

# Your Life Insurance

## Life Insurance Cover Product

Life Cover Insurance  
designed to help loved  
ones when they need it  
most.



Policy booklet

**CO**  
vea Life



## Important Documents

It is important that **you**:

- read and understand this document and the enclosed **policy schedule**
- check that **you** are eligible to take out the **policy**
- keep these documents safe so **you** can refer to them in the future

## Contact Us ...

If **you**:

- want to make a claim
- need help or clarification on **your cover**
- need to notify **us** of a change in circumstance
- wish to complain



By writing to  
**Protection Department,**  
**Covéa Life Limited,**  
**50 Kings Hill Avenue,**  
**Kings Hill, West Malling,**  
**Kent ME19 4JX**



Or calling **us** on  
**0333 130 4543**

Calls may be recorded and monitored for training and quality purposes.

## Life Cover Product

The following pages and enclosed **policy schedule** contain the details of **your policy** and the contractual terms of **your cover**. These documents are legally binding between **you** and **us**.

The words listed on pages 3 and 4 of this booklet have special meanings when they appear in the **policy** in bold text. It is very important that **you** refer to these special meanings when **you** read the **policy** as they will help **you** understand the **cover**. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** find difficult to understand within the policy please do call **our** helpline on **0333 130 4543**.

The **policy** is underwritten and administered by Covéa Life Limited.

# Welcome...

## to your Life Cover Product

### Why choose our Life Cover Product?

This product has been designed to:

- provide a one-off cash sum if **you** die during the **cover period**;
- allow the **cover amount** to be paid before **you** have died, at **your** option, if **you** are diagnosed with a **terminal illness**;
- provide level cover, which means that the **cover amount** is fixed from the **start date** and won't change;
- provide fixed **premiums** which won't change during the **cover period**;
- allow more than one person to be covered under the **policy**.

This type of cover could be used to cover an interest-only mortgage, other debts or to help look after **your** loved ones when **you** die such as paying for education.

### Are you eligible?

To be eligible for this product at the **start date** **you** must be:

- between 18 and 65 years of age (both inclusive); and
- a **UK resident**.

### What types of cover are available?

There are two different types of cover available. The type of cover **you** have selected will be shown in the **policy schedule**.

- **Level cover** – this means the **cover amount** does not change over the **cover period**. It doesn't keep up with inflation so the **cover amount** may be worth less in the future. The **premium** **you** pay each month will also not change.
- **Decreasing cover** – this means that after the **start date** the **cover amount** will go down each month, but the **premium** will remain the same. The amount by which it goes down is the equivalent to an annual interest rate of 8%. This type of cover is generally taken out to help pay off a capital and interest repayment mortgage in the event of death.

### Significant Features and Benefits

- **You** can choose how long **you** want the **cover** for, from between 5 to 45 years subject to **you** not being older than 90 years of age at the **expiry date**.
- **You** can choose either level **cover** or decreasing **cover**.
- This provides certainty as both the **cover amount** and the **premiums** are fixed.
- **You** have a choice of how much cover **you** can have, subject to the limits set out in the 'Cover amount' paragraph of the 'Your Cover' section.

### Exclusions and Limitations

- **We** will not pay the **cover amount** if **you** die in the first 12 months of **your policy** as a result of **suicide**.
- The **policy** only pays out if **you** die or are diagnosed with a **terminal illness** during the **cover period**.
- The **policy** is not a savings or investment product and it has no cash in or surrender value at any time.
- There is no guarantee that the **cover amount** will cover **your** mortgage or loan.
- When more than one person is covered under the **policy**, once one claim has been paid the **policy** will automatically end. The **policy** only pays the **cover amount** once.
- **We** may cancel the **policy** and not pay a claim where **we** find out that someone has deliberately withheld information from **us** or deliberately or recklessly provided **us** with inaccurate information. More detail on when **we** can cancel a **policy** can be found in the 'Information you have given us' paragraph of the 'General Conditions' section.
- **We** have limits on the maximum cover amount **you** can have. Please refer to the 'Cover amount' paragraph of the 'Your Cover' section for details.

