



BUDGET INCOME PROTECTION REVIEWABLE PREMIUMS

Policy Summary



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In this summary, we try to help you by giving you the 'key facts' of the policy. It doesn't set out the full terms and conditions – you will find these in our 'Policy Conditions' document.

Budget Income Protection is provided by Liverpool Victoria Friendly Society Limited, which is part of LV=.

If we can help you by providing this document in Braille, in large print or on audio tape, please let us know.



What am I covered for?

Budget Income Protection is designed to pay you a regular income if you are unable to work due to sickness or accident. However we will only make payments to you for any single claim for a maximum of 24 months. By doing this we are able to offer you a lower premium than would be available for you under our Income Protection policy

There are three ways we can measure whether you're unable to work.

Own Occupation cover pays out if, because of an accident or sickness, you're unable to do your normal occupation. You would not be expected to go back to work in a different occupation – for as long as you are unable to do your normal occupation, the policy will continue to pay out.

Suited Occupation cover pays out if, because of accident or sickness, you are unable to do your normal occupation. The difference is that after we have paid a claim for 26 weeks, we would stop paying it, if you are well enough to return to work in an occupation that you are suited to because of your skills or training. This is despite the fact that you may still not be well enough to do your normal occupation.

Work Tasks cover pays out if, because of an accident or sickness, you are totally unable to carry out 3 or more tasks from a list of everyday activities.

We work out which type of cover we can offer by looking at your occupation, your health and any leisure activities you take part in. If you become unable to work because of sickness or accident whilst you are unemployed, on a career break or retired we will measure whether you're unable to work by using the work tasks cover measure above.

Sometimes we may use a different measure, for example if you are a homemaker. If this is the case, this will be fully explained to you before your policy starts.

In all cases we will confirm which cover we are able to offer you before your policy starts.



Is there anything I'm not covered for?

Yes.

Unemployment

This policy will only pay out if you are unable to work, because of sickness or accident. This means we won't pay a claim if you are not working for a different reason, for example if you have chosen not to work, or you have been made redundant.

Sickness or accident and still working

You cannot generally claim under this policy if you are sick or injured and are still able to work in your normal occupation or are doing other work. Although, if you have own occupation cover, we may be able to offer some support if you return to work part time or in another occupation.

Do please check with us if you have more than one job. You may not be covered if you are able to do one job but not the other.

Death

This policy does not pay out in the event of your death.

Travelling Abroad

We'll pay a claim after your waiting period, if you are in one of a number of countries listed in the Policy Conditions. If you are anywhere else in the world, we would only pay a claim for a maximum of 26 weeks. This is explained in more detail in Section A of the Policy Conditions.

Claim Limit

The claim limit is the maximum period for which we will make payments to you, after your waiting period for any one single claim. This period is 24 months.

Once we have paid 24 months payments for any one claim, the payments will stop even if you are still unable to work. You'll still continue to be covered, unless you are a homemaker. If you are a homemaker, and we have paid any single claim up to the claim limit, then we will cancel your policy, and you will no longer be covered.

More information on the claim limit and what happens when it is reached can be found in Section C of the Policy Conditions.

How much cover can I have?

The most cover you can have is half of your annual earned income before tax. This does not include any income from savings or investments.

If you are self employed this can include dividend income from your business, provided this is paid from current year profits.

State Employment and Support Allowance is a Government benefit which you may be entitled to if you are unable to work because of sickness or accident. As this is not guaranteed to be paid to you when you are unable to work, you can choose to insure against not being entitled to receive it, if you are unable to work. This means you can choose to add the equivalent of the Basic Amount and Work Related Activity Components of the State Employment and Support Allowance to amount of cover you apply for.

The maximum amount of cover you can apply for is £12,500 a month.

You can find out more information on the State Employment and Support Allowance by contacting your local Jobcentre Plus office, or by visiting their website www.jobcentreplus.gov.uk.



What's the maximum amount of income you will pay out?

The most we'd pay out is half of your annual income before tax. To this we will add an amount equal to the Basic Amount and the Work Related Activity Component of the State Employment and Support Allowance (or its equivalent), if you aren't receiving this from the State, because you do not qualify.

