

SERVICE LIFE INSURANCE

IMPORTANT: This **policy** contains terms that set out what is covered and what is not covered by this insurance. **You** should read this document carefully so that **you** know what insurance **you** have.

What this **policy** is for - Provided **you** have paid **your** premiums, **we** will pay the benefit described if you die or are diagnosed with a **terminal illness** during the term of the **policy**.

ELIGIBILITY

On the **start date you** must:

1. Be over 18 and under 45 years of age; and
2. Be under 65 at the expiry of **your** chosen **policy term**; and
3. Be a **Regular** in the **British Armed Forces**; or
4. A **Reserve** in the **British Armed Forces**.

YOUR RIGHT TO CHANGE YOUR MIND

You may cancel this **policy** by writing to **us** within 30 days of the **start date** or the date **you** receive **your** documents if this is later. **We** will refund any premium paid.

After that **you** may cancel this **policy** at any time by giving **us** 30 days' notice in writing to the address below. **We** will not refund any of your premium paid.

Our address is: Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX.

CUSTOMER INFORMATION

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

If **you** have any queries regarding **your** cover under this **policy**, please telephone 0330 134 8452.

If **you** have hearing or speech difficulties **you** can text telephone **us** on 0330 134 8204. This document and all **our** sales literature is available in large print, audio and Braille – **we** will be happy to supply **you** with a copy or **you** can call **us** on 0330 134 8452.

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SECTION 1 - WHEN DOES YOUR INSURANCE COVER START AND END?

The **start date** and **end date** are shown in the **Schedule** to this **policy**.

SECTION 2 - WHAT BENEFITS WILL WE PAY?

We will pay the benefit shown in the **Schedule** if **you** die or are diagnosed with a **terminal illness** after the **start date** and on or before the **end date**, subject to the provisions below.

Benefit will only be payable once and the **policy** will then end.

SECTION 3 - WHEN WILL WE NOT PAY THE BENEFIT?

We will not pay the benefit if:

3.1 Suicide

Your death occurs within 12 months of your **policy start date** as a direct or indirect result of suicide or intentionally self-inflicted injury whether **you** are sane or insane;

3.2 Pre-existing condition

Your death or **terminal illness** is as a direct or indirect result of a **pre-existing condition**. **We** will not apply this exclusion if death occurs, or diagnosis with a **terminal illness** is made, more than 24 months after **your policy start date**;

3.3 Private activities

Your death occurs, or your **terminal illness** is contracted, outside the UK and is as a direct or indirect result of **your** involvement or participation in any conflict, conflict zone, hostilities, military-style operation or war unless **you** were acting under the legitimate orders of, or were on official deployment by, the **British Armed Forces**;

3.4 CBRN Terrorism

Your death occurs, or **your terminal illness** is contracted, as a direct or indirect result of an act of **CBRN terrorism** unless at the time when the act of **CBRN terrorism** took place, **you** were acting under the legitimate orders of, or were on official deployment by, the **British Armed Forces**.

3.5 Terminal illness

Your terminal illness is diagnosed less than 12 months before **your policy end date**.

SECTION 4 - YOUR PREMIUM, POLICY FEE, THE GRACE PERIOD AND WHAT HAPPENS IF YOU DO NOT PAY THE PREMIUM

The amount of premium which **you** have to pay is shown in the **Schedule**. **You** must pay this on the due date or within the **grace period**. If **you** do not pay a premium when it is due or within the **grace period**, the **policy** will lapse and be of no value. If that happens, **we** will not refund any of the premiums paid.

The monthly policy fee of £1.50 must be added to **your** monthly premium. Details are shown in the **Schedule**.

If **you** die or are diagnosed with a **terminal illness** during the **grace period**, **we** will deduct any premium due but not paid from the benefit **we** pay.

If the **policy** has lapsed because a premium has not been paid, **you** may reinstate **your policy** at any time up to six months after the due date of the first unpaid premium provided **you** pay all outstanding premiums. **We** may permit reinstatement at **our** discretion, provided **you** can give **us** satisfactory evidence of good health, insurable interest and pay all outstanding premiums.

SECTION 5 - HOW TO MAKE A CLAIM FOR BENEFIT

You or **your personal representatives** should write to **us** telling **us** they want to make a claim. **Our** address is Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill West Malling, Kent, ME19 4JX. Telephone number 0330 134 8452.

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

We will pay a claim only after **we** have received acceptable proof of the facts giving rise to the claim and the title of the person(s) making the claim. **You** or **your personal representatives** will therefore need to give **us** any information and proof that **we** may reasonably need at **your/their** expense.

If **you** have understated **your** age, **we** will reduce the amount payable to the amount that **we** would have paid if **you** had told **us** **your** true age.

SECTION 6 - WHAT HAPPENS IF YOU NO LONGER NEED THIS POLICY?

You may cancel this **policy** by writing to **us** within 30 days of the **start date** or the date **you** receive **your** documents if this is later. **We** will refund any premium paid - see above "YOUR RIGHT TO CHANGE YOUR MIND".

If **you** no longer require this **policy** after that time, **you** should write to inform **us**. **We** will cancel **your** payroll deduction authority or direct debit. No refund of premiums will be paid.

You will not be permitted to start a new **policy** within 3 years of the cancellation date.

