



Waiver of Premium

Policy Conditions

These conditions tell you how our Waiver of Premium policy works in more detail. Together with your Plan and Policy Schedules, application, any declarations you have made, and any documents we send you confirming changes to your policy and the amount of your cover, form a contract between you and us.

These are important documents, so please keep them in a safe place. This contract is signed on our behalf and starts on the date shown in your Policy Schedule.

Find out how we use your personal information, and what rights you have by visiting LV.com/dataprotectionlife. Please let us know if you'd like us to send you a copy, or have any questions. This includes who we are, how long we hold your information, what we do with it and who we share it with.

You'll see some of the words in this document are in bold text. This is because they may have different meanings in everyday use, we've explained them in more detail in the definitions section on page 11.

What is Waiver of Premium?

This **policy** is designed to **waive** the **premiums** for all of the policies in your Flexible Protection Plan, if you have an accident or sickness that prevents you from working.

The cover we can offer depends on your occupation when you take out the **policy**. When you ask for a quote we can tell you what type of cover is available. We will confirm this when you apply. If you're claiming Job Seekers Allowance at the time you apply we will treat you as unemployed. If you're unemployed you won't be able to take out the **policy**.

- **Own Occupation cover** - Means we will **waive** the **premiums** for your **plan** if, because of an accident or sickness, you are unable to do your usual **occupation**. This is explained in detail in section A1.
- **Homemaker cover** - Means we will **waive** the **premiums** for your **plan**, if because of accident or sickness you are unable to prepare a meal or do basic housework. We promise we'll be reasonable in reviewing your claim, our aim is to make sure we can pay out when someone is genuinely unable to be a **homemaker**. This is explained in detail in section A2.

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Section A – What you're covered for

This section tells you about:

- What you're covered for
- The types of cover available

This **policy** is designed to **waive** the **premiums** for your **plan**, if you are **unable to work** due to sickness or accident. There are two ways we can measure whether you are **unable to work**; we call these Own Occupation and Homemaker cover.

We tell you which cover we can offer before your **policy** starts. For reference you will find this on your Policy Schedule.

On the following pages we explain the different types of cover in more detail, and explain what you're covered for, and what you're not covered for.

You only need to read the section that applies to the type of cover shown on your Policy Schedule.

So, if your Policy Schedule shows that you have Own Occupation cover, you only need to read Section A1 and for Homemaker cover Section A2.

A1 – Own Occupation cover

What's covered

✓ Unable to work due to sickness or accident

In this section, the words '**unable to work**' and '**inability to work**' mean that we will **waive** the **premiums** for your **plan** if, following your **waiting period**, because of sickness or accident, you are unable to carry out the main tasks of your **occupation** and aren't doing any other paid or unpaid work.

Your **occupation** is the job you were in when you became sick or had the accident which prevented you from working. By main tasks we mean the things which can't be reasonably left out of your role, or changed by you or your employer.

We'll also use this measure to determine whether you're **unable to work** if you claim within 12 months from:

- becoming unemployed
- becoming a **homemaker**
- taking a career break
- retiring before age 70

If you have been out of work for longer than 12 months when you claim we'll use the measure under Homemaker cover, to work out whether to **waive** the **premiums** for your **plan**. We explain this measure in Section A2.

If you are aged 70 or older, at the time you become sick or have an accident, you are still covered but we will use the measures below called 'work tasks' to work out whether to **waive** the **premiums** for your **plan**.

If you're aged 70 or older, we'll also use this measure if you were under age 70 when we first **waived** your **premiums** and you're still unable to work.

Work tasks measure

✓ Unable to work due to sickness or accident

We will **waive** the **premiums** for your **plan** if because of sickness or accident you are unable to do any paid or unpaid work, and you cannot carry out at least three of the following activities, using appropriate equipment to help you but without the help of another person:

- **Walking** - to be able to walk a distance of 200 metres on flat ground (with the use of a walking stick or other aid if necessary) without stopping.
- **Climbing** - to be able to walk up or down a flight of 12 stairs (with the use of a handrail) without stopping.
- **Bending** - to be able to bend or kneel to pick up something from the floor and stand up again.
- **Communicating** - to be able to answer the telephone and take a simple message.
- **Eyesight** - to be able to read a standard daily newspaper or to pass the standard eyesight test for driving (after correction by spectacles or contact lenses if necessary).
- **Dexterity** - to be able to use a pen, pencil or keyboard.
- **Healthcare** - to be able to make arrangements to see a doctor and take regular medication as prescribed.
- **Financial independence** - to be able to understand the value of money, and handle routine financial transactions.

