
Key facts of the Personal Protection Menu (May 2011)

This document contains important information about the Personal Protection Menu and you should read this along with your quote.

This document does not contain the full terms and conditions of the plan, but does form part of your contract with Royal London on behalf of Bright Grey. The terms and conditions are contained in the plan details booklet and cover summary, which we'll send you when your plan starts. You may want to refer to the plan details before taking out your plan and you can ask us for a copy of this at any time.

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How to contact us

If you have any questions, you can:

Phone us

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Fax us

0845 6094 523

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help@brightgrey.com

Write to us

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About the Personal Protection Menu

Its aims

What your protection plan is for:

To cover you and your family against the financial impact of death, critical illness and loss of income through sickness, all in the one plan.

To provide you with the flexibility to choose different types of cover for different amounts and different terms within the same plan.

To provide you with a plan that can be changed in the future.

Your commitment

What we ask you to do:

You agree to make regular monthly or yearly payments by direct debit throughout the term of your cover.

When you apply for your cover, you're honest with us and give us all the information we ask for. If you don't do this, it could mean that we won't pay your claim.

You agree to tell us if any of the information you give us changes between completing your application form and the date we assume risk under your plan. If you don't do this, it could mean that we won't pay your claim. You can find more information about this on page 12.

You agree to tell us if you stop being resident in the UK. This will change your cover if you have Income Cover for Sickness.

Risk factors

Things that may affect the payment for your plan and when we may or may not pay a claim:

If the information we receive when you take out your plan is incomplete, incorrect or untrue, we may not pay your claim. This could be information you give us, or information your adviser gives us on your behalf.

If your adviser sends us your application over the internet, we'll post you a copy of the online application as soon as we receive it. This will contain a copy of the information we asked for and the answers your adviser gave us on your behalf. If you don't confirm that this information is complete and correct within 60 days, we'll cancel your application and any cover you have with us will stop.

Your plan won't have a cash value at any time.

If you stop making payments for your plan, we'll cancel it. Please contact us for help if you're having problems making payments.

If we pay a claim under your plan, this may affect your right to means-tested state benefits. Your entitlement to state Employment and Support Allowance won't be affected. State benefit rules may change.

If your plan payment is reviewable this means that it could go up or down. If the plan payment increases there is no limit to how much the increase in payment may be. If you cancel your plan following a review because it's no longer affordable, you may not be able to take out alternative cover elsewhere if, for example, your health has changed. We'll let you know if your plan payments are going to change.

Types of cover

Life Cover

When does Life Cover pay out?

We'll pay your Life Cover if you die or are diagnosed with a terminal illness during the term of the cover.

We won't pay out a terminal illness claim if you're diagnosed with a terminal illness in the 12 months immediately before the date your Life Cover ends.

The term of your cover will be between 1 and 40 years and is shown on your quote. The term is the period of time between the date cover starts and the date cover ends.

Critical Illness Cover

When does Critical Illness Cover pay out?

We'll pay your Critical Illness Cover when the first of the following happens during the term of the cover:

- you're diagnosed with, and the diagnosis meets our definition of, one of the critical illnesses shown on our list;
- you're diagnosed as, and the diagnosis meets our definition of, being totally and permanently disabled;

and you survive for 14 days after your diagnosis. If you don't survive 14 days we'll only pay a single payment of £100.

The term of your cover will be between 5 and 40 years and is shown on your quote. The term is the period of time between the date cover starts and the date cover ends.

Life or Critical Illness Cover

When does Life or Critical Illness Cover pay out?

We'll pay your Life or Critical Illness Cover when the first of the following happens during the term of your cover:

- you die;
- you're diagnosed with a terminal illness;
- you're diagnosed with, and the diagnosis meets our definition of, one of the critical illnesses shown on our list;
- you're diagnosed as, and the diagnosis meets our definition of, being totally and permanently disabled

Life or Critical Illness Cover will only pay out once.

We won't pay out a terminal illness claim if you're diagnosed with a terminal illness in the 12 months immediately before the date your Life or Critical Illness Cover ends.

