsman to be wholly or partly unfair or ambiguous in accordance with The Consumer Rights Act 2015, We may by suitable Endorsement and in a fair and reasonable manner change the wording of such condition to prevent and resolve the unfairness or ambiguity.

If any change is made to the Policy in accordance with this Condition:

- it shall be made so as not to prejudice the position of the Policyholder(s);
- written notification of such change shall be given to the Policyholder(s) in accordance with Condition 25;
- We will give You at least 30 days' prior notice in writing or, where the change is required sooner, We will notify You in writing as soon as reasonably practical; and
- the rest of the Policy will not be affected unless the Endorsement specifically alters it

36. Your responsibilities

If We make a reasonable request for information, You must give it to Us as soon as possible. If You don't give it to Us, or if We suspect fraudulent or criminal activity of any kind:

- You might not be able to maintain some or all of Your products and/or Services with Us anymore;
- We might try to get it from another source

It is up to You to make sure the information You give Us is accurate and up-to-date, and You must tell Us if anything changes, as soon as reasonably practicable.

For an overview on how We'll collect and use Your information see "An overview of how We collect and use Your information" at the end of this Policy Booklet. For further information, see Our privacy notice, which can be found at chesnaralife.co.uk/privacy-notice. We'll give it to others if We're compelled to do so by law, We've a public duty to disclose it, We need to disclose it to protect Our own interests (for example in any legal proceedings) or if We have Your specific agreement. For example, if We believe You may have tax obligations in other countries, We may have to disclose information about You directly to HM Revenue & Customs (HMRC) or other local Tax Authorities.

37. Contracts (Rights of Third Parties) Act 1999

Any person who is not a party to the Policy has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any provision or condition of the Policy but this does not affect any right or remedy of a third party which exists or is available apart from under that Act.

Critical Illness Definitions

The following definitions listed in this section apply to Your cover, regardless of which Critical Illness product You have selected.

We have provided a glossary for some of terms used in Our definitions to assist You in understanding Your cover. You will find these from page 32.

Full Payment conditions

Aorta graft surgery – for disease

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Bacterial meningitis – resulting in permanent symptoms

A definite Diagnosis of bacterial meningitis by a consultant neurologist. There must be permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Viral meningitis

Benign brain tumour – resulting in permanent symptoms or surgical removal

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either:

- surgical removal of the tumour; or
- Radiotherapy; or
- Chemotherapy; or
- permanent neurological deficit with clinical symptoms

for the above definition, the following are not covered:

- Tumours in the pituitary gland
- Angiomas and cholesteatoma
- Tumours originating from bone tissue

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Benign spinal cord tumour – resulting in permanent symptoms

A non-malignant tumour in the spinal canal, involving the meninges or the spinal cord. This tumour must be interfering with the function of the spinal cord which results in permanent neurological deficit with persisting clinical symptoms. The Diagnosis must be made by a medical specialist and be supported by appropriate evidence.

For the above definition, the following are not covered:

- Cysts
- Granulomas
- Malformations in the arteries or veins of the spinal cord
- Haematomas
- Abscesses
- Disc protrusions
- Osteophytes

Blindness – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 20 degrees or less of an arc, as certified by an ophthalmologist.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue.

The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas).

For this definition of cancer, the following are not covered:

- all cancers which are histologically classified as any of the following:
  - pre-malignant;
  - cancer in situ;
  - having borderline malignancy; or
  - having low malignant potential;
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate)
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin)
- All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas)
- Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above
- Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.

Cardiac arrest – resulting in surgically implanted cardiac defibrillator

A definite Diagnosis of cardiac arrest by a consultant cardiologist. There must be sudden loss of heart function with interruption of blood circulation around the body, resulting in unconsciousness and either of the following devices being surgically implanted:

- Implantable cardioverter- defibrillator (ICD)

Cardiac resynchronisation therapy with defibrillator (CRT-D)For the above definition, the following are not covered:

- Insertion of a pacemaker
- Insertion of a defibrillator without cardiac arrest
- Cardiac arrest secondary to drug or alcohol use. This means inappropriate use of alcohol or drugs, including but not limited to the following:
- consuming too much alcohol;
  - taking an overdose of drugs, whether lawfully prescribed or otherwise;
  - taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Cardiomyopathy – of specified severity

A definite Diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in at least one of the following:

- permanent and irreversible ejection fraction of 39% or less
- permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classifications of functional capacity*
- Implantable cardioverter-defibrillator (ICD)

For the above definition, the following are not covered:

- Cardiomyopathy secondary to alcohol or drug use. This means inappropriate use of alcohol or drugs, including but not limited to the following:
  - consuming too much alcohol;
  - taking an overdose of drugs, whether lawfully prescribed or otherwise;
  - taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

All other forms of heart disease, heart enlargement and myocarditis

*NYHA Class 3. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain.

Coma – resulting in permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, which:

- requires the use of life support systems, and
- in permanent neurological deficit with persisting clinical symptoms
- For the above definition the following is not covered:
- medically induced coma
- coma secondary to alcohol or drug use. This means inappropriate use of alcohol or drugs, including but not limited to the following:
  - consuming too much alcohol;
  - taking an overdose of drugs, whether lawfully prescribed or otherwise;
  - taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Coronary artery by-pass grafts

The undergoing of surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For the above definition, the following are not covered:

- balloon angioplasty
- atherectomy
- insertion of stents
- laser treatment
- any other procedure

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Creutzfeldt-Jakob disease (CJD)

An unequivocal Diagnosis of Creutzfeldt-Jakob disease made by a consultant neurologist.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's disease – of specified severity

A definite diagnosis of Dementia, including Alzheimer's disease by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas

For the above definition, the following is not covered:

- Mild cognitive Impairment

Encephalitis – resulting in permanent symptoms

A definite Diagnosis of encephalitis by a consultant neurologist resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms
- Neurological signs occurring without symptomatic abnormality eg brisk reflexes without other symptoms
- Chronic Fatigue Syndrome (CFS)
- Myalgic Encephalomyelitis (ME)

Heart attack (Acute Myocardial Infarction)

Myocardial Infarction is death of heart muscle due to inadequate blood supply. There must be a definite Diagnosis of an Acute Myocardial Infarction by an attending consultant cardiologist as defined by either the current recognized "International Standard"1 or any future versions. The Diagnosis of Acute Myocardial Infarction must be supported by relevant medical reports, tests and investigations.