# Contents

<b>Definitions</b> .....	3
<b>Making a Claim</b> .....	5
<b>When things go wrong</b> .....	6
<b>Your Cover</b> .....	7
<b>General Conditions</b> .....	9

# Life Cover Product Definitions

Protection Department  
0333 130 4543

In this **policy** the words listed below have the following specific meanings when they appear in **bold** type with or without an initial capital letter:

## attending consultant

means an appropriately qualified medical specialist supervising the care of the **life assured** who is resident and practicing in one of the following countries: the **UK**, any of the countries of the European Union, Switzerland, Iceland, Norway, USA, Canada, Australia, New Zealand, the Isle of Man or the Channel Islands.

## cover

means the benefits received under the **policy** in relation to the events detailed in the 'Your Cover' section.

## cover amount

means the amount that **you** are insured for with a successful claim under the **policy**, as shown in the **policy schedule**. If you have chosen decreasing cover, the **cover amount** will decrease each month from the **start date** by the equivalent to an annual interest rate of 8%.

## cover period

means the period beginning on the **start date** and ending on the **end date**.

## declaration of continuing good health

means the form prescribed by **us** that **you** need to complete to confirm **you** are still in good health for **us** to re-start **your policy** under the 'General Conditions' section.

## end date

means the date on which the **cover amount** is paid or the **expiry date** or the date the **policy** is cancelled under the 'Cancellation rights' paragraph of the 'General Conditions' section whichever event comes first.

## expiry date

means the date when **your policy** naturally ends and shown in **your policy schedule**.

## joint life cover

means when **you** have chosen **your policy** to cover two life assureds – usually **you** and **your** partner, spouse or civil partner, as shown in the **policy schedule**.

## life assured

means the person whose life is covered under this **policy**. If there is more than one life covered (as shown in the **policy schedule**) this definition covers all lives assured.

## medical officer

means a qualified doctor employed or engaged by **us**.

## policy

shall include these terms and conditions and the **policy schedule** and any changes to these documents subsequently made after the **start date**.

## policy schedule

means the schedule which shows the personalised features of **your cover** and which forms part of the **policy**.

## premium

means the monthly payment **you** need to pay to **us** for providing the **cover**.

## quote date

means the date that **we** tell **you** the **premium** for **your policy**.

# Definitions

## start date

means the date **cover** starts under the **policy** which is detailed in the **policy schedule**.

## suicide

means in **our** reasonable opinion the most likely cause of death is that the **life assured** took their own life, whether or not specifically shown as a verdict or cause of death in the coroner's report, death certificate or other equivalent documentation.

## terminal illness

means a definite diagnosis by **your attending consultant** 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 both **your attending consultant** and **our medical officer** the illness is expected to lead to death within 12 months.

## terms and conditions

means the terms and conditions detailed in this **policy** booklet.

## UK resident

means **you** must be physically living in the **UK** and either a citizen of the **UK** or a person who has been granted permission to permanently settle in the **UK**.

## United Kingdom or UK

means England, Scotland, Wales, Northern Ireland including the Channel Islands and the Isle of Man.

## we, us or our

means Covéa Life Limited.

## you or your

means the person who applied for this **policy**, a **life assured** and the person legally entitled to payment from it.