The term of your cover will be between 1 and 40 years and is shown on your quote. The term is the period of time between the date cover starts and the date cover ends.

Types of cover – continued

Critical Illness Cover and Life or Critical Illness Cover

What illnesses are covered?

Here is a complete list of the critical illnesses we cover:

- Alzheimer's disease – resulting in permanent symptoms
- Aorta graft surgery – for disease or traumatic injury
- Aplastic anaemia – requiring regular blood transfusions
- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Cardiomyopathy – of specified severity
- Chronic lung disease – of specified severity
- Coma – resulting in permanent symptoms
- Coronary artery bypass grafts
- Creutzfeldt-Jakob disease (CJD) – resulting in permanent symptoms
- Deafness – permanent and irreversible
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Heart valve replacement or repair
- HIV infection – caught from a blood transfusion, a physical assault or at work
- Intensive care – requiring mechanical ventilation for 10 consecutive days
- Kidney failure – requiring dialysis
- Liver failure – end stage
- Loss of hands or feet – permanent physical severance
- Loss of independent existence – resulting in permanent symptoms
- Loss of speech – permanent and irreversible
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Multiple system atrophy – resulting in permanent symptoms
- Open heart surgery – with surgery to divide the breastbone
- Paralysis of limbs – total and irreversible
- Parkinson's disease – resulting in permanent symptoms
- Pneumonectomy – removal of a complete lung
- Pre-senile dementia – resulting in permanent symptoms

- Primary pulmonary hypertension – of specified severity
- Progressive supranuclear palsy – resulting in permanent symptoms
- Pulmonary artery graft surgery – with surgery to divide the breastbone
- Stroke – resulting in permanent symptoms
- Systemic lupus erythematosus – with severe complications
- Third degree burns – covering 20% of the body's surface area or 50% loss of surface area of the face
- Traumatic head injury – resulting in permanent symptoms

We also cover Total Permanent Disability.

Critical Illness Cover and Life or Critical Illness Cover also provide cover for the following additional conditions:

- Ductal carcinoma in situ
- Low grade prostate cancer

Information on the amount we'll pay for these additional conditions is in 'How much will my plan pay out?' on page 11.

A payment for these additional conditions will not reduce the amount payable for the critical illnesses shown above.

If your Critical Illness Cover or Life or Critical Illness Cover is cancelled or comes to the end of its term, cover for these additional conditions will no longer apply.

What do all the critical illness definitions mean?

It's very important that you understand you're only covered if you're diagnosed with an illness on the list and that your diagnosis meets our definition of the illness, not the clinical definition. For example:

Benign brain tumour

Bright Grey's definition

(defined by the Association of British Insurers)

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Tumours in the pituitary gland
- Angiomas

In addition, the requirement for permanent neurological deficit with persisting clinical symptoms will be waived if the benign brain tumour is surgically removed.

Clinical definition

A mass of diseased cells in the brain that have divided and increased too quickly, and that are unlikely to return after treatment or removal.

As you can see, there may be a difference between this clinical definition and the definition we use to decide when to pay a claim. This will apply to most of the critical illnesses we cover.

When does Total Permanent Disability pay out?

When you take out Critical Illness Cover or Life or Critical Illness Cover, we'll include Total Permanent Disability. When we pay out Total Permanent Disability will depend on the 'definition of disability' on your plan. We'll decide which definition applies to you when you take out your plan and we'll confirm this on the cover summary we send you when your plan starts.

The definition of disability we give you will depend on your health, whether you're working, and if so, your occupation. The definition will be either:

Own occupation

This means that we'll pay out your cover if an illness or injury permanently prevents you from doing the essential duties of your occupation.

Working tasks

Sometimes we can't give you cover on the own occupation definition. This might be because of the type of work that you do, your medical history or because you're not working. We may then offer you a definition which will pay out depending on whether you're able to carry out specific work-related tasks. We call these 'working tasks' and if this definition applies to you we'll pay out your cover if an illness or injury permanently prevents you from doing at least 2 out of the 6 working tasks shown below.