For the above definition, the following are not covered: other acute coronary syndromes including but not limited to unstable angina.

1."International Standard" is as defined by the European Society of Cardiology or any future adaptation of this Society. If the European Society of Cardiology ceases to exist, then the latest version produced by this Society will be utilised to determine the validity of claims.

Heart Failure

A definite Diagnosis by a consultant cardiologist of failure of the heart to function as a pump.

There must be evidence of the following:

- Permanent and irreversible limitation of function to at least class 3 on the New York Heart Association classification of functional capacity (NYHA); and
- Permanent and irreversible ejection fraction of 39% or less

Heart valve replacement or repair

The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Intensive care requiring mechanical ventilation for 7 consecutive days

Any sickness or injury resulting in You requiring continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours a day) or more in an intensive care unit in hospital.

For the above definition, the following is not covered:

- Sickness or injury as a result of drug or alcohol intake or other self-inflicted means
- This means inappropriate use of alcohol or drugs, including but not limited to the following:
- consuming too much alcohol;
- taking an overdose of drugs, whether lawfully prescribed or otherwise;
- taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Kidney failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Liver Failure

A definite diagnosis, by a consultant physician, of irreversible end stage liver failure due to cirrhosis and resulting in all of the following:

- permanent jaundice
- ascites ; and
- encephalopathy

For the above definition, the following is not covered:

- Liver failure due to inappropriate use of alcohol or drugs, including but not limited to the following:
  - consuming too much alcohol;
  - taking an overdose of drugs, whether lawfully prescribed or otherwise;
  - taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Loss of a hand or foot – permanent physical severance

Permanent physical severance of either a hand or a foot at or above the wrist or ankle joint.

Loss of speech – total, permanent and irreversible

Total, permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Major organ transplant – from another donor

The undergoing as a recipient of a transplant of bone marrow or a complete heart, kidney, pancreas, whole or part (lobe) of a liver, lung(s), or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells

Motor Neurone Disease – resulting in permanent symptoms

A define Diagnosis of one of the following Motor Neurone Diseases by a consultant neurologist:

- Amyotrophic lateral sclerosis (ALS)
- Kennedy's disease
- Primary lateral sclerosis (PLS)
- Progressive bulbar palsy (PBP)
- Progressive muscular atrophy (PMA)
- Spinal Muscular Atrophy (SMA)

There must be permanent clinical impairment of motor function

Multiple Sclerosis – with persistent symptoms

A definite Diagnosis of Multiple Sclerosis by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by Multiple Sclerosis

Multiple system atrophy – of specified severity

The definite Diagnosis of multiple system atrophy confirmed by a consultant neurologist. There must be permanent clinical impairment of any one of:

- motor function with associated rigidity of movement
- the ability to coordinate muscle movement
- bladder control and postural hypotension

Neuromyelitis optica (Devic's disease) – with persistent clinical symptoms

A definite Diagnosis of Devic's disease by a consultant neurologist. There must have been clinical impairment of motor or sensory function caused by Devic's disease.

Open heart surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist, to correct any structural abnormality of the heart.

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Paralysis of a limb – total and irreversible

Total and irreversible loss of muscle function to the whole of a limb.

Parkinson's disease – resulting in permanent symptoms

A definite Diagnosis of Parkinson's disease or other Parkinsonian Syndromes by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor or muscle rigidity.

Primary Pulmonary Hypertension – of specified severity

Primary Pulmonary Hypertension with permanent clinical impairment of heart functions, resulting in marker limitation of physical activities to at least Class 3 of the

New York Heart Association (NYHA) classification of functional capacity.

Progressive supranuclear palsy – of specified severity

A definite Diagnosis of progressive supranuclear palsy by a consultant neurologist. There must be permanent clinical impairment of eye movements and motor function.

Pulmonary artery surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone), on the advice of a consultant cardiologist, for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Respiratory Failure

Advanced stage emphysema or other chronic lung disease, resulting in all of the following:

- the need for regular oxygen treatment on a permanent basis, and
- the permanent impairment of lung function tests as follows; Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second FEV1 being less than 50% of normal

Spinal stroke – resulting in permanent symptoms

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.

Stroke – resulting in permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:

permanent neurological deficit with persisting clinical symptoms; or

definite evidence of death of tissue or haemorrhage on a brain scan and neurological deficit with persistent clinical symptoms lasting at least 24 hours

For the above definition, the following are not covered:

- Transient ischaemic attack (TIA)
- Death of tissue of the optic nerve or retina/eye stroke

Terminal Illness

A definite Diagnosis by the attending consultant of an illness that satisfies both of the following:

- the illness either has no known cure or has progressed to the point where it cannot be cured and
- in the opinion of the attending consultant and Our Chief Medical Officer, the illness is expected to lead to death within 12 months

Third-degree burns

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue, and covering at least 20% of the body's surface area or covering at least 20% of the surface area of the face or head.

For the above definition, the following is not covered:

- intentional self-inflicted injuries

Traumatic brain injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury or reduced oxygen supply (anoxia or hypoxia) resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition the following are not covered:

- Children under the age of 90 days

Additional Payment conditions

Less Advanced Cancer – Breast

A definite Diagnosis of a carcinoma in situ of the breast, which has been removed surgically by mastectomy, partial mastectomy, segmentectomy or lumpectomy. A carcinoma in situ is a malignancy that has not invaded the basement membrane but shows cytologic characteristics of cancer. Histological evidence will be required.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less Advanced Cancer – Prostate

The diagnosis of prostate cancer which has been histologically classified as having a Gleason score between 2 and 6 providing the tumour has progressed to a clinical TNM classification between T1N0M0 and T2aN0M0, and must have resulted in the undergoing of any treatment on the advice of a Consultant Urologist to remove or destroy the tumour cells.

The following are not covered:

- Prostate tumours undergoing active surveillance or observation only.

If the prostate cancer is classified as having progressed to a Gleason score of 7 and above or clinical classification T2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate), we'll pay out the full amount covered.

