

Policy summary

of BUPA Life cover

keyfacts[®]

This policy summary contains key information about BUPA Life cover.

You should read this carefully and keep in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover, which you will find in your membership handbook, also please refer to your registration certificate. Copies of these documents are available on request.

The provider

BUPA Life cover is provided by BUPA Health Assurance Limited, a subsidiary of the British United Provident Association Limited. Other services are provided by or via other subsidiary companies.

The insurance and the cover that it provides

BUPA Life cover pays a one-off lump sum benefit if a person covered dies, or annual benefit if family income benefit has been selected. When family income benefit cover is selected, BUPA Life cover pays a regular income for the remaining term of the scheme.

Cover options

There are five options:

- level term cover
- mortgage protection term cover
- decreasing term cover
- family income benefit cover
- renewable term cover

Full details of each of these cover options are included later in this document.

Additional options

Other options are available:

- premium waiver
- total and permanent disability
- indexation

Full details are set out later in this document.

Summary of cover

- You decide how long you want the cover for and whom you want it to cover.

- You must answer all of the questions on the application form correctly to the best of your knowledge and belief. If you do not do this, it could mean that we will not pay the benefit provided by your scheme. You must tell us if there are any changes to your personal health, family history, occupation or residence, or if you take up any hazardous activities between supplying the application form and when your scheme starts. If you do not do this, it could mean that we will not pay the benefits provided by your scheme.
- Provided you continue to pay the agreed premiums, it pays your chosen level of benefit on the death of a person covered, or their being diagnosed (other than in the last 12 months of the scheme) with a terminal illness.
- Anyone aged from 18-74 who lives in the UK can apply.
- If the main occupation of a person covered is running a home or raising a family, the maximum benefit available will be considered at our sole discretion on the basis of financial evidence we request.

Further details of how we will consider any claim, are contained in the membership handbook, copies of which are available on request.

How much does the plan cost?

- The premium depends on our assessment of the personal circumstances of the person covered, taking into account such factors as:
 - their age, sex and medical history
 - whether or not they smoke
 - their current state of health
 - their occupation
 - the amount of cover and any options they choose
- There is a monthly plan fee which is charged on flexible financial protection plans. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any other scheme you have.
- The plan has no surrender value at any time
- We can offer you a choice of premiums; guaranteed and renewable, full details of these premium options are set out later in this document.

How much does the scheme pay out?

- You decide how much cover you need. The higher the level of cover and the longer the period of cover, the higher your premiums will be.
- The amount the scheme pays out in total will reduce during the term of your scheme if you choose the mortgage protection term, family income benefit or decreasing term cover (as described below). It will increase if you choose one of the indexation options. Otherwise the amount is fixed.
- The chosen level of benefit is payable once, after which your cover will end, unless you have chosen family income benefit.
- If you have chosen family income benefit, the benefit will be paid regularly until your scheme is due to end.

Who can the plan cover?

You can apply for the plan to cover:

- you alone;
- you and another person; or
- one or two people not including you

What cover options are available?

There are five options:

- **Level term cover**
Level term cover meaning a fixed lump sum cover for a set period of time from five to 40 years which you select at outset, at the end of which your cover will cease. With this option, your premiums are guaranteed.
- **Mortgage protection term cover**
Mortgage protection term cover which operates in the same way as level term cover. This option differs from the others in the way the benefit is paid. The level of cover reduces each month on the same basis as the capital due on a repayment mortgage reduces with an interest rate of 10 percent.
- **Decreasing term cover**
Decreasing term cover which operates in the same way as level term cover. This option differs from the others in the way the benefit is paid. The level of cover reduces by an equal amount each year to zero at the end of the term.
- **Family income benefit cover**
Family income benefit cover which operates in the same way as level term cover. This option differs from the others in the way the benefit is paid. The benefit under this type of cover is not a lump sum payment but is paid in instalments for each year remaining in the term of the scheme, after a claim is accepted.
- **Renewable term cover**
Renewable term cover is a fixed lump sum cover which is subject to renewal every five or 10 years (depending on which option you choose). Your premiums will increase or decrease at each renewal, without the need for the medical evidence based on the age of the life covered and our premium rates at that time. We may

also change the other terms and conditions at renewal and can terminate the scheme at that time if we no longer offer this type of scheme.