Living tasks

If you're over age 65 when you claim, we'll automatically apply a definition called 'living tasks'. We'll then pay out your cover if an illness or injury permanently prevents you from doing at least 3 out of the 6 living tasks shown below.

In some circumstances, we may not be able to offer you Total Permanent Disability. We'll tell you this when you apply. We'll also tell you if we can't give you the definition of disability you've chosen.

Do you cover my children for critical illness?

If you choose Critical Illness Cover or Life or Critical Illness Cover, we'll automatically cover your children for the same critical illnesses and for Total Permanent Disability.

We'll cover any child you have now or may have in the future, from 30 days old until they reach age 18. This includes stepchildren, legally adopted children and financially dependent children.

For a critical illness or Total Permanent Disability claim for your child we'll pay an amount equal to 50% of your own cover, up to a maximum of £20,000.

If we pay a claim for your child, your own cover won't be affected.

If your Critical Illness Cover or Life or Critical Illness Cover is cancelled or comes to the end of its term, your children will no longer be covered.

Working tasks

Walking; lifting; using a pen, pencil or keyboard; hearing; speech; vision.

Living tasks

Washing; dressing; transferring; mobility; continence; feeding.

Full details of all definitions are in section D of the plan details booklet. You can ask us for a copy of this at any time.

Types of cover

– continued

Income Cover for Sickness

When does Income Cover for Sickness pay out?

We'll pay you a monthly income if you're unable to work during the term of your cover because of an illness or injury. We'll start to pay you this income once you've been sick for longer than the deferred period you choose – either 4, 13, 26 or 52 weeks.

The term of your cover will be between 5 and 40 years and is shown on your quote. The term is the period of time between the date cover starts and the date cover ends.

How sick do I have to be before I make a claim?

This will depend on the definition of incapacity on your plan. We'll decide which definition applies to you when you take out your plan and we'll confirm this on the cover summary we send you when your plan starts.

The definition of incapacity we give you will depend on your health, whether you're working and, if so, your occupation. The definition will be either:

Own occupation

This means that we'll pay out your cover if an illness or injury prevents you from doing the essential duties of your occupation.

Working tasks

Sometimes we can't give you cover on the own occupation definition. This might be because of the type of work that you do, your medical history or because you're not working. We may then offer you a definition which will pay out depending on whether you're able to carry out specific work-related tasks. We call these 'working tasks' and if this definition applies to you we'll pay out your cover if an illness or injury prevents you from doing at least 2 out of the 6 working tasks shown on page 5. This could mean that although you're unable to work in your own occupation, you may not meet the requirement of being unable to perform 2 out of the 6 working tasks, in which case we won't pay the claim.

How much cover can I apply for?

When deciding how much Income Cover for Sickness you need, you should take into account the maximum amount of cover we'll pay you if you make a claim.

You should also take into account any deductions that we may make from the amount we pay you. You can find details of these below.

If you're working, you can apply for up to 50% of your pre-tax earnings. Regardless of the level of your earnings, we won't pay you more than £12,500 each month.

You can include the taxable value of any of the following benefits in kind that are shown on your P11D tax form and would stop if you were unable to work:

- Living accommodation where you live and pay council tax
- Company car when used for private use
- Car fuel which is provided for use with your company car
- Beneficial loans, excluding loans for travel tickets
- Insurance such as critical illness insurance, private medical insurance and accident and travel insurance

If you're a house person, the maximum you can apply for is £1,400 each month.

What deductions will you make from my claim?

We'll pay your claim as a monthly income.

If the payment from your Bright Grey plan, when added to any income from the sources shown below, would exceed 50% of pre-incapacity earnings, we'll reduce the monthly income that we'll pay so that the total income that you receive equals 50% of pre-incapacity earnings.

Other sources of income:

- money you're receiving from similar plans with us or other insurance companies;
- earnings you may still be receiving from your employment or self-employment;
- payments from any pension arrangement.