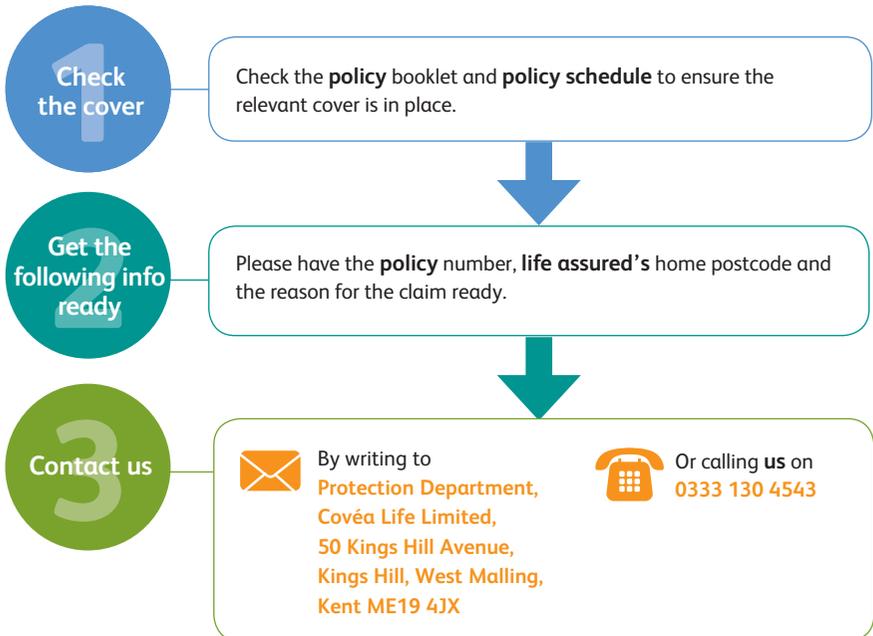
# Making a Claim

In the event of a claim the person making the claim should contact **us** to tell **us** about **your** death or **terminal illness** as soon as they can. **We** can be contacted, either by phone or in writing – please see below for **our** contact details.

Before **we** can pay out the claim, **we** will need to receive a completed claim form together with certain information and proof to validate the claim. **We** will only ask for the information and proof **we** need to process a claim.

Examples of the type of information and proof **we** may require include:

- proof of **your** age, for example **your** birth certificate if not provided when **you** applied for cover;
- proof of death or **terminal illness** e.g. **your** original death certificate or evidence of any fatal accident such as a coroner's report, police report, list of missing persons, airline passenger manifest, report from the **attending consultant** who has diagnosed **you** with a **terminal illness**;
- proof of the right of the claimant to receive the **cover amount** e.g. grant of probate, **your** will, trust deed, letters of representation or administration.



# When things go wrong

Please tell us if there is something wrong.

For full details of **our** complaints procedure, please contact **us**.

If **you** are not satisfied with the service **we** have provided, please tell **us** so that **we** can do **our** best to resolve the problem. **You** can contact **us** in the following ways:



by phone on  
**0333 130 4543**



or **you** can write to **us** at  
**Protection Department, Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill,  
West Malling, ME19 4JX**

Please note **we** may record and monitor telephone calls for training and quality purposes.

**We** are always here for **you** but so that **we** can help **you** as quickly as possible, please provide or have these things ready for **us**:

- **your** policy number
- **your** claim reference number
- **your** daytime and evening phone numbers

**You** may be eligible to refer **your** complaint to the Financial Ombudsman Service.



**Write to:**  
The Financial Ombudsman Service, Exchange Tower, London, E14 9SR



**Phone:**  
0300 123 9123 from a mobile or 0800 023 4567 from a landline



**Email:**  
[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)



**Website:**  
[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

**Your** legal rights are not affected if **you** take any of the steps shown above.

## 1. What you're covered for

### Death

In the event that **you** die during the **cover period** this **policy** will pay the **cover amount**, by way of a one-off cash payment.

For **joint life cover** the **cover amount** will only be paid out once. So when **we've** accepted a claim for one **life assured**, the **policy** will end.

### Terminal illness

In the event that **you** are **diagnosed** with a **terminal illness** during the **cover period**, **you** can ask **us** to pay **you** the **cover amount**.

For **joint life cover**, **we** will only pay out once when the first **life assured** is diagnosed as suffering from a **terminal illness**.

No **terminal illness** claim can be made after the death of the **life assured**.

### Cover type and amount

**You** can choose level cover or decreasing cover (explained in more detail on page 2). The type of cover **you** have chosen will be shown in the **policy schedule**.

## 2. What is not covered

**We** will not pay the **cover amount** if **you** die in the first 12 months of **your policy** as a result of **suicide**.

**We** may cancel a **policy** and not pay a claim where **we** find out that someone has deliberately withheld information from **us** or deliberately or recklessly provided **us** with inaccurate information. More detail on when **we** can cancel a **policy** can be found in the 'Information you have given us' paragraph of the 'General Conditions' section.

## 3. Cover amount

The amount payable under this **policy** is determined by the amount and type of **cover you** have selected which is stated in the **policy schedule**.

The **cover amount** shall be paid as a one-off lump sum payment.

If a valid claim is made under this **policy** then **we** will always pay out the **cover amount** except in the cases outlined below.

**We** may cancel **your policy**, not pay a claim or pay a reduced amount where **we** find out that someone has withheld information from **us** or provided **us** with inaccurate information. See the 'Information you have given us' paragraph of the 'General Conditions' section for more details.

If **you** make a **terminal illness** claim the **cover amount** will be the cover amount applicable at the time it is established that the **life assured** has met **our** definition of **terminal illness**.