Optional full payment benefit condition

Total Permanent Disability

If You have selected this benefit, Your age and occupation at the start of the policy will determine whether any claims you make are assessed against Our 'Own Occupation' or 'Activities of Daily Living tasks applicable to Optional Total Permanent Disability and Waiver of Premium' definition. The type of definition that applies to Your policy will be shown on Your Policy Schedule.

An explanation of both definitions is detailed below:

Own Occupation - unable before age 65 to do Your own occupation ever again.

Loss of the physical or mental ability through an illness or injury before age 65 to the extent that You are unable to do the material and substantial duties of Your own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of Your own occupation that cannot reasonably be omitted or modified.

Own Occupation means Your trade, profession or type of work You do for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or You expect to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Activities of Daily Living - loss of the physical ability through an illness or injury to do at least 3 of the 6 tasks, listed under the 'Activities of Daily Living tasks applicable to Optional Total Permanent Disability and Waiver of Premium' section below, ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or You expect to retire.

You must need the help or supervision of another person and be unable to perform the task on Your own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

If Your Policy was set up with the 'Own Occupation' definition of Total Permanent Disability and Your policy continues beyond Your 65th birthday, then this definition will no longer apply. Instead, for the remainder of the Policy term, the benefit entitlement will be assessed against the Activities of Daily Living definition.

Optional Waiver of Premium benefit condition

If You have selected this benefit, it will be shown on Your Policy Schedule.

If you are employed and unable to work due to an illness or injury for more than 26 weeks or, if not employed you are unable to pass the Activities of Daily Living assessment, your premiums will be waived. Premiums will be waived until the earlier of:

- the Policy ending;
- you being able to work again, or pass the Activities of Daily Living assessment; or
- you reach age 71

If you are employed or self-employed, premiums will be waived if you are unable as a result of an illness or injury, to do the material and substantial duties of your own occupation. The material and substantial duties are those that are normally required for and/or form a significant and integral part of the performance of your own occupation that cannot reasonably be omitted or modified.

If You are not employed, then any claim will be assessed based on the Activities of Daily Living. Premiums will be waived if, as a result of an illness or injury, you are unable to do at least 3 of the 6 tasks listed in the 'Activities of Daily Living tasks applicable to Optional Total Permanent Disability and Waiver of Premium' section below.

Once we have stopped the waiving of premiums you will need to restart paying the premiums in order for the policy to continue.

We will not waive the premium if at the time of the claim you are living outside of the UK.

Requirement to pay a Waiver of Premium Claim

Any claim under the Policy is subject to:

- the Life Insured giving written consent to allow any medical information or results of any examination or test to be given directly to Us
- the Life Insured attending any examination required by Us or by any medical practitioner appointed by Us

Waiver of Premium Benefit Cover Expiry

Any Waiver of Premium benefit will expire on the earlier of:

- the Policy ending; or
- you reach age 71. In this event the Policy will remain in force until its expiry date.

The proportion of the premium paid for the optional Waiver of Premium benefit will stop being collected 26 weeks before the earlier of the above two listed events.

Activities of Daily Living tasks applicable to Optional Total Permanent Disability and Waiver of Premium

The tasks are:

- Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Getting dressed and undressed – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances
- Feeding Yourself – the ability to feed Yourself when food has been prepared and made available
- Maintaining personal hygiene – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function
- Getting between rooms – the ability to get from room to room on a level floor
- Getting in and out of bed – the ability to get out of bed into an upright chair or wheelchair and back again

For the above definition, the following is not covered:

- Disabilities for which the relevant specialists cannot give a clear prognosis

Critical Illness Plus Definitions

If You have selected Chesnara Life Critical Illness plus, the following conditions are in addition to those listed under the Critical Illness definitions.

Full Payment conditions

Aplastic Anaemia

A definite Diagnosis of aplastic anaemia by a consultant haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Crohn's Disease

A definite diagnosis by a consultant gastoenterologist of Crohn's disease, resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- total colectomy (removal of entire large bowel)

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Mental Illness

A definite Diagnosis by a consultant psychiatrist of any of the following:

- Bipolar affective disorder
- Paranoid (delusional) psychosis
- Schizo-affective disorder
- Schizophrenia

Which has resulted in at least three of the following occurring within one year:

- being under the care of a psychiatrist, psychiatric nurse, community mental health team or approved social worker
- chronic symptoms lasting at least a year or requiring continuous therapy or medication to control them
- in patient admission to a psychiatric ward for at least 14 consecutive nights
- a court order being made by the Court of Protection under the Mental Capacity Act 2005
- Delirium where there is no underlying psychiatric disorder
- Conditions caused by or exacerbated by alcohol or drugs, including but not limited to the following:
  - consuming too much alcohol;
  - taking an overdose of drugs, whether lawfully prescribed or otherwise;
  - taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Necrotising Fasciitis

A definite Diagnosis of necrotising fasciitis or gas gangrene by a consultant physician, requiring surgery to remove necrotic tissue and intravenous antibiotic treatment.

For the above definition, the following is not covered:

- All other forms of gangrene or cellulitis

Peripheral vascular disease

A definite Diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon, due to atherosclerosis or Buerger's disease, with objective evidence from an ultrasound of obstruction in the arteries which results in by-pass graft surgery to an artery of the legs.

For the above definition, the following is not covered:

- Angioplasty

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Pneumonectomy

The undergoing of surgery, on the advice of a consultant medical specialist, to remove an entire lung for any physical injury or disease.

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Removal of the eye ball

Permanent surgical removal of an eyeball as a result of injury or disease. For the above definition, the following is not covered:

- Self-inflicted injuries

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Syringomelia or Syringobulbia

- The undergoing of surgery to treat a syrinx in the spinal cord or brain stem.

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Systemic Lupus Erythematosus

A definite Diagnosis by a UK Consultant Rheumatologist of systemic lupus erythematosus resulting in either permanent neurological deficit with persisting clinical symptoms or permanent impairment of kidney function with glomerular filtration rate below 30ml/min.

Ulcerative Colitis

A definite diagnosis of Ulcerative Colitis with surgical removal of the entire colon.

For the above definition the following is not covered:

- Total colectomy as a result of Crohn's Disease
- Partial removal of the colon

We will make payment of the Sum Assured prior to the surgical procedure if You are placed on an NHS waiting list.