If you're eligible for state benefits, you'll receive these as well as the income from us.

Can I apply for this cover if I'm not in permanent full-time employment?

You can apply for Income Cover for Sickness if you're in part-time employment, are employed on a fixed-term contract or if you're self-employed. If you're a house person you can apply for up to £1,400 of cover each month.

How long will you pay my income for?

We'll pay you a monthly income until the first of the following happens:

- You recover and are able to go back to work
- You no longer meet the definition of incapacity
- The cover payment period ends (you choose this when taking out the cover – 1 or 2 years or until the end of the term of the cover)
- You die

What happens if I'm able to return to work but am earning less?

If, because of your illness or injury, you return to the same job but on a part-time basis, we'll pay you a reduced, pro-rata income for up to 12 months.

If, because of your illness or injury, you return to a different job and are earning less, we'll pay you a reduced, pro-rata income until your earnings are more than your previous job's earnings.

What happens if I go back to work then become ill again?

You can claim as often as you need to. If you go back to work but within 26 weeks you become ill again and take more time off work, we'll start to pay your income straight away.

We'll do this so long as your illness has the same cause as your original illness.

Do I have to let you know if I change my job?

You don't need to tell us if you change your job. We'll take into account your occupation at the time of claim.

Payment Cover for Sickness

When does Payment Cover for Sickness pay out?

If you're unable to work during the term of your cover because of an illness or injury, Bright Grey will pay your plan payments for you. We'll start to pay your plan payments once you've been sick for longer than the deferred period you choose – either 4, 13, 26 or 52 weeks.

The term of your cover will be between 1 and 40 years and is shown on your quote. The term is the period of time between the date cover starts and the date cover ends.

If you choose Payment Cover for Sickness, we'll apply it to all your covers and we'll automatically include it if you choose Income Cover for Sickness.

How sick do I have to be before I make a claim?

If you're 65 or under when you claim, we'll pay out Payment Cover for Sickness in the same circumstances as we do for Income Cover for Sickness (see page 6).

If you're over age 65 when you claim, we'll automatically apply a definition called 'living tasks'. We'll then pay your plan payments for you if an illness or injury prevents you from doing at least 3 out of the 6 living tasks shown on page 5.

How long will you pay my plan payments for?

We'll pay your plan payments for you until the first of the following happens:

- You recover and are able to go back to work
- You no longer meet the definition of incapacity
- You reach the end of the term of your cover
- You die

Full details of all definitions are in section D of the plan details booklet. You can ask us for a copy of this at any time.

Other options

Life Cover reinstatement option

If you have Life or Critical Illness Cover on reviewable payments you can choose this option for an extra payment. If your original Life or Critical Illness Cover has been cancelled because you've made a critical illness claim, this option allows you to take out new Life Cover up to the amount of the original cover. And we won't ask you to answer any questions about your health.

Joint life reinstatement option

This option is included automatically with Life Cover, Life or Critical Illness Cover and Critical Illness Cover taken out on a joint life basis. If one person claims, the other person can take out replacement cover of the same type and up to the same amount. When you apply for this option we'll ask you questions about your health. Whether we offer this option to you will depend on the answers you give us to those questions.

Joint life separation option

This option is included automatically with Life Cover, Life or Critical Illness Cover, Critical Illness Cover or Payment Cover for Sickness taken out on a joint life basis to cover a mortgage. It can be used if you and your partner separate or divorce and either of you takes over an existing mortgage in your own name, or takes out a new mortgage. We'll then split the current joint life cover into 2 single life covers, both for the original amount of cover. When you apply for this option we'll ask you questions about your health. Whether we offer this option to you will depend on the answers you give us to those questions.

Cover increase options

These options automatically apply if your plan is accepted on standard terms and allow you, on certain events, to increase your cover without having to answer questions about your health.