We then take off other payments you may be receiving, such as the payments from any other Income Protection, or accident and sickness policies that you may have.

We take these payments off so that you don't receive payments totalling more than your income before you started to claim. Because of this the amount we pay you when you claim may be less than the amount of cover you are paying for. We don't refund premiums if this happens.

We will never pay out more than the amount you are insured for.

Please note the most we will pay out if you were unemployed, on a career break or retired before you claimed is £1,500 a month, whatever the amount of cover you chose.

The following example illustrates how we work out how much we will pay you. Full details are in sections B4 and B5 of the Policy Conditions.



Example

John earns £27,000 a year. He can take out a Budget Income Protection policy for a maximum of half his annual income which works out at £1,125 a month.

And he can add onto that the Basic Amount and Work Related Activity Components of the State Employment & Support Allowance.

John decides not to add in the State Employment and Support Allowance and chooses £1,125 a month cover.

A year after taking out his Budget Income Protection policy, he applies for a credit card, and takes out payment protection insurance on that card.

Two years later John becomes sick and is unable to work as a result. His payment protection insurance on his credit card starts paying £150 a month. By this time his salary has also increased to £30,000. John is receiving the State Employment and Support Allowance.

The following calculation shows you how we work out how much to pay John.

First of all we work out 50% of John's income before the claim

$$\pounds 30,000 \div 2 = \pounds 15,000$$

Then we divide this by 12 to work out the monthly equivalent

$$\pounds 15,000 \div 12 = \pounds 1,250$$

Then we take off the payments from his payment protection insurance

$$\pounds 1,250 - \pounds 150 = \pounds 1,100$$

The maximum monthly amount we could pay based on his income is £1,100 a month.

Finally we check this is not more than John was covered for. His cover was £1,125 a month so we will pay £1,100 a month, slightly less than the amount he was covered for.



How long do I have to wait after making a claim before my payments start?

You can choose how long you have to wait after you stop being able to work before we start making payments to you. We call this the waiting period. You can choose a 1, 2, 3, 6, 12 or 24 month waiting period. For example, if you're self employed, you may want payments to start after just 1 month as you won't have an employer paying you sick pay. If you're employed, and your employer pays you sick pay you might choose a longer waiting period like 3 or 6 months, to tie in with how long your employer pays you sick pay.

The longer the waiting period you choose the lower the premium for your cover will be. However, you will have to wait longer after you become unable to work, before we start making payments to you.

Can I apply?

You can apply if you are:

permanently living in the UK,

and

aged between 17 to 59.

If you're insuring someone else, they must meet these requirements.

You can only insure someone else if you'll suffer financially if they are unable to work because of sickness or accident. We call this 'insurable interest'. If you're insuring your spouse or civil partner, you automatically have an insurable interest.

How much does it cost?

This depends on the amount of cover you choose, and also your personal circumstances, for example your age and whether you smoke or not.

The minimum premium is currently £5 a month, but there is no maximum.

We'll tell you your premium before your policy starts. This may be different to that shown on your personal quote.



How long do I pay premiums for?

You pay a premium every month by Direct Debit until the month immediately before the end date of your policy. You can choose to stop paying premiums at any time, but if you do then your policy will stop, you won't be covered and you won't get anything back.

This policy has no cash in value at any time.

When does my policy start and end?

It starts on the date we ask for your first premium. It will end on the end date shown on your policy schedule.

You cannot take out a policy that lasts for less than five years, and it must end before you reach age 65.

In some cases (for example because of your occupation) we may set a younger ending age. If this applies to you, we will let you know before your policy starts.

What types of cover can I choose?

You can choose:

Level cover

This means the amount of cover you choose is fixed when your policy starts, and doesn't change. We aim for the premium you pay to stay the same, but it may be changed, as the premiums for this policy are reviewable.

If you choose level cover, inflation will mean that the amount of cover you choose now will buy less in the future.

Inflation-linked cover

This means that the amount of cover you choose and the premium you pay will both go up each year in line with inflation. This may be shown on your personal quote as increasing amount of cover, or index-linked amount of cover. We aim for the premium you pay to only be changed in line with inflation each year, but it may be changed at other times, as the premiums for this policy are reviewable.

If we are paying a claim when an increase is due, we will not increase your amount of cover. More information on inflation-linked cover can be found in Section D1 of the Policy Conditions.

How will I know if I have enough cover in the future?

It's a good idea to check your policy each year to make sure you have enough cover, as your financial or personal circumstances might change. Remember that if you choose level cover, inflation will mean that the amount of cover you choose now will buy less in the future. A Financial Adviser will be able to help you with this.

Can I change my cover?

Yes, you can apply to change the amount you are covered for, your waiting period or the end date of your policy at any time. Changes will depend on your health and the occupation that you do at the time you want to increase your cover, and the terms and conditions that apply at that time.

In some circumstances you may be able to increase your amount of cover without having to complete a full application form or provide us with details of your health. We've explained when you can do this in Sections D2 and D3 of the Policy Conditions.

What if I can't pay my premiums?

We give you 60 days from the due date for you to pay a premium.

Normally, if you stop paying your premiums, your cover will stop and you won't get anything back.

However, you may be able to insure your premiums, if you wish. We call this Waiver of Premium. This would normally mean that your premiums would continue to be paid on your behalf if you suffered an accident or sickness which left you unable to work for longer than the waiting period you have chosen. Or, if you're insuring someone else, it'll pay your premiums if the person insured is unable to work.

Full details of this cover are included in our Waiver of Premium Policy Summary and Policy Conditions. If you'd like more information about this and whether it's right for you, please speak to a Financial Adviser.

Can LV= change the premium I pay?

Yes.

The premiums you pay for this policy are reviewable. This means they are not guaranteed to remain the same for the whole term of your policy.

When you apply for your policy we work out the premium you need to pay based on a number of assumptions. We then review these assumptions on an on-going basis, and if we need to change our assumptions then we will look at the premium you pay to see if this also needs to change. We can only change your premium for certain reasons; we can't simply change it to make up for any losses we've made, or to increase our profits.

The premium you pay will not be changed within the first five years of your policy starting, but after that we can change it every year.

Any change in premium will be in addition to any inflation-linked changes in your premium if you have chosen Inflation-linked cover.

If we do change your premium, we will write and let you know at least 60 days before you need to start paying the changed premium.

If we tell you that the premium you pay needs to increase, you can choose to continue to pay the previous amount instead. If you decide to do this, we will reduce the amount of cover under your policy to the amount that we work out your existing premium will pay for.

More details about when we can change your premium and the assumptions we use can be found in Section D9 of the Policy Conditions.

What happens to my cover if I stop working?

It's important that you tell us when you stop working. This is because if you've retired, become a homemaker or carer, are unemployed, or are taking a career break when you make a claim, the most we would pay out is £1,500 (plus any inflation linked increases that take you over this). We've explained how much we'll pay you if this happens in Section B4 of the Policy Conditions.

If you aren't working when you make a claim we'll use the measures described under work tasks cover to work out whether to pay a claim.

If you tell us when you stop working we may be able to reduce the premium you pay, to reflect your reduced cover. If you don't tell us, your premiums will stay the same, but we'll still use the measures described under work tasks cover to assess your claim.

For more information on work tasks cover, please see Section A3 of the Policy Conditions.



What about claiming?

If you need to claim you should let us know straight away. If you don't this may result in a delay in us starting to make payments to you. We explain when you need to tell us and what happens if you don't in Section B1 of the Policy Conditions.

You can make a claim by telephoning 0800 028 6333 (for textphone, dial 18001 first). We may record and/or monitor your call for training and audit purposes. Or you can write to us at: Claims Department, LV=, Pynes Hill House, Rydon Lane, Exeter EX2 5SP.

What happens if I have made a claim, recovered, gone back to work, and then I become sick again?

If this happens within the first six months of you going back to work then we may be able to start paying you again straight away, without you having to wait until the end of your waiting period. We call this a 'linked claim'.

However we will only do this if the reason you are unable to work, is the same as it was for your original claim, and you are still working in the same occupation as you were originally. If the reason you are unable to work is not the same, or you are working in a different occupation when you need to claim again, then we will not treat this as a 'linked claim', and you will need to wait until the end of your waiting period before we start making payments to you again.

More details and the limits that apply can be found in Section B6 of the Policy Conditions.

What happens if I have made a claim and recovered, but I am only able to go back to work part-time? (sometimes called Rehabilitation benefit) – Own occupation cover only.

Normally, once you recover and are able to work again, we will stop making payments to you.

However if you have Own Occupation cover then we may be able to continue to pay you a proportion of the amount of your cover, if you have been claiming on your policy, but only recover enough to go back to work in your old occupation on a part-time basis.

Unfortunately we won't be able to do this if you have Suited Occupation cover, or Work Tasks cover.

More details about how we work out how much to pay and the limits that apply can be found in Section B7 of the Policy Conditions.

What happens if I have made a claim and recovered, but I am not well enough to go back to my previous occupation? (sometimes called Proportionate Benefit) – Own Occupation cover only.

Normally, once you recover and are able to work again, we will stop making payments to you.

However if you have Own Occupation cover then we may be able to continue to pay you a proportion of the amount of your cover, if you have been claiming on your policy, but only recover enough to go back to work in different occupation, for a reduced amount of income.

Unfortunately we won't be able to do this if you have Suited Occupation cover, or Work Tasks cover.

More details about how we work out how much to pay and the limits that apply can be found in Section B8 of the Policy Conditions.

How is the payment from this policy taxed?

Claims paid from this policy will not be subject to either Income Tax or Capital Gains Tax.

This is based on our understanding of current legislation and HM Revenue & Customs practice, which can change.

Could LV= cancel my policy?

Whilst the vast majority of our customers are honest, we do have to protect ourselves (and our customers) against the effect of fraudulent claims.

We will cancel your policy if either you or anyone you are insuring act fraudulently, or deliberately provide untrue, inaccurate or misleading information when you apply for the policy, or when making a claim.

This means we can cancel your policy, or not pay the amount of your cover in full, if we decide that you would have known, or we decide that you reasonably ought to have known, the true answer to a question we ask you, but have deliberately provided a false answer. So, when you apply, please take care to answer all of the questions as accurately as you can.

If you apply for your policy on-line, we will send you a summary of the questions we ask and the answers you give. We will also do this, if, when you apply, we telephone

you to ask you some further questions about your application. When you receive this summary it's very important that you check the answers you gave, as we rely on this information to set up your policy. Once you have checked the summary, you need to sign it and return it to us within 60 days of the start date of your policy. If you don't we may cancel your policy.

We've explained when we can cancel your policy in more detail in Section D12 of the Policy Conditions.

If you are a homemaker, and we have paid any one claim up to the claim limit, we will then cancel your policy. This is explained in Section C of the Policy Conditions.



Can I change my mind?

Yes, you can cancel your policy at any time. If you change your mind within 30 days of it starting, we'll refund your premiums. If you cancel at any other time, your cover will end and you won't get anything back. **Your policy has no cash-in value at any time.**

To cancel your policy please call us on 0845 640 5723 (for textphone dial 18001 first). We may record and/or monitor your call for training and audit purposes. Or you can write to us at LV=, Pynes Hill House, Rydon Lane, Exeter, EX2 5SP.

How do I complain?

If you have a complaint about any part of the service you receive from us, it's important that we know about it, so we can help put things right. You can let us know by calling us on 01202 292333 (for textphone, dial 18001 first). Or, you can write to us at: Box 2, LV=, County Gates, Bournemouth BH1 2NF. Your complaint will be dealt with promptly and fairly and in line with the Financial Services Authority's requirements, and if you want more information on how we handle complaints, please contact us.

We hope that we will be able to resolve any complaint that you have, but if you aren't happy with the outcome you can refer your complaint to the Financial Ombudsman Service. If you make a complaint it won't affect your right to take legal action.

What would happen if LV= got into financial trouble and was not able to pay out?

We've been in business since 1843, and take great care to manage our affairs sensibly. If we ever did get into financial trouble and couldn't honour our commitments, you would be entitled to compensation from the Financial Services Compensation Scheme.

The compensation you could get depends on the type of product you have. For this type of policy, the scheme covers the first 90% of the claim. For contracts like this the scheme's first responsibility is to seek continuity of cover rather than to pay compensation.

For more information go to www.fscs.org.uk or call 020 7892 7300.