With the first four options, cover cannot continue after the 85th birthday of the person covered. With the fifth option, renewable term cover, it cannot continue beyond the 70th birthday of the person covered.

What premium options are available?

There are two premium options:

Guaranteed premiums

- If your premium option is guaranteed, your premium will remain the same for the term of the membership
- We can increase your guaranteed premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums will contain an amount to make up a plan fee. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any scheme you have.
- Premiums will increase if the benefit is increased, for example, if an indexation option is selected

Renewable premiums

- If your premium option is renewable your premiums may increase or decrease at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time. Your premiums will almost certainly increase on each renewal date because of an increase in age of the member.
- We may also change the other terms and conditions at renewal and can terminate the membership at that time if we no longer offer this type of membership.
- Renewable premiums are only available with renewable term
- We will write to tell you about any change to your premiums at least 60 days beforehand.
- If your premium needs to increase, you can tell us to keep the premium the same and reduce the amount of cover instead. Alternatively, you can cancel the membership and stop paying premiums altogether
- We can increase your renewable premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums will contain an amount to make up a plan fee. We only charge the plan fee on one scheme but if this scheme terminates we will switch it to any scheme you have

Can the scheme cover someone other than me?

- Yes. You can apply for joint cover on yourself or for cover on you and another person. Alternatively you can apply for cover for one or two people not including you.
- If you choose joint cover the scheme only pays out once. This is when either person dies, suffers a terminal illness (other than in the last 12 months of the scheme) or is totally and permanently disabled when this option is selected.

What other options are available?

- **Indexation**

You can help protect the value of your lump sum benefit over the years by selecting an indexation option when you join. If you choose one of these options, your chosen benefit can increase in line with the Retail Price Index (RPI), Average Earnings Index (AEI) or by five or three percent each year on each anniversary of your cover commencing. The increase in the benefits will either be equal to the specified percentage or in proportion to the percentage increase in the RPI or AEI, during the first 12 months of the 15 months period for RPI, or 17 month period for AEI, prior to the relevant anniversary in both cases. Your premium will increase at a higher rate than your benefit as we will allow for your age and remaining term at the time of the increase in the benefit. The premium increase will also be based on premium rates at that time. You may cancel any increase under the indexation option by writing to tell us within 30 days of the increase. If you do cancel, we will not make any increases in the future. Increases that have already been made will not be affected.

- **Premium waiver**

A premium waiver option is available when you apply for cover on any of those people covered. If you choose this option your premiums will be waived after a three month period where incapacity prevents the person covered from following their own occupation or, if the person is not in paid occupation when the scheme starts they will only qualify for benefit if incapacity prevents them from carrying out at least three out of six key activities of daily living. The waiver will end if they are able to resume their occupation or carry on any paid occupation, or they are no longer unable to do at least three activities of daily living, or their 65th birthday, whichever occurs first. This option ceases on the 65th birthday of any person to whom it applies.

- **Replacement cover**

If your scheme covers two people you can take out a new scheme, a replacement option, after a claim is paid for one of those covered, or they die. The new scheme must be on the other person covered only, be for no more than the existing level of benefit and must not continue beyond the date your membership would have ended. The term of the new scheme cannot exceed the remaining term of your existing scheme. This is the replacement cover. This option is only available where the initial scheme could continue for more than five years and has been accepted by BUPA at our standard rates. Full details are available in the membership handbook, a copy of which is available on request.

- **Total permanent disability**

You can elect to take cover for total permanent disability. If you take this option the benefit will be paid if the person the option applies to suffers a total permanent disability as defined under the scheme. Total permanent

disability will have different meanings for different people. It will relate to whether you can carry out your own occupation, if you can carry out any occupation to which you are suited or are able to carry out three of the activities of daily working. This option ends when your membership ends or for any member on their 65th birthday.

Full details of the above options and what we mean by activities of daily living or daily working are contained within the membership handbook, a copy of which is available on request.

Each of the options, except replacement cover are additional options and are subject to both our agreement and an additional premium.