The events are:

- Your marriage
- Increasing your mortgage either to buy a new home or for home improvements
- The birth or adoption of a child

Increasing cover

If you want to protect your cover against the effect of inflation, you can choose increasing cover on the following covers:

- Life Cover
- Critical Illness Cover
- Life or Critical Illness Cover
- Income Cover for Sickness

Your cover can increase:

- by a fixed rate between 2% and 5%, or
- by a rate based on the change in the retail price index (between 2% and 10%).

If you choose increasing cover, we'll increase your cover each year by the rate you've chosen. Your payment will also increase. The increase in your payment is based on:

- the amount of the increase in your cover;
- your age at the time of the increase; and
- the remaining term of the cover.

This means that your payment may increase by a higher rate than your amount of cover.

Decreasing cover

If you want your cover to decrease in line with a repayment mortgage, you can choose decreasing cover on the following covers:

- Life Cover
- Critical Illness Cover
- Life or Critical Illness Cover

You've 2 options for decreasing cover:

- You can choose a rate in line with your mortgage (between 0% and 15%). If your mortgage interest rate changes, the amount we pay if you claim may not be enough to pay off your mortgage.
- You can choose a mortgage repayment guarantee which means that, subject to a number of conditions, we'll guarantee to pay off your outstanding mortgage.

Lump sum or income?

You can choose to have the following covers paid as a lump sum or an income:

- Life Cover
- Life or Critical Illness Cover (if your payments are guaranteed you can only choose a lump sum)
- Critical Illness Cover

If you choose a lump sum we'll pay this amount to you in full when you claim.

If you choose an income we'll pay this to you each month, from when we agree to pay your claim until the end of the term of that cover. If you change your mind when you make a claim, or even when we're paying your claim, you can convert your income into a lump sum.

Instant cover

When we receive your application by post or over the internet, we may be able to offer you cover before your plan starts.

Who is eligible for instant cover?

Instant cover is available to residents of the UK, Channel Islands and Isle of Man who are under the age of 50 when we receive their application form.

On what covers is instant cover available?

Instant cover is available when you take out any of the following covers for a mortgage:

- Life Cover
- Critical Illness Cover
- Life or Critical Illness Cover
- Income Cover for Sickness

This could be for a house purchase or a re-mortgage.

Instant cover isn't available on Children's Critical Illness Cover or the additional conditions covered if you have Critical Illness Cover or Life or Critical Illness Cover.

When is instant cover available?

Instant cover is only available if, when we receive your application form, you've answered all the questions in full and have completed the direct debit section correctly and in full. We won't offer you instant cover even if we receive any missing information at a later date.

If you choose Life or Critical Illness Cover with guaranteed payments, instant cover is only available if:

- You answer 'no' to all of the questions in the 'your health' section of your application form;
- Your answers to the questions in the 'residency and travel', 'your lifestyle' and 'leisure activities' sections of your application form don't lead to us immediately giving you non-standard terms, or asking you for more information.

If your cover is for a re-mortgage, instant cover is only available if you agree to start your plan from the date your lender releases the mortgage funds.

Is there a maximum cover limit?

We'll cover you for the amount you've applied for, but only up to the following limits:

- Life Cover – £300,000 for lump sum covers and £9,000 a year for income covers.
- Critical Illness Cover and Life or Critical Illness Cover – £125,000 for lump sum covers and £5,000 a year for income covers.
- Income Cover for Sickness – £15,000 a year.
- For house purchases we'll limit instant cover to the amount of your mortgage. For Income Cover for Sickness claims this means the maximum we'll pay is the amount of your mortgage payments.
- For re-mortgages we'll limit instant cover to the amount of the increase in your mortgage. For Income Cover for Sickness claims this means the maximum we'll pay is any increase in the amount of your mortgage payments.

Instant cover isn't available if the amount of your re-mortgage is for a lower amount or for the same amount as your previous mortgage.

Full details on all options are in the plan details booklet. You can ask us for a copy of this at any time.

Other options – continued

House purchase cover: When does instant cover start?

If your cover is for a house purchase, once we receive your application form with a fully completed direct debit section, instant cover will start on the date you exchange contracts (or missives are concluded in Scotland).