✓ Doctor or surgeons cover

If you are a doctor or surgeon and you have taken out this **policy** with our Flexible Protection Plan, and your **plan** includes any Income Protection or Budget Income Protection policies, and you are claiming on those policies under our doctors or surgeons sabbatical break cover, then we won't automatically use the measures described under homemaker cover to work out whether we can **waive** the **premiums** under your **plan**. Instead we will still treat you as though you are doing your **occupation**, and we won't restrict your waiver cover because of this. For more information on doctors or surgeons sabbatical break cover, please see the appendix at the back of your Income Protection, or Budget Income Protection Policy Conditions.

✓ All types of sickness or accident

We don't have any restrictions on the type of sickness or accident that leaves you **unable to work**, unless we have told you about any before your **policy** starts. We will list any exclusions on your Policy Schedule under the heading 'Special Provisions'.



✓ **Sickness or medical condition that you had before you applied**

As we ask you for all your medical history before we offer you the **policy**, we will cover all illnesses unless we have told you that we won't, before your **policy** starts. We will list any exclusions on your Policy Schedule under the heading Special Provisions.

We will tell you about any exclusions before we ask you for the first **premium** for this **policy**.

✓ **Changing your occupation**

You don't need to tell us if you change your occupation as it won't affect your **policy** and you'll still be covered.

However you might find that by telling us it could reduce how much you pay for your **policy**. More information on how you can change your policy, if you change your occupation, can be found in section C2.

✓ **Travelling Abroad**

We will **waive** the **premiums** for your **plan** after your **waiting period**, if you have a valid claim and you are in any of the following countries:

Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK or USA.

If you are anywhere else in the world we would **waive** the **premiums** for your **plan** for a maximum of 26 weeks. If, after 26 weeks, you return to one of the countries above we will continue to **waive** the **premiums** for your **plan** if you still have a valid claim. Please note that if we have started to **waive** the **premiums** for your **plan**, we will stop doing this if you travel from one of the countries listed above to stay in one that is not listed for more than two weeks, even if this is just for a holiday.

What's not covered

✗ **Unemployment**

We will only **waive** the **premiums** for your **plan** if you are **unable to work**, because of sickness or accident. This means we won't **waive** the **premiums** for your **plan** if you are not working for a different reason, for example if you have chosen not to work, whether paid or unpaid or you have been made redundant.

If you're already unemployed at the time you have an accident or sickness that prevents you from taking paid or unpaid work, then you are still covered. This is explained under the 'What's covered' section.

However it's important to understand if we have started to **waive** the **premiums** for your **plan**, we can stop doing this if you become fit for work even if there is not a vacancy that you can apply for.

Also if you are over age 70 at the time you become sick, or have an accident, although you may not be working at that time, you are still covered. This is explained under the 'What's covered' section.

If your **plan** includes an LV= Income Protection or Budget Income Protection Policy you may be able to claim for up to six months of your **premiums** to be paid if you become involuntarily unemployed. This will depend on which version of our Income Protection or Budget Income Protection policy you have, so it's really important you check your Income Protection or Budget Income Protection Policy Conditions to see if this is included or not.

✗ **Sickness or accident and still working**

We won't **waive** the **premiums** for your **plan** if you are sick or have had an accident and are still able to work in your **occupation** or are doing other paid or unpaid work.

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.

✗ **Getting home if you have a sickness or accident abroad**

This **policy** does not cover you for the costs of returning home if you are abroad for example if you need special medical assistance or special seating arrangements on a plane.

Please remember: It's a good idea to have appropriate travel insurance when travelling abroad.

✗ **Death**

We won't **waive** the **premiums** for your **plan** in the event of your death. In that event, this **policy** will end and, if we had started to **waive** the **premiums** for your **plan**, we would stop doing it.

✗ **Financial crime and Deliberate misrepresentation**

We do need to protect ourselves against the effects of financial crime.