Changes you can make

- You can increase your cover at any time by the lower of 25 percent of the original amount or £50,000 per listed event or if you have family income benefit cover the lower of 25 percent of the annual benefit or £8,000 per annum. This is subject to an overall maximum of 100 percent or £125,000 increase or for family income benefit the total increases will not exceed £125,000 as calculated by the annual benefit multiplied by the remaining term of the membership, without providing further medical evidence. Each change made can only be made once throughout the lifetime of the membership. This option will not be available if your scheme is accepted at above one and a half times the standard rates.

Changes applicable for key person/shareholder protection only

- You can increase your cover at any time subject to an overall maximum of 50 percent or £250,000 for key person cover, loan cover and shareholder/partnership cover and to an overall maximum of 50 percent or £150,000 increase for sole trader cover, without providing further medical evidence if the salary of a member employed by you increases, a business loan you have is increased, the value of your interest in a business you own has increased in value, where you are a sole trader and either your net relevant earnings have increased or a business loan you have has increased.

What you are not covered for

We will not pay a claim for the following reasons:

- You do not tell us about your claim as soon as you can
- If we reasonably consider that you have, or the member has misled us (intentionally or carelessly) by either giving us false information or by keeping relevant information from us relating to your membership or claim
- If the cause of the claim is specifically excluded by any specific terms we apply to your cover when we accept your application or by any general exclusion. If applicable, we will show any specific terms in your proposed terms and the registration certificate.

- Where a claim for total permanent disability or premium waiver (see the option below) results from or relates to the following:

AIDS/HIV

Failure to follow or seek medical advice

Self-inflicted injury

- If the claim relates to a terminal illness and is made within the last 12 months of the scheme

Unless you provide the information and assistance we need to assess a claim (for a terminal illness or total permanent disability or premium waiver claim). This may require the person to attend a medical examination in the UK. We will pay for the medical examination but not any expenses incurred in attending.

(See 'What you are not covered for' section of the membership handbook)

How long your cover will last

BUPA Life cover is a straightforward insurance protection scheme. You decide how long you want the cover for and whom you want it to cover. With renewable term cover your cover will end before the person covered reaches age 70. If you choose any other type of cover this can be any period from five to 40 years but must begin before the 75th birthday of the person covered and cease before their 85th birthday. Where a scheme ends after the persons 70th birthday, a term no greater than 10 years is allowed.

BUPA Life cover will continue until:

- you stop paying premiums to it
- you die or
- you are diagnosed (other than in the last 12 months of the scheme) with a terminal illness, (see 'Definitions' section of the membership handbook)

You may need to review and update your cover periodically to ensure it remains adequate.

Changing your mind

You can change your mind within 30 days:

- of the day when your policy starts or, if later,
- the day when you receive your membership handbook and your registration certificate, after this time, there will be no refund of premiums paid. However, if you have paid an annual premium and you cancel your cover before the next premium is due, we will give you a pro-rata refund, but we will deduct the discount you would have received in that year for paying an annual premium.

(See 'Your right to cancellation' section of the membership handbook)

Getting in touch

The BUPA helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on 0117 984 2300* between 9am and 5pm Monday to Friday. Alternatively, you can write to us at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol BS1 6JX.

How to make a claim

You must make your claim as soon as reasonably practicable. You should always contact us at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol BS1 6JX. Alternatively, please call on 0117 984 2300* between 9am and 5pm, Monday to Friday. You will also need to have your BUPA membership number handy when you call. (See 'How to make a claim' section of the membership handbook.)

Making a complaint

If we have not been able to resolve a problem and wish to take your complaint further, you can contact our Head of Customer Relations at BUPA Health Assurance Limited, The Core, 40 St Thomas Street, Bristol BS1 6JX or phone on 0117 984 2300* between 9am and 5pm Monday to Friday.

If the situation remains unresolved, you may contact the Financial Ombudsman Service. You can write to them at: South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0845 080 1800.

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation. The first £2,000 of any claim paid by the FSCS would be met in full and above this amount, 90% of the remainder will be met.

Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or on its website <http://www.fscs.org.uk>

*Calls to this number may be recorded and may be monitored.



Individual Protection

Terms and conditions apply to all plans (and additional options) full details are given in the membership handbook, which is available on request.

BUPA Life cover is provided by BUPA Health Assurance Limited a subsidiary of British United Provident Association, having its head office at The Core, 40 St Thomas St, Bristol BS1 6JX. Registered in England and Wales No 2774803*.

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