House purchase cover: When does instant cover stop?

Instant cover will stop on the earliest of:

- your plan starting; or
- your property purchase completing; or
- 4 weeks after we send you a decision letter, if you've not accepted our terms; or
- you asking for your application to be cancelled.

Instant cover will be extended beyond the date the property purchase completes if:

- you've told us your completion date; and
- you agree to start your plan from your completion date, as soon as we accept it.

This extension to instant cover will stop on the earlier of:

- your plan starting; or
- 7 days after we send you a decision letter, if we accept your plan on non-standard terms.

Re-mortgage cover: When does instant cover start?

Instant cover will start on the date your lender releases the mortgage funds if:

- you've told us the date your lender will release the mortgage funds; and
- you agree to start your plan from this date, as soon as we accept it.

Re-mortgage cover: When does instant cover stop?

Instant cover will stop on the earliest of:

- your plan starting; or
- 7 days after we send you a decision letter, if we accept your plan on non-standard terms; or
- you asking for your application to be cancelled.

Is there anything else I should know about instant cover?

Instant cover will also stop:

- 4 months after instant cover starts.

- If we decline or defer your cover or plan. By this we mean the date we make the decision and not the date we confirm this decision to you in writing.
- If we don't receive any medical or financial information within 4 weeks of asking for it.

For Total Permanent Disability (included in critical illness covers) and Income Cover for Sickness, we'll use a working tasks definition to assess any claim.

We'll pay instant cover on the same basis as the cover you apply for. However, if you apply for a cover to be paid as an income, we'll offer to pay you this as a commuted lump sum. This does not apply to Income Cover for Sickness, which we'll always pay as an income.

If we pay an instant cover claim for Income Cover for Sickness, your cover can't start until we stop paying your claim. At that time we'll tell you on what terms we can offer Income Cover for Sickness.

If we apply special terms to your plan, these terms will also apply to your instant cover from the date we make the decision at Bright Grey and not the date we confirm this to you in writing.

Are there any circumstances in which you will not pay a claim?

We won't pay an instant cover claim if:

- you don't give us all the information we ask for on the application form; or
- if we discover that information on the application form is untrue, inaccurate, or incomplete (even if it doesn't relate to the cause of your instant cover claim); or
- it's as a result of an intentional self-inflicted injury; or
- it's as a result of taking part in a hazardous sport or leisure activity; or
- it's as a result of, or related to, a condition you were already aware of, or were suffering symptoms of, or being treated for, when you applied; or
- you send similar applications for your cover to other life companies; or
- we're unable to collect the first payment for the plan through your direct debit.

We'll use the current version of the plan details booklet to assess your claim. You can ask us for a copy of this at any time.

Any questions?

Once my plan starts, can I change it?

Yes. As your personal circumstances change, you and your financial adviser may need to review your cover to make sure that it continues to meet your needs. We've designed your plan to fit in with these reviews. You can add, remove or change covers whenever you want. There will, of course, be a few limitations and rules, and some changes will involve us asking questions about your health. But if you contact us we'll tell you what these are and explain the process to you.

How much will my plan cost?

The cost will depend on the amount of cover you need. In general, the higher the amount of cover and the longer the term of cover, the higher your payment will be.

The cost will also depend on other factors – your age, sex, medical history, or whether you smoke. Your occupation and your current state of health may also be taken into account.

We'll also include a charge to cover the day-to-day administration of your plan. This is called the plan charge and will be included in your payment. We'll show the plan charge on your quote and cover summary.

How much will my plan pay out?

This will depend on how much cover you've chosen. We'll show this on your quote and cover summary.

If you choose a decreasing or increasing cover, we'll pay the amount your cover has decreased or increased to at that time.

If you have Critical Illness Cover or Life or Critical Illness Cover and you're diagnosed with, and that diagnosis meets our definition of, ductal carcinoma in situ or low grade prostate cancer, we'll pay 20% of the amount shown on your cover summary or £15,000 whichever is lower. This is in addition to the amount payable for any other critical illness covered.