For this reason we will cancel the **policy** and not **waive** the **premiums** for your **plan**, if we find someone has deliberately withheld information from us or has intentionally provided us with false information or lied to us, when they applied, when they claim, or when they apply to re-start their **premiums** (see Section C5). More detailed information on when we can cancel the **policy** can be found in Section C8.

A2 – Homemaker cover

What's covered

✓ Unable to work due to sickness or accident

In this section, the words '**unable to work**' and '**inability to work**' mean that we will **waive** the **premiums** for your **plan** if following your **waiting period**, because of sickness or accident, you are unable to prepare a meal or do basic housework and are not doing any other paid or unpaid work.

If you are aged 70 or older, at the time you become sick or have an accident, you are still covered but we will use the measures below called work tasks to work out whether to **waive** the **premiums** for your **plan**. We'll also use this measure if you were under age 70 when we first **waived** your **premiums**, and you are still **unable to work** when you reach age 70.

Work Tasks Measure

✓ Unable to work due to sickness or accident

We will **waive** the **premiums** for your **plan** if because of sickness or accident you are unable to do any paid or unpaid work, and you cannot carry out at least three of the following activities, using appropriate equipment to help you but without the help of another person:

- **Walking** - to be able to walk a distance of 200 metres on flat ground (with the use of a walking stick or other aid if necessary) without stopping.
- **Climbing** - to be able to walk up or down a flight of 12 stairs (with the use of a handrail) without stopping.
- **Bending** - to be able to bend or kneel to pick up something from the floor and stand up again.
- **Communicating** - to be able to answer the telephone and take a simple message.
- **Eyesight** - to be able to read a standard daily newspaper or to pass the standard eyesight test for driving (after correction by spectacles or contact lenses if necessary).
- **Dexterity** - to be able to use a pen, pencil or keyboard.
- **Healthcare** - to be able to make arrangements to see a doctor and take regular medication as prescribed.
- **Financial independence** - to be able to understand the value of money, and handle routine financial transactions.

✓ All types of sickness or accident

We don't have any restrictions on the type of sickness or accident that leaves you **unable to work**, unless we have told you about any before your **policy** starts. We will list any exclusions on your Policy Schedule under the heading 'Special Provisions'.

✓ Sickness or medical condition that you had before you applied

As we ask you for all your medical history before we offer you the **policy**, we will cover all illnesses unless we have told you that we won't, before your **policy** starts. We will list any exclusions on your Policy Schedule under the heading Special Provisions.

We will tell you about any exclusions before we ask you for the first **premium** for this **policy**.

✓ Changing your occupation

You don't need to tell us if you change your occupation as it won't affect your **policy** and you'll still be covered.

However you might find that by telling us, we may be able to switch you over to own occupation cover. More information on how you can change your **policy**, if you change your occupation, can be found in section C2.

✓ Travelling Abroad

We will **waive** the **premiums** for your **plan** after your **waiting period**, if you have a valid claim and you are in any of the following countries:

Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK or USA.

If you are anywhere else in the world we would **waive** the **premiums** for your **plan** for a maximum of 26 weeks. If, after 26 weeks, you return to one of the countries above we will continue to **waive** the **premiums** for your **plan** if you still have a valid claim. Please note that if we have started to **waive** the **premiums** for your **plan**, we will stop doing this if you travel from one of the countries listed above to stay in one that is not listed for more than two weeks, even if this is just for a holiday.



What's not covered

✘ Unemployment

We will only **waive** the **premiums** for your **plan** if you are unable to prepare a meal or do basic housework, because of sickness or accident. This means we won't **waive** the **premiums** for your **plan** if you have chosen not to work, or you have been made redundant.

It's important to understand if we've started to **waive** the **premiums** for your **plan**, we can stop doing this if you become well enough to prepare a meal or do basic housework, or go back to a different occupation.

Also if you are over age 70 at the time you become sick, or have an accident, although you may not be working at that time, you are still covered. This is explained under the 'What's covered' section.

If your **plan** includes an LV= Income Protection or Budget Income Protection Policy you may be able to claim for up to six months of your **premiums** to be paid if you become involuntarily unemployed. This will depend on which version of our Income Protection or Budget Income Protection policy you have, so it's really important you check your Income Protection or Budget Income Protection Policy Conditions to see if this is included or not.

✘ Sickness or accident and still working

We won't **waive** the **premiums** for your **plan** if you are sick or have had an accident and are still able to prepare a meal or do basic housework or are doing other paid or unpaid work.