Additional Payment conditions

Aortic Aneurysm

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft. The following is not covered:

- Procedures to any branches of the thoracic and abdominal aorta

Aplastic Anaemia (less severe)

A definite Diagnosis of aplastic anaemia by a consultant haematologist.

There must be bone marrow hypocellularity confirmed by biopsy with at least two of the following:

- Absolute neutrophil count (ANC) <0.5 x 10^9/L
- Platelet count <20 x 10^9/L
- Hb <100 g/L (<10g/dL)

The following is not covered:

- Other types of anaemia

Brain abscess drained with craniotomy

The surgical drainage of an intracerebral abscess within the brain tissue through a craniotomy (surgical opening of the skull) by a consultant neurosurgeon. There must be evidence of an intracerebral abscess on CT or MRI imaging.

Carotid artery stenosis

The undergoing of endarterectomy or angioplasty with or without stent on the advice of a consultant physician to treat severe symptomatic stenosis in a carotid artery. This operation must be to treat:

- at least 50% diameter narrowing; and
- angiographic evidence will be required

Cauda equina syndrome

Compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction; and
- permanent weakness and loss of sensation in the legs

Central retinal artery or vein occlusion (eye stroke)

Death of the optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

For the above definition the following are not covered:

- Branch retinal artery or vein occlusion or haemorrhage
- Traumatic injury to tissue of the optic nerve or retina

Cerebral or spinal arteriovenous malformation

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) in order to treat a cerebral arteriovenous malformation; or
- endovascular treatment using coils or other materials (embolisation) in order to treat a cerebral or spinal arteriovenous malformation

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Cerebral or spinal aneurysm

The undergoing of either of the following surgical procedures:

- surgical correction via craniotomy (surgical opening of the skull) in order to treat a cerebral aneurysm; or
- endovascular treatment using coils or other materials (embolisation) in order to treat a cerebral or spinal aneurysm

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Coronary angioplasty

The undergoing of balloon angioplasty, or stent insertion on the advice of a UK Consultant Cardiologist to correct a lesion in a coronary artery that has been shown to produce ischaemia.

The following are not covered:

- Atherectomy
- rotablation; or
- laser treatment

Diabetes mellitus type 1

A definite Diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

Guillain-Barré syndrome

A definite Diagnosis of Guillain-Barré syndrome by a consultant neurologist. There must be clinical impairment of motor or sensory function which must have persisted for a continuous period of at least six months.

Less advanced cancer of the Anus

A positive Diagnosis with histological confirmation of cancer in situ of the anus with surgery to remove the tumour.

The following is not covered:

- Anal Intraepithelial Neoplasia (AIN) grade 1 or 2

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Appendix, Colon or Rectum

A positive Diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the appendix, colon or rectum resulting in intestinal resection.

The following are not covered:

- Local excision, polypectomy

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Bile Ducts

A positive Diagnosis with histological confirmation of cancer in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Cervix – with specified surgery

A positive Diagnosis with histological confirmation of cancer in situ of the cervix uteri resulting in trachelectomy (removal of the cervix) or hysterectomy.

The following are not covered:

- loop excision, laser surgery, conisation, cryosurgery, cervical intraepithelial neoplasia (CIN) grade I or II, or low grade squamous intraepithelial lesions (LGSIL)

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Gallbladder

A positive Diagnosis with histological confirmation of cancer in situ of the gallbladder with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Larynx

A positive Diagnosis with histological confirmation of cancer in situ of the larynx treated with surgery, laser or radiotherapy.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Lung or Bronchus

A positive Diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the lung or bronchus resulting in wedge resection or lobectomy.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Oesophagus

A positive Diagnosis with histological confirmation of cancer in situ of the oesophagus with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Oral Cavity or Oropharynx

A positive Diagnosis with histological confirmation of cancer in situ of the oral cavity or oropharynx with surgery to remove the tumour. This includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Ovary

A positive Diagnosis with histological confirmation of ovarian tumour of borderline malignancy or low malignant potential which has resulted in surgical removal of an ovary.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Pancreas

A positive Diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the pancreas with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Renal Pelvis or Ureter

A positive Diagnosis with histological confirmation of cancer in situ of the renal pelvis or ureter.

The following are not covered:

- Non-invasive papillary carcinoma
- Tumours of TNM classification stage Ta

Less advanced cancer of the Small Intestine

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

A positive Diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the duodenum, jejunum or ileum resulting in intestinal resection.

Less advanced cancer of the Stomach

A positive Diagnosis with histological confirmation of cancer in situ or neuroendocrine tumour (NET) of low malignant potential of the stomach with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Testicle

A positive Diagnosis with histological confirmation of intratubular germ cell neoplasia unclassified (ITGCNU) or benign testicular tumour resulting in orchidectomy (removal of a testicle).

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Thymus

A positive Diagnosis with histological confirmation of epithelial or neuroendocrine tumour (NET) of low malignant potential of the thymus with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Thyroid

A positive Diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the thyroid with surgery to remove the tumour.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Urinary Bladder

A positive Diagnosis with histological confirmation of cancer in situ of the urinary bladder.

The following are not covered:

- Non-invasive papillary carcinoma
- TNM classification stage Ta bladder cancer

Less advanced cancer of the Uterus

A positive Diagnosis with histological confirmation of cancer in situ of the lining of the uterus (endometrium) resulting in a hysterectomy.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Vagina

A positive Diagnosis with histological confirmation of cancer in situ of the vagina resulting in surgery to remove the tumour.

The following are not covered:

- Laser surgery and diathermy
- Vaginal Intraepithelial Neoplasia (VAIN) grade 1 or 2

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced cancer of the Vulva

A positive Diagnosis with histological confirmation of cancer in situ of the vulva resulting in surgery to remove the tumour.

The following are not covered:

- Laser surgery and diathermy
- Vulval Intraepithelial Neoplasia (VIN) grade 1 or 2

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Less advanced Crohn's disease

A definite Diagnosis of Crohn's disease by a consultant gastroenterologist resulting in surgical internal resection to remove part of the small intestine or bowel.