Can my payment change?

The rates we use to calculate the payment for each of your covers will either be guaranteed or reviewable. We'll show this on your quote and cover summary.

If your payment is guaranteed this means that it won't change during the term of the cover (other than for changes to your cover that you ask for).

If your payment is reviewable this means that it's likely to change (it may be adjusted upwards or downwards). This is because when we calculate your plan payment we make assumptions about certain factors and what will happen to them in the future. Because of the uncertainty of these factors, we may need to charge you a different amount for your cover in the future. This is why we review your plan payments.

The factors that may change and lead to a change in the amount you pay, include:

- The future level of claims we pay
- The amount of money we'll pay to reinsurance companies with whom we share the costs of claims
- The number of plan owners who give up their plans early
- Our expenses
- Inflation
- Investment returns
- Taxes, and
- The amount of money we need to hold as financial reserves

Reviewable payments under Critical Illness Cover or Life or Critical Illness Cover won't change for the first 5 years of the plan. After this, we'll review the payment each year.

If we do change your payment we'll always tell you at least a month before we make any change.

There is no limit to how much we may increase your payment by and your new payment may be significantly higher than your original payment.

When we will not pay a claim

We want to be honest with our customers and have no 'small print' or unpleasant surprises. You'll find that throughout your contact with us, we'll be open and honest. For this reason, we've put together the following information to help you understand when we won't pay any or part of your claim.

These are the circumstances for all plan owners in which we won't pay a claim:

- If, when you make a claim, we find out the information you gave us was incorrect or you didn't tell us something, we won't pay your claim. When you fill in your application form, please make sure that you answer all the questions completely and honestly, especially questions about your health. If you're not sure if something should be included, then please include it.
- If your adviser sends your application to us over the internet, we'll send you a copy of the online application form to check that the answers are accurate. If you don't check your answers and tell us if they're incomplete, incorrect or untrue, we won't pay your claim.
- If you don't keep your plan payments up-to-date then we won't pay your claim. If you're having problems making payments, please contact us.
- If any of the information you or your adviser gave us changes between the date you completed your application form and the date we assume risk on your plan, and you don't tell us, we won't pay a claim. The date we assume risk is the later of:
 - the date that you or someone acting on your behalf contacts us to ask us to start your plan; or
 - the plan start date that will be shown on your cover summary.If you're not sure if you should tell us something, then please tell us.

- When you apply for your plan we may offer you 'non-standard' terms. This means that there may be particular circumstances in which we won't pay a claim.

Examples of this could be:

- A claim happens because you're taking part in a 'hazardous' leisure activity
- A claim happens because of a recent medical condition

If 'non-standard' terms apply to you, we'll show them in your decision letter and cover summary.

The following table shows the circumstances in which we won't pay all or part of your claim depending on the type of cover you have.

Life Cover	Critical Illness Cover	Life or Critical Illness Cover	Children's Critical Illness Cover	Income Cover for Sickness	Payment Cover for Sickness	
•		•				If you're diagnosed with a terminal illness within 12 months of the date your cover ends.
	•		•			If you die within 14 days of being diagnosed with one of the critical illnesses we cover.
	•	•	•	•	•	If it's a result of an intentional self-inflicted injury.
	•	•	•			Unless you're living in or return to the UK or one of these countries: Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland and the USA.
	•	•	•			If the diagnosis doesn't meet our definition of that illness. You can find details of these definitions in section D of our plan details booklet.
			•			The child's condition was present at birth.
			•			The symptoms first arose before the child was covered.
			•			If the child is under 30 days or over 18 years old.
				•	•	If medical or other evidence we request isn't provided.
				•		If you're permanently resident outside of the UK, Channel Islands or Isle of Man.
				•		For more than 12 months if you're temporarily resident outside of the UK, Channel Islands or Isle of Man.

We may not pay the full amount of a claim under Income Cover for Sickness if, when you claim, you're earning less than when you applied for your cover.

Other important information

Does tax affect my plan?