✘ You recover and go back to work

If you recover and are able to prepare a meal or do basic housework, or go back to a different occupation, then your claim will stop.

✘ Getting home if you have an sickness or accident abroad

This **policy** does not cover you for the costs of returning home if you are abroad for example if you need special medical assistance or special seating arrangements on a plane.

Please remember: It's a good idea to have appropriate travel insurance when travelling abroad.

✘ Death

We won't **waive** the **premiums** for your **plan** in the event of your death. In that event, this **policy** will end and, if we had started to **waive** the **premiums** for your **plan**, we would stop doing it.

✘ Financial crime and Deliberate misrepresentation

We do need to protect ourselves against the effects of financial crime.

For this reason we will cancel the **policy** and not **waive** the **premiums** for your **plan**, if we find someone has deliberately withheld information from us or has intentionally provided us with false information or lied to us, when they applied, when they claim, or when they apply to re-start their **premiums** (see Section C5).

More detailed information on when we can cancel the **policy** can be found in Section C8.

Section B – Claims

This section tells you about when we will **waive** the **premiums** for your plan.

B1 – When you need to tell us about your accident or sickness

If you are **unable to work** because of your accident or sickness we want to make sure that we are able to **waive** the **premiums** for your **plan** as soon as possible, so please make sure you tell us within the times given below, so we can manage your claim quickly. You can tell us by email, phone or post.

- **If you're in paid or unpaid work and your waiting period is two months or less** - You need to let us know within two weeks of your accident or illness. If we don't hear from you within these two weeks we will still **waive** the **premiums** for your **plan** but we will treat your **waiting period** as only starting two weeks before you let us know about your accident or illness, rather than when you became **unable to work**.
- **If you're in paid or unpaid work and your waiting period is three months or more** - You need to tell us within eight weeks after your accident or illness. If we don't hear from you within these eight weeks we will still **waive** the **premiums** for your **plan**, but we will treat your **waiting period** as only starting eight weeks before you let us know about your accident or illness, rather than when you became **unable to work**.
- **If you are not in paid or unpaid work (and have been so for longer than 12 months) when you make a claim** - Your **waiting period** starts from the date your accident or sickness meant you were unable to prepare a meal or do basic housework. If you are 70 or over this will be based when you were totally unable to carry out at least three of the activities listed under the work tasks measures for the type of cover you have. We explain this in more detail in section A.

B2 – The evidence we need to support your claim

To make a claim:

- Request a claim form from us, either by phone, email or post.
- Complete the claim form telling us about your accident or sickness, and your **occupation**
- Send it back to us as soon as possible and ideally within 14 days.

So that we can assess your claim, we may need to get medical reports from your doctor. If we do, we will send you a consent form to fill in, which fully explains your rights under the Access to Medical Reports Act 1988.

All claims are different, so we won't know what information we'll need from you until you make a claim. If we do need anything extra, we'll let you know and will explain the reasons why.

Whilst we continue to **waive** the **premiums** for your **plan** we'll need to carry out regular reviews of your situation and as part of this we may ask you to complete extra declarations about you being **unable to work**.

We may also need routine medical reports from your doctor, as well as information from other medical or health specialists, and also your employer. We will tell you what we need and supply the forms for you and your doctor(s) to fill in. If your doctor charges for routine medical reports, you'll have to pay for it, as we do not cover this cost. However, we will pay for all other non-routine medical reports or any other evidence we ask for.

We may also ask you to be examined by a doctor we have chosen.

The types of evidence we'll ask for, to confirm that you're still **unable to work**, usually consist of:

- A doctor's report (or any alternative medical practitioner) who has treated or examined you.
- A report from a member of our staff or a person acting on our behalf who has visited you in your own home to discuss the claim.

This information is really important to ensure we continue to **waive** the **premiums** for your **plan**, if you're still **unable to work**. If we don't receive this information we may not to continue to **waive** the **premiums** for your **plan**.



B3 – When we start to waive the premiums for your plan

Once we approve your claim, we will **waive** the **premiums** for your **plan**, which are due after the end of your **waiting period**. Your **waiting period** is the number of months stated in the Waiver of Premium Policy Schedule. You need to be continuously unable to work throughout your **waiting period** for us to start to **waive** the **premiums** for your **plan**.