For the above definition the following are not covered:

- Surgical treatment for abscesses, fistulas or strictures

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Lobectomy

Undergoing surgery to remove one or more lobes of the lung as a result of injury or disease.

For the above definition the following are not covered:

- Removal of a portion of a lobe of the lung only; or any other form of lung surgery

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Pituitary Tumour

A definite Diagnosis by a UK Consultant of a pituitary neuroendocrine tumour resulting in either surgical removal of the tumour or use of radiotherapy to destroy tumour cells.

The following are not covered:

- tumours treated with forms of treatment other than those stated above.

We will make payment as detailed under the additional payment conditions section, prior to the surgical procedure if You are placed on an NHS waiting list.

Significant visual loss

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/24 or worse in the better eye using a Snellen eye chart, or visual field is reduced to 45 degrees or less of an arc, as certified by an ophthalmologist.

Skin cancer

Non-melanoma skin cancer Diagnosed with histological confirmation that the tumour is larger than 2 centimetres (cm) across and has at least one of the following features:

- tumour thickness of at least 4 millimetres (mm);
- invasion into subcutaneous tissue (Clark level V);
- invasion into nerves in the skin (perineural invasion);
- poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope); or
- has recurred at the site of previous treatment

Third degree burns (less severe)

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 5% and less than 20% of the body's surface area or covering at least 5% and less than 20% of the surface area of the face or head.

Children's Critical Illness Plus

In addition to the above Critical Illness Plus Conditions and subject to the exclusions and limitations detailed in condition 8, the Child of the Life Insured will also be covered for the following Children's Critical Illness Conditions from birth.

Cerebral palsy

A definite Diagnosis of cerebral palsy made by a hospital consultant.

Congenital Heart Disease (atrial ventricular septal defects)

Surgical repair of an atrial or ventricular septal defect. The undergoing of surgery on advice of a consultant cardiologist to close a defect in the interatrial or interventricular septum requiring either thoracotomy or the use of endovascular techniques.

We will make payment as detailed under the Children's Critical Illness section, prior to the surgical procedure if You are placed on an NHS waiting list.

Cystic Fibrosis

A definite Diagnosis of cystic fibrosis by a hospital consultant.

Diabetes Mellitus Type 1

A definite Diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections. The following are not covered:

- gestational diabetes
- type 2 diabetes (including type 2 diabetes treated with insulin)

Down's syndrome

A definite Diagnosis of Down's syndrome by a hospital consultant.

Hydrocephalus

A definite Diagnosis of hydrocephalus by a hospital consultant which is treated by the insertion of a shunt.

Muscular Dystrophy

A definite Diagnosis of muscular dystrophy by a hospital consultant.

Spina Bifida

A definite Diagnosis of spina bifida meningocele or myelomeningocele by a hospital consultant. For the above definition the following are not covered:

- Spina bifida occulta

Glossary of terms used within Critical Illness and Critical Illness Plus definitions

6/60

6/60 means the person whose eyesight is being assessed can see an object up to six feet away that a person with perfect eyesight could see if it were 60 feet away.

Acute

Intense and/or sudden in onset.

Angina

The often severe chest pain or discomfort that is a symptom of coronary artery disease.

Angioma

A benign tumour of blood vessels.

Aorta

The main artery of the body, coming from the heart and supplying oxygenated blood to the body.

Benign

Not malignant

Binet Stage

A system of grading chronic lymphocytic leukaemia (CLL). Binet Staging classifies CLL into three stages ("A" to "C") according to the number of areas where lymphoid tissues are involved (the four possible areas being the spleen and the lymph nodes of the neck, groin, and underarms), as well as the presence of anaemia (low red blood cell count) or thrombocytopenia (low number of blood platelets).

Borderline malignancy

Potentially malignant cells that have not invaded the adjacent tissue.

Cancer in-situ

The presence of malignant/cancerous cells at a stage of development such that they have not spread into surrounding healthy tissue.

In medical terminology, this means that the cancer cells are confined to the epithelium (the tissue that lines the internal and external surfaces of the body) of origin and have not yet invaded the adjacent tissue.

For malignant melanomas of the skin, this means that cancer cells are confined to the epidermis (the outermost layer of skin) and may be categorised as Clark's level 1.

Chronic

Of long duration.

Clinical impairment

The clinical symptoms associated with the condition that can be detected through examination.

Clinical TNM classification

An internationally recognised standardised method of staging cancers. Broadly, the three parts of the system relate to:

T - Tumour – a scale of 0 to 4 is used to record details about the primary tumour. T0 means there is no evidence of a primary tumour, T1 to T4 shows the size and extent of spread of the primary tumour. Tis' may be used for cancer in situ.

N - Nodes – a scale of 0 to 3 is used to record the extent of spread to the regional lymph nodes. N0 means the lymph nodes are not involved, N1 – N3 shows the extent of the involvement.

M - Metastases – either M0 or M1, the latter indicating metastases (more distant spread of the cancer).

Cyst

A cavity or sac enclosed by a membrane, often containing liquid or semi-solid material.

Dementia

A symptom of degenerative brain disease or disorder characterised by impairment of intellectual faculties, such as memory, concentration and judgement.

Dialysis

The artificial means of removing toxic substances (impurities and wastes) from the blood when the kidneys are unable to do so.

External stimulli

Outside sensory events that would normally produce a response eg sight, hearing, touch, taste or smell.

Gleason score

A system of grading prostate cancer. The Gleason grading system assigns a grade to each of the two largest areas of cancer in the tissue samples. Grades range from 1 to 5, with 1 being the least aggressive and 5 the most aggressive. The two grades are then added together to produce a Gleason score.

A score from 2 to 6 is considered low grade; 7, intermediate grade; and 8 to 10, high grade. For more information, please visit **http://www.prostate-cancer.org.uk/**

Graft

Any organ or tissue implanted to repair or replace a diseased or damaged organ or body tissue.

Haemorrhage

Bleeding from a ruptured blood vessel.

Histological confirmation

In relation to cancer, means confirmation of the diagnosis based on examination of sections of tissue under a microscope. It does not include diagnosis based on finding tumour cells and/or tumour-associated molecules in blood, saliva or any other bodily fluid in the absence of further clinically verifiable evidence.

Internal needs

Needs of the body to survive ie food, drink, using the toilet etc.

Invasion

In relation to cancer means the occurrence of malignant/ cancerous cells that have spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues made up of different cells (that is, more extensive than cancer in-situ).

Irreversible

Cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the claim.

Low malignant potential

Potentially malignant cells that have not invaded the adjacent tissue.

Malignant tumour

A tumour that invades the tissue in which it originates and can spread to other parts of the body.

Meninges

Membranes that cover and protect the brain and spinal cord.

Non-invasive

In relation to cancer is the occurrence of malignant/ cancerous cells that have not spread beyond the layer of tissue in which they developed.

Paralysis

The loss of power of movement of a part of the body.

Permanent

Expected to last throughout Your life, irrespective of when the cover ends or You retire.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout Your life.

Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Pituitary gland

A small pea-sized organ connected by a stalk to the middle of the underside of the brain behind the nasal cavity.

Pre-malignant

Cells which may develop into a malignant tumour but have not yet done so.

Snellen eye chart

A chart showing letters in rows of decreasing size that opticians use to measure visual ability.

Stent

A tubular structure placed within a blood vessel or organ, used to provide support during or after surgical procedures.

Transient ischaemic attack

Temporary disruption of the blood circulation to part of the brain. The symptoms may initially be similar to those of a stroke but patients recover within 24 hours.

Traumatic injury

Injury that arises solely and directly from bodily injury caused by external, violent, visible and accidental means, totally independent of any physical and mental illness.

Tremor

Involuntary, rhythmic movement of part of the body, most commonly the hands and arms, often the head and voice, and rarely the legs.

Unconsciousness

The lack of normal sensory awareness caused by temporary or permanent damage to brain function.

Visual aids

Anything which helps improve vision, for example contact lenses or a pair of glasses.

General Definitions

Accident

You suffer an injury (which is unrelated to any physical or mental illness) solely as the direct result of an accidental, violent, external and visible cause.

Adviser

Means the person that sold You this policy.

Authorities

Includes any judicial, administrative, public or regulatory body, any government, any Tax Authority, court, central bank or law enforcement body, or any of their agents with jurisdiction over any part of the Chesnara Group.

Child, Children

Means any Child of the Life Insured, including natural, step and legally adopted Children. Cover will start once the child is 30 days old and end on their 21st birthday for Chesnara Life Critical Illness, or from birth to the child's 23rd birthday for Chesnara Life Critical Illness Plus.

Claims Department

Means Chesnara Life (UK) Ltd, PO Box 1053, St Albans, AL1 9QG.

Compliance Obligations

Means obligations of the Chesnara Group to comply with: (a) Laws or international guidance and internal policies or procedures, (b) any demand from Authorities or reporting, disclosure or other obligations under Laws, and (c) Laws requiring Us to verify the identity of Our customers.and (c) Laws requiring Us to verify the identity of Our customers.

Connected Person

Means any natural person or legal entity (other than You) whose information (including Personal Data or Tax Information) You provide, or which is provided on Your behalf, to any member of the Chesnara Group or which is otherwise received by any member of the Chesnara Group in connection with the provision of the Services. A Connected Person may include any guarantor or any other persons or entities with whom You have a relationship that is relevant to Your relationship with the Chesnara Group. A Connected Person may include any guarantor or owner of a legal estate in land over which We are to take security, provider or recipient of a payment or any other persons or entities with whom You have a relationship that is relevant to Your relationship with the Chesnara Group.

Critical Illness / Illnesses

Means one or more of the illnesses, conditions or procedures suffered or undergone by You set out in the sections "Critical Illness Definitions" and "Critical Illness Plus Definitions".

Critical Illness Benefit

Is the amount payable if You are Diagnosed with one of the specified Critical Illnesses or undergo a specified surgical procedure and is equal to either the lump sum as shown in the Policy Schedule (full payment conditions) or the amount specified in this Policy Booklet (additional payment conditions).

Customer Information

Means Your Personal Data, confidential information, and/or Tax Information or that of a Connected Person.

Customer Services Centre

Means Chesnara Life (UK) Ltd, PO Box 1053, St Albans, AL1 9QG or **support@lifeprotectionplan.chesnaralife.co.uk**

Death Benefit

Is the amount payable on the death of a Life Insured and is equal to the lump sum as shown in the Policy Schedule.

Decreasing Cover

Where the amount of benefit is designed to reduce in line with an outstanding mortgage or loan (calculated at a mortgage interest rate of 8%)

Diagnosis, Diagnosed

Means an unequivocal confirmation of Terminal Illness or Critical Illness as defined in these Policy Conditions and contained in a dated letter to Us. All Diagnoses and medical opinions must be given by a registered medical practitioner

- whose professional status is recognised by Us; and
- is acceptable to Our Chief Medical Officer; and
- a specialist in an area of medicine appropriate to the cause of the claim

Endorsement

Means any schedule, letter or other document issued by Us to the Policyholder(s) that alters the provisions, conditions, definitions or Policy Schedule.

Expiry Date

Means the date shown in the Policy Schedule on which the Policy terminates and all benefits come to an end.

Financial Crime

Means money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or any acts or attempts to circumvent or break any Laws relating to these matters.

Financial Crime Risk Management Activity

Means any action to meet Compliance Obligations relating to the detection, investigation and prevention of Financial Crime. This may include

a. screening, intercepting and investigating any communication, application for Services or any payment, whether sent to or by You or on Your behalf,

b. investigating the source of or intended recipient of money,

c. combining Customer Information with other related information in the possession of the Chesnara Group and/or

d. making further enquiries as to the status of a relevant person or entity (whether they are subject to a sanctions regime or confirming their identity or status).

Grace Period

Means, in respect of each Premium, a period of 60 days immediately following the Premium due date.

Guaranteed Insurability Options

Means, if certain conditions are met, the Sum Assured may be increased (up to a maximum of 50% of the original Sum Assured) without the need for further medical underwriting.

Chesnara Access

Means Our online portal providing access to Your Policy Schedule and other Policy documents.

Chesnara Group and any member of the Chesnara Group

Chesnara Group and any member of the Chesnara Group Means Chesnara plc, and/or any of its affiliates, subsidiaries, associated entities, and includes Chesnara Life (UK) Ltd.