The **policy** does not have a surrender value.

SECTION 7 - GENERAL PROVISIONS

7.1 Fraudulent claims or misleading information

If any information provided to **us** by **you** or anyone acting on **your** behalf is inaccurate or if **you** do not disclose any information that might reasonably affect **our** decision to provide insurance to **you**, **your** right to any benefit under this **policy** will end.

If any claim under this **policy** is fraudulent or is intended to mislead **us** or if any misleading or fraudulent means are used to obtain benefit under this **policy**, all rights to any benefit under this **policy** will end and **we** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

7.2 Payment of Benefits

Payment of benefit may be made by Covéa Insurance Services Limited on behalf of **us**. Such payment shall constitute full discharge of **our** liability to **you**.

7.3 Legal

No provision or condition of this **policy** may be waived or modified except by a written endorsement signed by an authorised official on behalf of **us**.

English Law applies to this **policy** unless **you** have asked for another law and **we** have agreed to this in writing before the **start date**.

No person, persons, company or other party who or which is/are not covered under this **policy** shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term or condition of this **policy**. This will not affect any right or remedy of a third party that exists or is available apart from that Act.

The Financial Services Compensation Scheme may assist **you** in some circumstances, if **we** were unable to meet our liability to **you**. Further details are available on request.

If any change in law or taxation affects the **policy** or the benefits payable under it, or if any levy is imposed on **us** by or paid under the Financial Services Compensation Scheme then **we** may adjust the benefits, premiums or **policy** provisions as **we** deem appropriate. **We** will send written notice of any change to **your** last known address.

The Data Protection Act 1998 gives **you** the right to a copy of **your** personal data held by **us** upon payment of a fee.

In accordance with the Disability Discrimination Act 1995 **we** are able to provide upon request a textphone facility, audio tapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services to be provided so that **we** can communicate in an appropriate manner.

SECTION 8 - CUSTOMER SERVICE INFORMATION

Any enquiry or complaint **you** may have regarding this **policy** should be made to: The Customer Services Manager, Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX. Telephone number 0330 134 8452.

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

Please be ready to provide all relevant details of **your** policy and in particular **your policy** number to help us deal speedily with **your** enquiry.

If **you** remain dissatisfied **you** may refer **your** complaint to The Financial Ombudsman Service, The Exchange Tower, London E14 9SR, telephone: 0800 023 4 567 or 0300 123 9 123. Please note that the Financial Ombudsman Service will normally only consider a complaint once **we** have issued a final decision. This will not affect **your** legal rights.

A written copy of **our** complaints procedure is available to all policyholders on request.

SECTION 9 - ASSIGNMENT

Written notice of any assignment of this **policy** should be given to **us** at **our** registered office and **you** should give the date and purpose of it. **We** cannot assume any responsibility for the validity or adequacy of any assignment.

SECTION 10 - MEANING OF WORDS

Certain words have special meanings when they are used in this **policy**. They appear in **bold type** so that **you** may identify them.

British Armed Forces: Means both the **Regular Forces** and **Reserve Forces** of the Crown.

Doctor: Means a registered medical practitioner entitled to practise in the United Kingdom being a fully registered person under the Medical Act 1983, other than **you**, **your** spouse, **your** co-habitees, **your** registered civil partner under the Civil Partnership Act 2004 or any of **your** relatives.

End date: The end date set out in the **Schedule**.

Grace period: The thirty (30) day period following the date upon which a Premium becomes due.

Life insured/you/your: The insured person named in the 'your details' section of the **Schedule**.

CBRN terrorism: An act including, but not limited to, the use of force or violence and /or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or put the public, or any section of the public in fear resulting directly or indirectly from or in connection with the release of chemical, biological radiological or nuclear agents.

Policy: This document including the **Schedule**, **your** application form and declaration.

Personal Representative(s):

The person or persons responsible for administering **your** estate following **your** death.

Pre-existing Condition:

Any condition, injury, illness, disease, sickness or related condition in respect of which **BEFORE your policy start date:**

- **you** have had symptoms (whether diagnosed or not); or
- **you** have consulted a **doctor**; or
- **you** have received treatment.

Regular:

A serving member of the Royal Navy, Royal Marines, Regular Army or Royal Air Force.

Reserve:

A member of Royal Fleet Reserve, Royal Naval Reserve, Royal Marines Reserve, Army Reserve, Territorial Army, Royal Air Force Reserve or Royal Auxiliary Air Force.

Schedule:

The page of this policy entitled 'Schedule'. It forms part of **your** insurance contract with **us** and should be read in conjunction with the rest of **your policy**. Please keep **your policy** in a safe place.

Start date:

The date shown in the **Schedule** to this **policy**.

Terminal Illness:

You are diagnosed as suffering an advanced or rapidly progressing incurable illness where, in the opinion of an attending consultant and **our** Chief Medical Officer, **your** life expectancy is not greater than twelve months.

We/us/our:

Covéa Life Limited.

You/your:

Means the person named in the **Schedule**.

Covéa Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Covéa Life Limited is a public limited company incorporated in England under registered number 911235. Its registered office is at Norman Place, Reading, Berkshire, RG1 8DA.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, Covéa Life Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Covéa Life Limited or your own bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel your Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to Covéa Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX.