

This leaflet sets out the main points about our Houseperson's Benefit. Your personal quotation shows what the plan may cost. Please read both carefully and keep them with your plan documents if you go ahead.

Its aim

- To pay you a regular tax-free income to cover the cost of childcare, invalid care or household help if you suffer illness or accidental injury during the plan term.

Your commitment

- To make monthly or yearly payments for the plan term you've chosen.
- To give us all the information we ask for when applying for your plan and when claiming any benefit.
- To tell us if there is a change to your health, family history, occupation or country of residence, or if you take part in any hazardous pastimes, before the cover you apply for starts. If you don't, we may not pay a claim.
- To tell us of any claim within 4 weeks of incapacity (within 2 weeks of incapacity if the deferred period is 4 weeks).
- To allow us access to your medical records to consider a claim.

Risk factors

- If you stop your payments your cover will stop. However, you can stop your payments while we're paying income benefit to you.
- The plan has no cash-in value at any time.
- Any benefit we pay may affect your claim to some means-tested State benefits. It won't affect your right to State incapacity benefit. State benefit rules may change.
- The present tax-free treatment of the plan's income benefit may change.
- We may not pay a claim in some cases. *Please see 'What will stop the plan paying out?' on page 3.*

Questions and answers

What is Friends Provident Houseperson's Benefit?

- It's a plan which pays you a regular income benefit to cover the cost of childcare, invalid care or household help if illness or accidental injury mean:
 - you're unable to carry out certain basic tasks (*which we show in 'Extent of incapacity' on page 3*), or
 - you're confined to a home or hospital or unable to cook, do light housework and dress yourself, or
 - you're shown to be suffering an uncontrollable psychotic or mental illness.
- You select the features to make sure the cover is right for you.
- You decide
 - how much income benefit you need
 - how soon it should start
 - how long the cover should last.
- You make monthly or yearly payments to keep the cover going.
- We provide cover until the end of the plan term, no matter how many claims you make.
- We pay you an income every month for as long as the claim is valid.
- You must be aged 18 or over to take out the plan.



How do I select the plan's features so it meets my needs?

This section deals with the choices you make when setting up your plan.

The amount of income benefit that can be paid

- You choose how much benefit you'll need.
- The maximum income benefit we'll pay is £300 a week.

Please also see 'Other income which may reduce the benefit we pay' on page 3.

Increasing your cover

- You can increase your cover by making a further application to us which will be subject to the overall maximum income benefit limit of £300 a week and a fresh assessment of your health and pastimes. Your payments will increase when your cover increases.

When income benefit payments start

- There will be a period when you're first incapacitated for which we don't pay benefit. We call this the 'deferred period'. You can choose between 4, 13, 26 and 52 weeks. The longer the deferred period, the cheaper your plan will be.
- Your choice should allow for how long you're prepared to live on your savings or any other income.

How long the benefits can be paid

- Until the first of these events:
 - you are no longer incapacitated
 - the plan term ends
 - you die.

How long the cover should last

- You choose for your plan to end when you think you would no longer need the benefits.

Medical and other details we may need

- Your application will include questions about your medical history, finances and other personal circumstances. We may ask you to have a medical examination at our expense.
- We may need access to your medical records to consider a claim.

How flexible is it?

This section deals with choices you can make once your plan has started.

Regular review of your cover

- You should consider how prices have changed since you last reviewed your cover.
- Please contact us if you wish to increase your cover to keep up with the costs of childcare, invalid care or household help. The increase will be subject to a fresh reassessment of your health, occupation and pastimes. Your payments to us will increase.

Suspending your cover

- You cannot suspend your cover under this plan.

When will the plan pay out?

When to claim

- When illness or accidental injury means you're:
 - unable to carry out certain basic tasks, or
 - confined to a home or hospital or unable to cook, do light housework and dress yourself, or
 - suffering an uncontrollable psychotic or mental illness.
- You should be under regular medical care and supervision suitable to your condition.

The deadline for claiming

- Tell us as soon as possible, but always within 4 weeks of becoming incapacitated (within 2 weeks of incapacity if the deferred period is 4 weeks).

The extent of incapacity

- You must, because of illness or accidental injury, be:
 - unable, even with the use of suitable aids, to carry out at least 2 of the 5 basic tasks shown below, or
 - confined to a home or hospital or unable to cook, do light housework and dress yourself, or
 - suffering a psychotic or well-defined mental illness which is medically uncontrollable despite treatment by a Consultant Psychiatrist.
- The 5 basic tasks are:
 1. Walking – being able to walk 200 metres on a level surface without severe discomfort or having to stop
 2. Bending – being able a) to bend or kneel to pick something up from the floor and then straighten up, and b) to get into or out of a standard saloon car
 3. Communicating – being able to answer the telephone and take a message
 4. Reading – having the eyesight needed to read a daily newspaper
 5. Writing – having the physical ability to write legibly using a pen or pencil.

How we assess your claim

- We'll look at the extent of your incapacity as set out above.

Claiming again after your recovery

- There is no limit to the number of claims you can make. You must restart payments on your recovery to keep your cover going.
- If we've paid your benefit and you claim again from the same cause within 52 weeks of your recovery, the deferred period won't apply.

How the benefits are paid

- We'll pay the benefit monthly starting one month after the end of the deferred period.

Payments when claiming

- You should carry on your payments until we accept your claim. You can stop your payments while we're paying benefits, other than hospitalisation benefit.