Increasing Cover

Increasing Cover provides an increasing amount of benefit to help combat the effects of inflation or allow for changes in personal circumstances.

Laws

Include any local or foreign law, regulation, judgment or court order, voluntary code, sanctions regime, agreement between any member of the Chesnara Group and an Authority, or agreement or treaty between Authorities and applicable to Us or any other member of the Chesnara Group.

Level Cover

Means a fixed level of benefit throughout the term of the Policy.

Life/Lives Insured

Means the person(s) shown as Life/Lives Insured in the Policy Schedule relating to whom payment of the Sum Assured depends.

Maximum Sum Assured

Means the Maximum Sum Assured limit which is dependent upon Your age attained when You take out a Chesnara Life Critical Illness or Chesnara Life Critical Illness Plus Policy.

If You have existing policies, the amount of additional cover that can be purchased is the Maximum Sum Assured limit for Your current age, less the Sum Assured for any existing Chesnara Life Critical Illness or Chesnara Life Critical Illness Plus Policy You hold.

For Increasing and Decreasing Policies, You can find out Your current Sum Assured at any time online in the My Policy section of Chesnara Access.

Mortgage Protection

Means a Policy applied for to provide UK residential mortgage cover.

Partner

Someone You are married to or in a civil partnership with, or someone You have been living with for a minimum of two years as if You were married or in a civil partnership.

Permitted Areas

Means UK and any EU member country plus the following countries and territories: Andorra, Australia, Canada, Channel Islands, Gibraltar, Hong Kong, Iceland, Isle of Man, Japan, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Saudi Arabia, South Africa, Switzerland, Turkey, United States of America.

Personal Data

Means any information relating to an individual from which they can be identified or be identifiable when combined with other information.

Personal Protection

Means a Policy applied for to provide family cover, personal cover or residential mortgage cover.

Policy

Means Chesnara Life Critical Illness and Chesnara Life Critical Illness Plus.

Policy Anniversary

Means the anniversary of the date when the Policy is issued as shown in the Policy Schedule.

Policyholder, You, Your

Means the person (or persons) shown as the Life/ Lives Insured in the Policy Schedule who for the time being is the legal holder of the Policy but could, if appropriate, mean:

- the executor/administrator of the Policyholder(s); or
- the legal assignee of the Policyholder(s) or subsequent assigns (including for the avoidance of doubt any trustee in bankruptcy or liquidator); or
- the executor/administrator of such assignee holding title to the Policy; or
- if the Policy is held in trust, the current trustee(s) of such trust

Policy Conditions

The conditions set out from page 4 in the Policy Booklet.

Policy Schedule

Means the schedule to the Policy (issued as 'the Policy Schedule') or any replacement schedule issued by Us in accordance with the Policy Conditions which shows the details of the cover provided by the Policy.

Premium

Means the amount shown in the Policy Schedule or any subsequent Endorsement.

Services

Means (a) the opening, administration and closing of Your Policy (via claim or termination), (b) providing You with credit facilities and other banking products and services (including insurance), processing applications, credit and eligibility assessment, and (c) maintaining Our overall relationship with You, including marketing services or products to You, market research, insurance, audit and administrative purposes.

Sum Assured

Means the amount shown in the Policy Schedule against the heading of Sum Assured.

For Increasing and Decreasing Policies, You can find out Your current Sum Assured at any time online in the My Policy section of Chesnara Access.

Surgical Procedure

Means one of the specified Surgical Procedures set out in the sections "Critical Illness Definitions" and "Critical Illness Plus Definitions".

Tax Authorities

Means UK or foreign tax, revenue or monetary Authorities (for example, HMRC).

Tax Information

Means documentation or information about a person's tax status, including Yours.

Total Sum Assured

Means the total of the Sum Assured that the Policyholder(s) have under all Chesnara Life Critical Illness or Chesnara Life Critical Illness Plus Policy(ies) under which they are a Life Insured, subject to the Maximum Sum Assured.

When calculating the Total Sum Assured, the Sum Assured for each Policy is the amount as shown in the Policy Schedule.

For both Increasing and Decreasing Policies, You can find out Your current Sum Assured at any time online in the My Policy section of Chesnara Life Access.

UK

Means England, Wales, Scotland and Northern Ireland and does not include the Channel Islands and the Isle of Man.

We, Us, Our

Means Chesnara Life (UK) Ltd or its successors in title.

Important Information about Your Policy

Tax

The benefits payable under the Policy are free from UK income and capital gains tax. However, the tax treatment of the Policy benefits may change in the future. Some countries may have tax legislation that has extra-territorial effect and this may impact You regardless of Your place of domicile or residence. This means You may incur charges as a result of buying this Policy/paying the premium. We strongly recommend that You seek Your own professional advice if You think that this may be an issue for You.

For single Policies – benefits paid out after Your death may be liable to inheritance tax. It may be possible to mitigate Your liability to inheritance tax by using an appropriate trust. We suggest that You discuss this with Your adviser or seek independent legal advice.

For joint Policies – although payments between spouses and civil partners should not create an inheritance tax liability, a trust may be appropriate for future planning needs for both married and unmarried couples.

Chesnara Life (UK) Ltd does not currently have a trust suitable for joint policies and We recommend You seek independent financial and legal advice.

Chesnara Life (UK) Ltd

Chesnara Life (UK) Ltd is the product provider and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our firm reference number is 133435.

These details may be checked on the Financial Services Register by visiting the Financial Conduct Authority website www.fca.org.uk or by contacting the Financial Conduct Authority on 0800 111 6768 or 0300 500 8082. Please refer to the FCA website for opening hours.

Chesnara Life (UK) Ltd is a member of the Association of British Insurers.

Chesnara Life (UK) Ltd is incorporated in England and is a company limited by shares. The main business of (UK) Limited is writing life policies.

The language used in the Policy Summary and Policy Booklet is English.

As part of Our reporting requirements, We publish an annual Solvency and Financial Condition Report (SFCR). This tells You about Our business and its performance. It also outlines Our system of governance, risk profile, valuation for solvency purposes and capital management. You can find a copy of Our current SFCR by visiting Our Group website www.chesnaralife.co.uk and searching for “SFCR”, or You can request a copy by calling Us on 0333 207 5563 or by emailing support@lifeprotectionplan.chesnaralife.co.uk.

