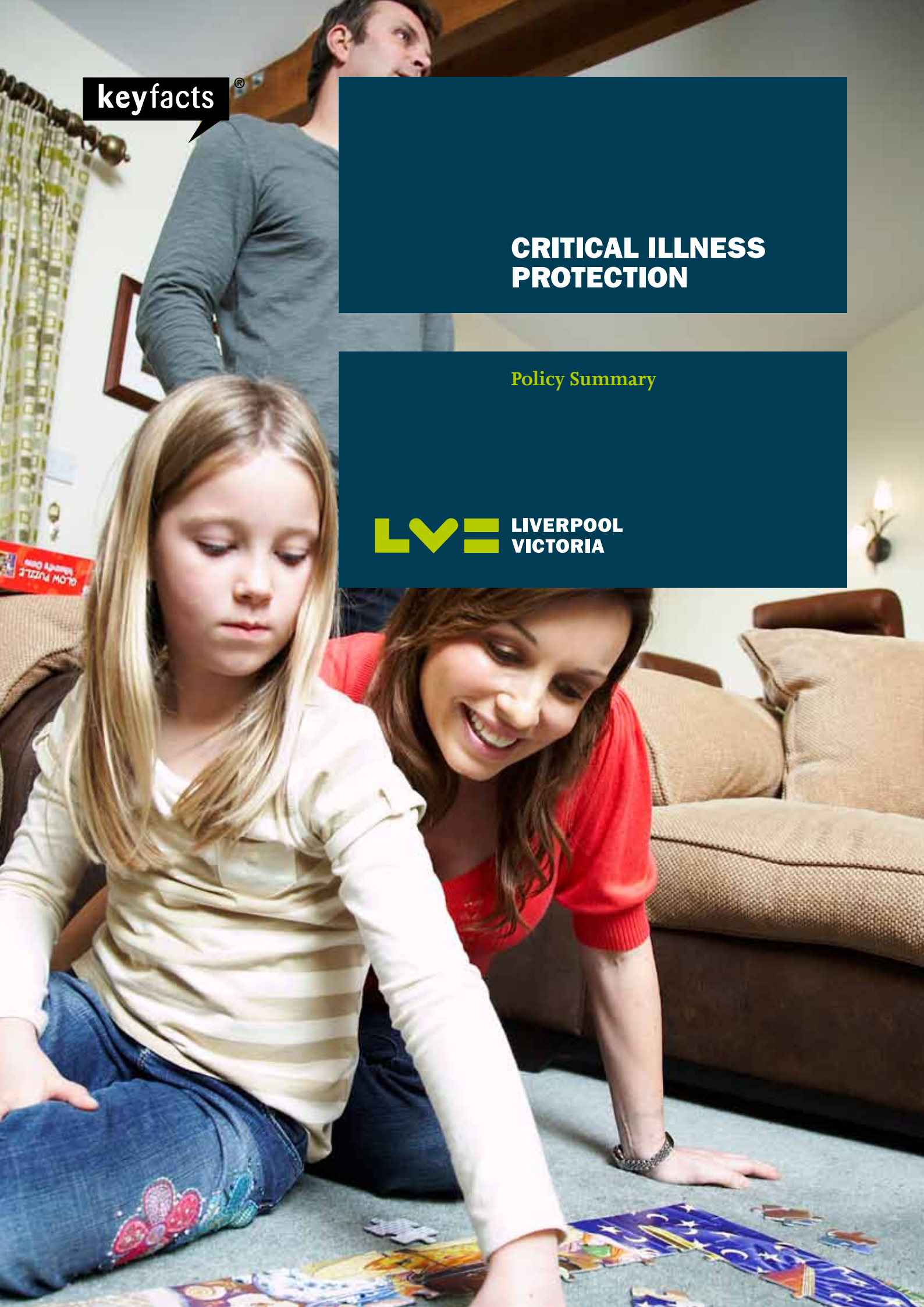


keyfacts®

CRITICAL ILLNESS PROTECTION

Policy Summary

LIVE LIVERPOOL
VICTORIA



Critical Illness Protection

Policy Summary

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.

Critical Illness 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?

This policy is designed to pay out a cash sum if you are diagnosed with a critical illness which is covered under this policy, and you live for 14 days or more after your diagnosis or operation. The diagnosis or operation must occur between the start date and the end date of your policy. If we pay out the cash sum before the end date, the policy will end, unless the claim relates to Children’s Cover.

You can insure two people under one policy. If you do, the policy will pay out if either of you are diagnosed with a critical illness before the end of your policy.

Choosing the critical illnesses to be covered for

You can choose to be covered for all of the critical illnesses listed on the next page. Alternatively you can leave out Permanent Total Disability (No. 32). Or you can choose to cover Permanent Total Disability (No.32) only.

The Critical Illnesses we cover are:

The complete list of conditions we cover is set out below. These headings are only a guide to what is covered. The full details of the illness covered and the circumstances in which you can claim are given in the policy. These typically use medical terms to describe the illness but in some cases the cover may be limited. For example:

- Some types of cancer are not covered.
 - To make a claim for some illnesses, you need to have permanent symptoms.
1. **Alzheimer's disease (including pre-senile and senile dementia)** – resulting in permanent symptoms
 2. **Aorta graft surgery** – for disease or traumatic injury
 3. **Aplastic anaemia** – complete
 4. **Bacterial meningitis** – resulting in permanent symptoms
 5. **Benign brain tumour** – resulting in permanent symptoms
 6. **Blindness** – permanent and irreversible
 7. **Cancer** – excluding less advanced cases
 8. **Cardiomyopathy**
 9. **Coma** – resulting in permanent symptoms
 10. **Coronary artery by-pass grafts** – with surgery to divide the breastbone
 11. **Creutzfeldt-Jakob disease** – resulting in permanent symptoms
 12. **Deafness** – permanent and irreversible
 13. **Heart attack** – of specified severity
 14. **Heart valve replacement or repair** – with surgery to divide the breastbone
 15. **HIV infection** – caught in the UK or EU from a blood transfusion, a physical assault or at work.
 16. **Kidney failure** – requiring dialysis
 17. **Liver failure**
 18. **Loss of independent existence**
 19. **Loss of hands or feet** – permanent physical severance
 20. **Loss of speech** – permanent and irreversible
 21. **Major organ transplant**
 22. **Motor neurone disease** – resulting in permanent symptoms
 23. **Multiple sclerosis** – with persisting symptoms
 24. **Paralysis of limbs** – total and irreversible
 25. **Parkinson's disease** – resulting in permanent symptoms
 26. **Progressive Supranuclear Palsy**
 27. **Severe lung disease**
 28. **Stroke** – resulting in permanent symptoms
 29. **Terminal illness**
 30. **Third degree burns** – covering 20% of the body's surface area or affecting 50% of the area of the face or head.
 31. **Traumatic head injury** – resulting in permanent symptoms
 32. **Permanent Total Disability**

We've included a list of all the illnesses, medical conditions and operations covered in Section A1 of our Policy Conditions. More detailed information including an explanation of when we will and will not pay out for each one is detailed in the Appendix at the back of the Policy Conditions.

What am I covered for if I have chosen to include Permanent Total Disability?

You will either be covered if you are unable to carry out your normal job (we call this 'own occupation'), or you will be covered if you are unable to carry out a number of certain work-related activities (we call these 'work tasks').

We will tell you which one of these you are covered for before your policy starts.

The cover we are able to offer you depends on your personal circumstances, such as your job and your medical history.

We explain what's covered in Section A1 of the Policy Conditions, and more detailed information can be found in the Appendix (Condition 32) at the back of the Policy Conditions.

Automatic Children's Cover

We normally automatically include a limited amount of cover for your children in this policy. So that we can provide this at no extra cost to you, only a limited number of the critical illnesses are covered.

You cannot claim more than once for each child, and the maximum number of claims you can make for Children's Cover is two.

The most we will pay for any one child for the same claim is £25,000, or, if lower, half the amount of cover you choose.

However, if we pay a claim for Children's Cover, then your policy does not automatically end and you will still continue to be covered.

More details on Children's Cover and the illnesses and operations that are covered, can be found in Section A3 of our Policy Conditions



Is there anything I'm not covered for?

Yes.

You are only covered for the critical illnesses listed in the 'What am I covered for' section. If you are diagnosed with any other illness, medical condition, or have an operation that is not listed, then we will not pay a claim.

If your illness or operation does not meet our definition of one of the critical illnesses we cover. For example some types of cancer are not covered.

We will not pay a claim if you die within 14 days of your critical illness being diagnosed, or having the operation.

If you are diagnosed with a critical illness, we will need this diagnosis confirmed by a doctor who practices in one of a certain number of counties. We've explained this in more detail in Section A of the Policy Conditions.

If you have taken this policy out to protect a loan or a mortgage, and have chosen decreasing cover, then the amount we pay out if you diagnosed with a critical illness, is not guaranteed to repay the mortgage or loan in full. More details on this can be found in Section A2 (c) of the Policy Conditions.

Can I apply?

You can apply if you are:

permanently living in the UK (not including Channel Islands and Isle of Man),

and

aged between 17 and 59.

If you're insuring someone else, they must meet these requirements. If you're insuring two people, they must both meet them.

You can only insure someone else if you'll suffer financially if they are diagnosed with a critical illness. We call this 'insurable interest'. If you're insuring your spouse or civil partner you automatically have an insurable interest.



How much cover can I have?

There is no minimum or maximum amount of cover, there is only a minimum premium. You, can choose the amount of cover that you need.

How much does it cost?

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

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

We'll confirm the premium you need to pay for your cover 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 when a claim is paid or on the end date shown on your policy schedule.

Your policy must last for at least 5 years, and cannot last longer than 40 years.

Your policy must end before the person you are insuring reaches age 65.

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, the amount of cover you choose now won't keep up with inflation and will be worth 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.

Decreasing cover

This type of cover is specifically designed to cover the reducing amount that you owe on a capital and interest repayment mortgage. The amount of cover you choose will go down each year. We aim for the premium you pay to stay the same, but it may be changed, as the premiums for this policy are reviewable.

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 change the amount of your cover, or the end date of your policy at any time. Normally, this will depend on your health at the time you want to change your cover and the terms and conditions that apply at that time. But in some circumstances you can increase your cover or extend the term of your policy without having to complete a new application. We've explained this in more detail in condition B1 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 illness 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 5 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 C4 of the Policy Conditions.



What about claiming?

We understand that this will be a stressful time for you and your friends and family, so we've tried to make this as easy as we can.

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

If you're insuring someone else, you can claim when they are diagnosed with a critical illness, using the same contact details given above.

Who gets the money when there is claim?

Once your claim has been approved, we will pay the claim to you as the policy owner.

If you are not the policy owner, then we will not pay the claim to you – we'll pay it to the policy owner instead.

You can only make one claim on this policy, so after we have paid a claim the policy will end. However if the claim we've paid relates to Children's Cover, then your policy continues.

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 determine that you would have known, or ought to have reasonably 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 C7 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 £2,000 and at least 90% of the rest. For more information go to www.fscs.org.uk or call 020 7892 7300.

From 1 January 2010 this will change to 90% of the claim.

For life assurance the scheme's first responsibility is to seek continuity of cover rather than to pay compensation.

Notes



LV= and Liverpool Victoria are registered trade marks of Liverpool Victoria Friendly Society Limited (LVFS) and LV= and LV= Liverpool Victoria are trading styles of the Liverpool Victoria group of companies. LVFS is authorised and regulated by the Financial Services Authority, register number 110035. LVFS is a member of the ABI, AFS and ILAG. Registered address: County Gates, Bournemouth BH1 2NF. Tel:01202 292333

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