Other income which may reduce the benefit we pay

- We'll reduce your income benefit if any of the following, net of any income tax, take you over the maximum £300 a week benefit allowed:
 - pension payments, unless you were receiving them before you took out your plan
 - other insurance payments, if they arise because of your incapacity and either result in regular payments to you or make regular payments normally due from you, such as insurance and mortgage payments or credit repayments.

If we reduce your benefit, we won't refund any of your payments to us.

What will stop the plan paying out?

- We may not pay a claim, or may extend the deferred period before we pay a claim, if you don't tell us within 4 weeks of becoming incapacitated (within 2 weeks of incapacity if the deferred period is 4 weeks). We won't pay a claim if you make any untrue statement or withhold information. *Please see section 17 of the plan conditions for more details.*
- We won't pay out if the cause of a claim is one we exclude by applying special terms to your plan when we accept your application. We will show any special terms in the schedule we issue with your plan documents
- We will limit the period for which we pay benefit if, when you claim, you are not living in the UK or any of the following places:

Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, Switzerland, the USA and the Vatican State.

The limit is 26 weeks in any 52 week period with a maximum total of 52 weeks. *Please see section 20 of the plan conditions for more details.*

What other features are there?

- **Hospitalisation benefit.** We include this benefit free of charge. We'll pay it if you're confined to hospital for 8 or more days during the deferred period. We won't pay it if the cause of the claim arises from a mental or some nervous disorders. You must carry on making payments during a claim for this benefit. *Please see section 8 of the plan conditions for full details of when this is payable and how we calculate it.*

What will my payments be?

- Your quotation will show the cost of the cover you have chosen.
- Your payments depend on your age, sex, smoker status, pastimes, medical history, family history and on the level of the cover you choose. We'll tell you the amount you'll have to pay once we've assessed your application.
- You can pay monthly by direct debit (minimum £10) or yearly by direct debit or cheque (minimum £112).
- We guarantee we won't change the payments agreed at the start. If you increase your cover then your payments will also change.

What happens to the plan if I die?

- Your plan will end. We won't refund any of your payments.

What are the charges?

- We allow for all charges, including the cost of providing the cover, and all expenses, within the payments you make.

What if I stop paying?

- If you stop paying the plan will end and your cover will stop.
- You won't get any money back.

Does the plan have a cash-in value?

- Your plan has no cash-in value at any time.

What about tax?


- Under current tax rules, you don't:
 - get tax relief on your payments to us
 - pay tax or national insurance contributions on your income benefits.
- Tax rules may change.

Can I change my mind?

- You have a right to change your mind. We'll remind you of this right by post when we set up your plan. You can cancel your plan up to to 30 days after you get our reminder.
- If you decide you don't want the plan, let us know in writing within the 30 days and we'll give you your money back.
- The easiest way to cancel is to complete the 'Cancellation Form' we send you with the reminder and return it to us. Or you can write to us at Friends Provident, PO Box 1550, Salisbury SP1 2TW but please remember to include your full name and address and state that you wish to cancel your Houseperson's Benefit.
- If you don't cancel within the 30 days, your plan will continue as set out in these key facts and the terms and conditions.

How to contact us

- Remember your financial adviser will normally be your first point of contact.
- If you have any questions, you can phone us, send a fax or e-mail, or write to us.

 Call us on **0870 607 1352** at the following times:
Monday to Friday between 8am and 8pm
Saturday between 9am and 1pm.

We may record calls to improve our service.

 Fax us on **0870 531 4151**

 e-mail us at
customer.services@friendsprovident.co.uk

 Write to us at **Friends Provident, PO Box 1550, Salisbury SP1 2TW**

- To make a claim, please call **0870 607 1352** and ask to speak to our Claims Department. Or write to: **The Claims Department, Friends Provident, PO Box 1550, Salisbury SP1 2TW.** We'll then send you a claim form to complete and return.

Other information

How to complain

- Please write to our Customer Relations Manager at Friends Provident, PO Box 1550, Salisbury SP1 2TW.
- If you're not satisfied with our response you can contact:

Financial Ombudsman Service (FOS)

South Quay Plaza

183 Marsh Wall

London

E14 9SR

Telephone 0845 080 1800

Website: www.financial-ombudsman.org.uk

- Making a complaint won't affect your legal rights.

Terms and conditions

- This leaflet sets out the main points about Houseperson's Benefit. It doesn't include all the definitions, exclusions, terms and conditions.
- If you would like a copy of the full terms and conditions, please ask your financial adviser or contact us direct.
- We have the right to change some of the terms and conditions. We'll write and explain if this happens.
- This leaflet complies with the ABI (Association of British Insurers) statement of best practice for income protection cover. You can contact them at:

ABI, 51 Gresham Street, London EC2V 7HQ

Law

- The law of England and Wales will apply unless your plan documents show otherwise.

Language

- Our plan documents and terms and conditions are in English and all our other communications with you will be in English.

Compensation

- If a financial adviser recommends this plan, you have a legal right to compensation if the Financial Ombudsman Service decides it wasn't suitable for your needs at the time.
- You may qualify for compensation from the Financial Services Compensation Scheme if we become unable to pay claims against us because of financial difficulties. It'll depend on the nature of the business and the circumstances of the claim. The scheme covers most insurance contracts for 100% of the first £2,000 and 90% of the rest of the claim. You can get further information from the Financial Services Authority or from the Financial Services Compensation Scheme.

About Friends Provident

- Friends Provident Life Assurance Limited's main business is providing life assurance and protection products. It's entered on the FSA Register, number 110413.

Friends Provident Life Assurance Limited

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA

Incorporated company limited by shares and registered in England number 782698

Authorised and regulated by the Financial Services Authority

www.friendsprovident.com Telephone 0870 608 3678

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