Registered Office

Chesnara Life (UK) Ltd
2nd floor, 33-34 Winckley Square
Preston, Lancashire, PR1 3JJ

Registered in England (United Kingdom) number 88695.

Your information

Our Privacy Notice explains how We collect, use, disclose, transfer and store Your information and sets out Your rights in relation to Your information. An overview of Our Privacy Notice is available below, and Our full Privacy Notice is available separately. You can find a copy at chesnaralife.co.uk/privacy-notice or You can contact Our Customer Services Centre for a copy by sending an email to support@lifeprotectionplan.chesnaralife.co.uk or by calling 0333 207 5563.

If You’d like further information on how to exercise Your rights, anything We’ve said in the Privacy Notice Overview, or to contact Our Data Protection Officer, contact Us at P.O Box 1053, St Albans, AL1 9QG, addressed ‘for the attention of the DPO’.

A Guide to Critical Illness Cover

The Association of British Insurers (ABI) give general information about critical illness cover in their booklet ‘Critical Illness Cover – What You need to know’. You can get a copy at www.abi.org.uk or by writing to:

Association of British Insurers
One America Square
17 Crosswall
London EC3N 2LB

Please note – this document complies with the ABI Guide to Minimum Standards for Critical Illness Cover.

An overview of how We collect and use Your information

This is an overview of:

- the types of information We collect about You
- how We collect and use it
- who We might share it with
- the steps We'll take to make sure it stays private and secure
- Your rights to Your information

More information

For more details about anything covered in this overview, please see Our full Privacy Notice. You can view or download a copy by visiting **Chesnaralife.co.uk /privacy-notice** or if You prefer paper, give Us a call on 0333 207 5563 or email Us at **support@lifeprotectionplan.chesnaralife.co.uk** and We'll send a copy to You. To contact Our Data Protection Officer, contact Us at Data Protection Officer, Chesnara Life (UK) Ltd, P.O. Box 1053, St Albans AL1 9QG addressed 'for the attention of the DPO'.

Who We are

When We say 'We', We mean Chesnara Life (UK) Ltd, part of the Chesnara Group of Companies, who is the 'data controller' for the information in this overview. This means We're responsible for deciding how We can use Your information.

The information We collect

We collect information about You from different places including:

- Directly from You
- from a third party acting on Your behalf e.g. an intermediary or broker who promote and distribute products for Us
- from publicly available sources
- Your rights to Your information
- from comparison websites or aggregators
- information relating to Your medical records, with Your agreement
- information relating to medical screening test results from approved medical agencies
- information relating to Your insurance claims history
- information from other parties involved in Your insurance Policy or claim
- when We generate it Ourselves
- from other organisations

We'll only collect Your information in line with relevant regulations and law and this may relate to any of Our products or Services You apply for, currently hold or have held in the past.

You're responsible for making sure You give Us accurate and up-to-date information. If You provide information for another person on Your account, including the Lives Insured's or beneficiaries under Your Policy, dependants, claimants and other third parties involved in an insurance Policy or claim (such as witnesses). You'll need to tell them how to find the Privacy Notice and make sure they agree to Us using their information for the purposes set out in it.

How We'll use Your information

We'll use it to provide the insurance products You've requested and other purposes e.g.:

- to confirm Your identity and address
- to understand how You use Your products and Services
- to carry out Your instructions
- to undertake customer research
- to improve Our products and Services
- to evaluate Your insurance application and provide You with a quotation
- to handle or monitor any claims which You make or which arise under Your insurance Policy
- where relevant, to bring a claim against a third party
- to apply for and claim on Our own insurance policies
- to offer You other Services We believe may benefit You unless You ask Us not to

We'll only use Your information where We're allowed to by law e.g. carrying out an agreement We have with You, fulfilling a legal obligation, because We have a legitimate business interest or where You agree to it.

We need to collect sensitive health information for insurance purposes to:

- evaluate Your insurance application and provide You with a quotation;
- handle or monitor any claims which You make or which arise under Your insurance Policy

We may, for the purposes of underwriting this proposal, disclose to an approved medical agency, Your name, address, doctor's details, telephone number and date of birth in order to arrange and obtain medical examinations and tests.

Where appropriate, We will ask for consent to collect and use this information.

We may use automated systems to carry out fraud and money laundering checks and to help Us make decisions, e.g. to determine whether or not We can offer You insurance and at what price. We may base Our decision on factors such as health, lifestyle and occupational information, as well as the level of cover being requested.

In addition, We may carry out a post-sale check on the accuracy of the disclosure given in this application. This may include disclosing information to Your doctor, in order to request and obtain copies of Your medical records. Where We intend to do this, We will contact You first.

Who We can share Your information with

We may share Your information and information about Your policy with and other Chesnara Plc Group members and others outside of the Chesnara Life (UK) Ltd such as:

- parties involved in the distribution of Your insurance policy (for example introducers, intermediaries, brokers and panel managers)
- companies/parties We work in partnership with and agents or service providers who work for Us or provide services to Us (for example third parties involved in the underwriting and administration of the relevant insurance policy or claim including loss adjusters, claims handlers, private investigators, experts and Our advisers and, where relevant, medical experts and rehabilitation providers)
- regulators
- insurers and reinsurers

How long We'll keep Your information

We'll keep Your information for as long as You have a relationship with Us. After it ends We'll keep it where We may need it for Our legitimate purposes e.g. to help Us respond to queries or complaints, or for other reasons e.g. fighting fraud and Financial Crime, and responding to requests from regulators.

Transferring Your information overseas

Your information may be transferred and stored in countries outside the UK or the European Economic Area, including some that may not have Laws that provide the same level of protection for personal information. When We do this, We'll ensure it has an appropriate level of protection.

Your rights

You have a number of rights relating to Your information e.g. to see what We hold, to ask Us to share it with another party, to ask Us to update incorrect or incomplete details, to object to or restrict processing of it, to make a complaint etc.

Chesnara Life (UK) Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 133435 and our registered office is at: 2nd floor, 33-34 Winckley Square, Preston, Lancashire, PR1 3JJ, United Kingdom. Registered in England number 88695.

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