The maximum amount of cover under this **policy** when added to the amount of cover **you** have under any of **our** other life insurance plans must not exceed:

- £750,000 if the **life assured** is aged 18 to 35 on the **quote date**; or
- £600,000 if the **life assured** is aged 36 to 40 on the **quote date**; or
- £500,000 if the **life assured** is aged 41 to 45 on the **quote date**; or
- £400,000 if the **life assured** is aged 46 to 50 on the **quote date**; or
- £300,000 if the **life assured** is aged 51 to 55 on the **quote date**; or
- £200,000 if the **life assured** is aged 56 to 60 on the **quote date**; or
- £100,000 if the **life assured** is aged 61 to 65 on the **quote date**.

If **you** make a claim and the total **cover amount** under this **policy** and any other life insurance plans at the **start date** with **us** is more than the limits shown above, the most **we** will pay is the relevant limit shown above. **We** will refund the **premiums you** have overpaid.

# Your Cover

## 4. Period of cover

The **cover** starts on the **start date** and will end on:

- the payment of the **cover amount**; or
- the **end date**, if the **cover amount** doesn't become payable; or
- the cancellation of this **policy** either by **you** or by **us** in accordance with the 'Cancellation rights' paragraph of the 'General Conditions' section.

### Paying your premiums

**You** must pay **premiums** from the **start date** when these are due, as shown in the **policy schedule**.

**Premiums** are payable monthly by direct debit. All direct debits need to be paid to **us** from a bank or building society in the **UK** in the currency of the **UK** or as otherwise approved by **us**.

**Your premium** is guaranteed not to change for the duration of **your policy**.

### Stopping your premiums

If at any time **you** don't pay **your premium** when it is due, **we** will write to **you** to let **you** know and **we** will allow **you** 30 days to pay the outstanding **premium**.

If **you** don't pay 2 consecutive months **premium your policy** will be cancelled and **you** will get no **premium** refund.

**We** will let **you** know if **we** cancel **your policy** due to non-payment of **premium**.

If a claim is made during the **cover period** when **premium** remains due, **we** will deduct the unpaid **premium** from any **cover amount**.

A claim cannot be made after **your policy** is cancelled.

### Re-starting your policy

If **your policy** is cancelled because **you** didn't pay the **premiums** within the periods set out in the 'Stopping your premiums' paragraph of this 'General Conditions' section, **you** can request that **we** re-start **your policy**. So that **we** can re-start **your policy**, **you** will need to pay **us** all of the premiums **you** haven't paid. Such request must be made within 180 days of the due date of the first unpaid **premium**.

Where any request to re-start **your policy** is received by **us** after 90 days following the cancellation by **us** for non-payment of **premium**, **you** will need to provide **us** with a **declaration of continuing good health**. It will not always be possible for **us** to re-start **your policy**, for example if **your** health has deteriorated since the **start date**. If **we** are not able to re-start **your policy** **we** will explain the reasons behind **our** decision.

### Premium refunds and cash-in value

The **policy** has no cash-in or surrender value. In the event of any overpayment of **premium**, **we** will refund any such overpayment.

### Cancellation rights

**You** have a 30 day 'cooling off' period after the **start date** of the **policy** during which **you** can change **your** mind. If **you** cancel within this period, **we** will refund any premiums **you** have paid. **You** can still cancel **your policy** at any time after the 'cooling off' period ends, but **we** won't refund **your** premiums. If **you** wish to cancel **your policy**, please contact **us**.

**We** can only cancel **your policy**:

- if **you** have died within 12 months of the **start date** as a result of **suicide**; or
- if **you** haven't paid all the **premiums** that are due as explained in the 'Stopping your premiums' paragraph of this 'General Conditions' section; or
- for the reasons provided in the 'Information you have given us' section.

# General Conditions

## Information you have given us

We will ask **you** questions during the application process and may also request additional information from **you** in order to assess **your** application and offer **you** a **policy**. **You** must take care when answering any questions and ensure that all information provided is accurate and complete.

If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your** **policy** and refuse to pay the **cover amount**. In these circumstances **we** may not refund any **premiums** **you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your** **policy** to reflect the terms that **we** would have offered had the accurate information been provided during the application process.