This means we won't **waive** the **premiums** for your **plan** which are due before the end of your **waiting period**. You will still be responsible for paying these **premiums**.

If you are a dentist, doctor, surgeon, or a teacher and have taken out this **policy** with our Flexible Protection Plan, and your **plan** includes any Income Protection or Budget Income Protection policies, then we may be able to **waive** the **premiums** for your **plan** before the end of your **waiting period**. More information on this can be found in the appendix for special conditions for your particular occupation at the back of your Income Protection or Budget Income Protection Policy Conditions.

B4 – When we stop waiving the premiums for your plan

We will continue to **waive** the **premiums** for your Flexible Protection Plan until one of the following happens:

- You are now **able to work** (as defined under the type of cover you have)
or
- your **policy** reaches its **end date**
or
- you die
or
- you are not following the advice of your doctor or refuse to follow any reasonable treatment request.

B5 – What happens if you become sick again (Linked claims)

This section is important if we started to **waive** the **premiums** for your **plan** and you return to work but become too sick to work again. It is important if you are **unable to work** again you might not need to wait before we start to **waive** the **premiums** for your **plan** again.

Once we have started to **waive** the **premiums** for your **plan**, you will hopefully become well enough to go back to work. However, we realise that sometimes people are unfortunate enough to find they have to stop work again, because of the same sickness or accident.

If this happens within the first six months of you going back to work, we will start to **waive** the **premiums** for your **plan** again straight away as long as the following applies:

- The reason you're **unable to work** is the same as it was for the original claim.
- Your occupation is the same as it was when you were first **unable to work**.
- You tell us within two weeks of the date that you stop working again.

If we can't confirm that the reason you are **unable to work** is the same, or you go back to work in a different occupation we will have to treat this as a new claim. If we do, you will need to wait your **waiting period** before we start to **waive** the **premiums** for your **plan** again.

Section C – Other conditions

This section tells you about other things you need to know, such as how to pay your **premiums**, and how to cancel your **policy**.

C1 – Changes to the premium you pay for this policy

If the **premium** you pay for your **plan** changes for any reason, then the **premium** you pay for this **policy** will also change. This is because Waiver of Premium has been designed to **waive** the **premiums** for your **plan**, so if they change, the amount of **premiums** we would **waive** in the event of you being **unable to work**, would also change.

If the **premium** you pay for your **plan** changes, then we will write and let you know of the revised **premium** you will need to pay for this Waiver of Premium **policy**.

If your **plan** includes any policies that have inflation-linked cover, then the amount of cover provided by those policies, and the **premiums** you pay for them increases each year. This means that the **premium** you pay for your **plan** will increase. When this happens, we will increase the **premium** you pay for your Waiver of Premium **policy** automatically, to take account of this.

If you choose to change the amount of cover for any of the policies included in your **plan**, using one of the Guaranteed Increase Options we will normally change the **premium** you pay for your Waiver of Premium **policy** to take account of this.

However, if at the time you choose to change the amount of cover for any of the policies included in your **plan**, you are **unable to work**, or we have already started to **waive** the **premiums** for your **plan**, then the amount of **premiums** we would **waive** won't take account of any increased **premium**. This means we might not **waive** the **premiums** for your **plan** in full.

If you choose to change the amount of cover for any of the policies included in your **plan** for any other reason, then we are not obliged to increase the amount of **premiums** we would **waive** to take account of any increased **premium** you would need to pay. Our decision as to whether we will increase the amount of **premiums** we would **waive** if you were **unable to work**, would depend on your health, occupation and leisure activities at the time you changed the amount of your cover.

We also work out the **premium** for this **policy** based on our current understanding of:

- the way your **policy** is taxed and
- the factors that we're legally able to take into account.

This means we may also have to change the **premium** after the **start date** of your **policy** for the following reasons:

- Changes to legislation that changes the way its taxed
- Changes to legislation that changes the factors we can legally use
- A decision by a UK court or the European Court of Justice that changes the factors that we can take account of

More details of when and how **premiums** can change for your **plan** (and any of the policies included in it) can be found in the Plan or Policy Conditions for the **plan** or policies you are taking this **policy** out with.

C2 – Changing your policy

You can apply to change your **policy**, if you have changed job. If you want to do this please let us know, and we will supply you with a special application form to complete. We'll let you know what information we need at the time, and we'll be able to help you complete the application form.

We can't guarantee that you'll be able to do this, until you've sent back the application form, as we have to look at your age, health, medical history, occupation, leisure activities and whether you have any other LV= insurance policies with us before we can make any changes.

It is very important that you don't cancel your existing **policy**. We will confirm the changes you've requested to you, and if you wish to proceed with them, we'll tell you if your existing **policy** needs to be cancelled. If it does need to be cancelled, we'll do this automatically for you.

C3 – Paying your premiums

You are responsible for paying **premiums** on the date shown in your Policy Schedule. They can only be paid by Direct Debit.

The only exceptions to this are if you've made a claim and we've started to **waive** the **premiums** for your **plan**, or if your **plan** includes an LV= Income Protection or Budget Income Protection policy and we are waiving the **premiums** for your **plan** because you've become involuntarily unemployed. In these situations you will not need to pay any of the **premiums** for this **policy**. We will tell you when you need to start paying the **premiums** again.

C4 – Stopping premiums

You have 60 days to pay your **premium** from its due date. If we haven't received a **premium** from you, we'll send you a reminder to let you know. If you fail to pay within 60 days then we'll stop and cancel your **policy** and you will not be eligible for any refunds.

C5 – Re-starting your premiums

If your **policy** has been cancelled because you didn't pay a **premium**, we can start it up again, as long as you let us know within six months of your first missed payment. Once we've confirmed you can restart your **policy** we'll need you to pay all the **premiums** you've missed and you'll need to fill in a health questionnaire.

Occasionally when a **policy** is restarted it may be different to what we originally offered you. For example your health may have changed from when you originally took out your **policy**. In these cases we'll explain to you why.

Sometimes it's not possible to restart **policies** when they have been cancelled. If this happens you'll need to contact your financial adviser and reapply for cover.

C6 – Proof of your age and name

The **premium** you pay for this **policy** is based on your date of birth as shown in your Policy Schedule.

We will need evidence of your age before we will accept a claim and start to **waive** the **premiums** for your **plan**. We will accept your original birth certificate or passport as evidence, but not photocopies.

We recognise that these are valuable documents that other people may need at the same time. We will look after the documents carefully, and return them to you quickly.

It is really important that you check your Policy Schedule has the correct date of birth on it, as we use this information to work out the **premium** you need to pay for this **policy**. If your actual date of birth differs from that shown on your Policy Schedule, when you make a claim the amount we use to **waive** the **premiums** for your **plan**, will be an amount equal to that which would have been available based on your actual age and the **premiums** you have paid. This means that we may not be able to **waive** the **premiums** for your **plan** in full.

Of course, if when you claim your name is different from your name on your Policy Schedule and birth certificate we will also need evidence of this change (for example a marriage certificate). We may need to ask for additional evidence, and if we do, we will tell you what evidence we need, and why we need it.

C7 – When you can cancel your policy

You can cancel your **policy** at any time. If you cancel your **policy** within 30 days of it starting we will refund any **premiums** you've paid. If you cancel at any other time we won't refund anything.

If you decide to do this, please let us know, so that we don't ask you to pay any more **premiums**.

C8 – When we can cancel your policy

If all of the policies within your **plan** have ended, or been cancelled, then we will also cancel this **policy**.

Also we'll cancel your **policy** if you don't pay all of the **premiums** that are due. We have explained this in more detail in section C4.

We do need to protect ourselves against the effects of financial crime so we can also cancel your **policy** in the following situations:

- We will cancel your **policy** if either you or anyone you are insuring act fraudulently, deliberately provide untrue, inaccurate or misleading information when you apply for the **policy**, when making a claim or if you apply to re-start your **premiums** (this is explained in Section C5).
- We can cancel your **policy** and pass details to crime prevention and law enforcement agencies if we identify your involvement or association with financial crime.
- We might cancel your **policy** 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 provided a false answer.

- We may also cancel your **policy**, or may not **waive** the **premiums** for your **plan** in full, if had you answered all of the questions we asked you honestly and in full, it would have led us to a different decision about your claim, or your application. For example:

- a higher **premium** would have applied for the amount of your cover,
or
- we would have restricted the claims we pay out on,
or
- the term of your **policy** would have been restricted,
or
- your application would have been deferred, for example, pending the outcome of a medical investigation,
or
- your application would have been declined.

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**.

If we cancel your **policy** you won't be entitled to any refund of **premiums**.

C9 - Financial crime and terrorist financing

The personal information we have collected from you will be shared with crime prevention agencies who will use it to prevent financial crime and money-laundering and to verify your identity. If financial crime is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found by contacting us at GFC LV=, County Gates, Bournemouth BH1 2NF.

We use your information to make sure we comply with any financial sanctions that apply in the UK and overseas.

This includes;

- checking your information against sanctions lists
- Sharing your information with HM Treasury and international regulators if required.

We will contact you if more information is needed to comply with any financial sanctions.

C10 – When your policy ends

On the **end date** shown in your Policy Schedule, your **policy** will stop and no further **premiums** will be due. Your **policy** will also end if you die.

If we have started to **waive** the **premiums** for your **plan** at the time, then we will stop doing so, and claim will automatically end. You won't receive anything back when your **policy** ends.

C11 – Transferring the policy to someone else

You can't assign or transfer the **policy** or any payment in the event of a claim under your **policy** to anyone else. This means you can't give it to anyone else or put it in Trust.

No person, or company, apart from you and us can have any rights under, or may enforce, this agreement.

C12 – The law that applies to your policy

Waiver of Premium and its terms and conditions are governed by the laws of England and Wales. In the unlikely event of any legal disagreement, it would be settled exclusively by the courts of England and Wales.

We'll always communicate in English.

C13 – How to make a complaint

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 to put things right. You can let us know by calling us on 0800 678 1906 (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 Conduct Authority's requirements. If you'd like more information on how we handle complaints, please contact us or visit www.LV.com/complaints.

We hope that we will be able to resolve any complaint that you have. If you're unhappy with the outcome of your complaint, the Financial Ombudsman Service may be able to help you free of charge. You'll need to contact them within six months of receiving our final response letter. Their website is www.financial-ombudsman.org.uk which includes more information about the service, including details of the various ways they can be contacted. If you make a complaint it won't affect your right to take legal action.

Definitions

We explain these terms because this is a legal document. In some cases the words may have other meanings in every day use. We have highlighted these words in bold (other than personal terms such as 'you' and 'we') so you know when they apply.

'**You**' means the person who applied for this **policy**, the person who is insured and the person legally entitled to the payment from this **policy**. Where we use '**your**' it has the same meaning.

'**We**', '**us**' or '**our**' means Liverpool Victoria Friendly Society Limited.

'**End date**' means the date when your **policy** ends. This date is shown in your Policy Schedule.

'**Homemaker**' we'd consider you a homemaker if you have chosen to stay at home and look after your family, and you're not doing other paid or unpaid work. By family we mean your partner and/or your children. We'd also consider you a homemaker if you're a carer. If you are claiming Jobseekers Allowance at application stage we will consider you unemployed and not be able to offer cover.

'**Occupation**' means your occupation at the time you became sick or had the accident that meant you were **unable to work**.

'**Plan**' means your Plan Schedule, and any policies (including this **policy**) which are included in it.

'**Policy**' means these conditions, your Policy Schedule, any Special Provisions listed in that Policy Schedule and any documents we send you to confirm changes to your policy or the amount of your cover. We will apply a Special Provision when we are not able to offer you a **policy** based on the terms detailed in these conditions. This may be because of your occupation, your health or your leisure activities. We will let you know if this applies to you before we start the **policy**.

'**Premium**' and '**premiums**' means the monthly amount you pay us for this **policy**, and any policies (including this **policy**) included in your **plan**.

'**Start date**' means the date when your **policy** started. This date is shown in your Policy Schedule.

'**Unable to work**', '**inability to work**', '**able to work**', '**ability to work**'- The way we measure these under this **policy** depends on whether you have Own Occupation cover or Homemaker Cover. We explain this in detail in Section A1 for Own Occupation cover and Section A2 for Homemaker Cover.

'**Waiting period**' means the number of months you have to wait after you are **unable to work**, before we will start paying the **premiums** for all of the policies in your **plan**, when we approve a claim. This will be shown in your Policy Schedule.

'**Waive**' or '**waived**' means that we will pay the **premiums** for your **plan** on your behalf.

You can get this and other documents from us in Braille or large print by contacting us.



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