We'll pay your covers to you entirely free of any income or capital gains tax. If you die, your estate may be liable for inheritance tax on money you receive from your protection plan. You may be able to reduce or avoid this if you write your plan under an appropriate trust.

If the government makes any changes to tax or other laws affecting us, this could affect the situations described above.

If you live in a country other than the UK, we recommend that you seek separate advice on how tax may affect your plan as the tax situation described above may differ.

What if I change my mind and want to cancel my plan?

When your plan starts we'll send you a cover summary and plan details document. You'll then have 30 days to change your mind, cancel your plan and we'll refund in full any money paid. If you want to cancel your plan during this time, please write to us at the address on page 1.

If you want to cancel your plan after this time, please write to us. If you cancel your plan after the first 30 days, we won't refund any money paid. Please see section C of the plan details for further information on what happens if you ask us to cancel your plan.

Can Bright Grey cancel my plan?

We can cancel your plan if you don't keep your plan payments up-to-date or if you make a claim and we find that you've deliberately not told us something that affects your cover.

By applying for cover you have agreed to provide your consent for us to request medical information within 6 months of the start of the plan from any doctor you have consulted about your physical or mental health to check the accuracy of any statement made in, or in connection with, this application. If you don't give your consent or any statement is inaccurate and this affects our assessment of the insurance risk, we'll then have the right to reconsider or withdraw terms if appropriate and the plan may be cancelled.

For Income Cover for Sickness we can cancel your cover if you move abroad permanently. We'll also cancel Payment Cover for Sickness that is automatically included unless you have any other cover on your plan.

How do I complain?

We hope that you'll never have reason to complain, but if you do, you can contact us in any of the following ways.

write to us

Customer Care Team
Bright Grey
2 Queen Street
Edinburgh
EH2 1BG

phone us

0845 6094 500

fax us

0845 6094 523

email us

help@brightgrey.com

If you're not happy with the outcome of your complaint you may have the right to refer it to the Financial Ombudsman Service at:

Financial Ombudsman Service

South Quay Plaza

183 Marsh Wall

London E14 9SR

telephone 0800 0234 567

telephone 0300 1239 123 (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02)

email complaint.info@financial-ombudsman.org.uk

Making a complaint won't affect your right to take legal proceedings.

How do I make a claim?

If you, or those representing you, think that you have a valid claim on your plan, you or they should:

1. Phone us on 0845 6094 500
2. Fill out the claim form that we'll send you and send this back to us with any other documents we request
3. Continue to make your payments

Please see the plan details booklet for information on how we'll assess a claim.

Who can apply for a Bright Grey plan?

You can apply for a Bright Grey plan if you're:

- age 18 or over, and
- currently resident in the UK, Channel Islands or Isle of Man and will still be resident in one of these areas when your plan starts.

The law

The law of England and Wales will apply to this plan.

Language

All our communications with you now, and throughout the term of your plan, will be in English.

Financial Services Compensation Scheme

Your plan is covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we're unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme.

The ABI and critical illness

The Association of British Insurers (ABI) has produced a Guide to Critical Illness. If you would like a copy of this, please contact us at the Bright Grey address opposite. You can also request a copy from the ABI by writing to them at 51 Gresham Street, London, EC2V 7HQ.

About this key facts document

This document is a brief guide to the covers we offer and complies with the Association of British Insurers (ABI) Statements of Best Practice for Critical Illness Cover and Income Protection. These statements were introduced to make it easier for customers to compare the different covers that providers offer.

This document is based on our understanding of current law and tax rules and you should obtain expert advice about your own plan and personal circumstances.

Bright Grey is a division of the Royal London Group which consists of The Royal London Mutual Insurance Society Ltd and its subsidiaries. The Royal London Mutual Insurance Society Ltd provides life and pension products, is a member of the Association of British Insurers, is authorised and regulated by the Financial Services Authority No.117672 and is registered in England and Wales No.99064. The registered office is 55 Gracechurch Street, London, EC3V 0RL. Bright Grey is a member of IFA Promotion Ltd.