This may mean:

- **we** cancel **your** **policy** and return all **premiums** **you** have paid – if **we** would not have issued **you** with a **policy** had the accurate information been known; or
- **we** reduce the **cover amount** to reflect the higher **premium** that would have applied had the accurate information been known; or
- **we** make changes to these **terms and conditions** to reflect the **terms and conditions** that would have applied had the accurate information been known and **we** will treat **your** **policy** as if it had been issued on these amended **terms and conditions**.

The answers **you** gave during the application process will be sent to **you** at the same time as **your** **policy** schedule.

## Policy changes

If **your** circumstances change, **you** need to contact **us**. For example if **you** move house or cease to be a **UK resident**. If **you** are no longer a **UK resident**, **cover** can continue unaffected during the **cover period** provided that **you** continue to pay the **premium** from a bank or building society in the **UK** in the currency of the **UK** or as otherwise approved by **us**.

**We** may make changes to these **terms and conditions** that are reasonable where there is any change in applicable law, regulation or taxation. In such event **we** will give **you** 60 days' notice in writing of any changes and how these may impact **you**.

## Trusts and assignments

**You** may want the **cover amount** to be paid to a specific person or company on **your** death. **You** can do this by transferring **your** **policy** to one or more people or to a company. Transfers can be done by way of assignment or by placing **your** **policy** into trust.

If **you** do this **you** will need to send **us** the relevant documentation so **we** can update **our** records to ensure **we** pay the right person if a claim is made.

It is **your** responsibility to ensure that **your** **policy** is assigned or placed in trust in a way that is effective and legally valid. **You** may want to take independent advice before doing this.

## Governing Law

English law applies to this **policy**. Unless otherwise agreed, the **terms and conditions** and other information relating to this **policy** will be in English.

## Large print, Braille, audio material

In order to make **our** documentation accessible, **we** are able to provide **you** with **our** literature in audio, large print or Braille. Please contact **us** if **you** require any of these services to be provided.

## Data Privacy

Please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection) for further information about how and when we process your personal information under our full Privacy Policy.

## How we use your information

The personal information, provided by you, is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, for research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'sensitive personal information', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as assessing your application, managing your policy, handling claims and providing other services to you.

- We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records and developing, improving our products and services.
- We have a legal or regulatory obligation to use such personal information.
- We need to use such personal information to establish, exercise or defend our legal rights.
- You have provided your consent for us to use your personal information, including sensitive personal information.

## How we share your information

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following third parties, including:

- Reinsurers, Regulators and Authorised/ Statutory Bodies
- Credit reference agencies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on our behalf
- Other insurers, business partners and agents
- Other companies within the Covea Insurance Group

## Marketing

We will not use your information or pass it on to any other person for the purposes marketing further products or services to you unless you have consented to this.

# General Conditions

## Fraud prevention and detection

In order to prevent or detect fraud and money laundering we may check **your** details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

**We** may also conduct credit reference checks in certain circumstances. **You** can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances **we** conduct credit reference checks and how these checks might affect **your** credit rating.

## Automated decisions

**We** may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

## How to contact us

Please contact **us** if **you** have any questions about our privacy **policy** or the information **we** hold about **you**:

The Data Protection Officer , Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or email: [dataprotection@coveainsurance.co.uk](mailto:dataprotection@coveainsurance.co.uk)

**We** hold data in accordance with the Data Protection Act 1998. It may be necessary for **us** to pass data to other organisations that supply products or services associated with this **policy**. In order to verify information, or to prevent and detect fraud, **we** may share information **you** give **us** with other organisations and public bodies, including the police, accessing and updating various databases. The Data Protection Act 1998 gives **you** the right to a copy of **your** personal data held by **us** upon payment of a fee.

## The Financial Services Compensation Scheme (FSCS)

If **we** are unable to meet **our** liabilities under this **policy**, **you** may be entitled to compensation from the FSCS. Further information can be obtained from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by visiting the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning FSCS on 0800 678 100 or 020 7741 4100.

Life Cover Product

# Your Notes

Protection Department  
0333 130 4543





## Your Life Insurance

Life Cover Product



Covéa Life Limited  
50 Kings Hill Avenue,  
Kings Hill, West Malling,  
Kent ME19 4JX



0333 130 4543

Covéa Life Limited  
Registered office: 2 Norman Place, Reading, Berkshire RG1 8DA  
Registered in England and Wales No. 911235  
Authorised by the Prudential Regulation Authority and regulated  
by the Financial Conduct Authority and the Prudential Regulation  
Authority No. 202178.

