



CRITICAL ILLNESS PROTECTION PLAN

KEY FEATURES

keyfacts[®]

The Financial Services Authority is the independent financial services regulator. It requires us, LIC UK, to give you this important information to help you decide whether our **CRITICAL ILLNESS PROTECTION PLAN** is right for you. You should read this document carefully so that you understand what you are buying, and then keep it in a safe place for future reference.

This Key features Document is for a UK Protection plan and is for use by residents ordinarily resident in the UK, Channel Islands or the Isle of Man.

Helping you decide!

This Key Features Document will give you information on the main features, benefits and risks of the **CRITICAL ILLNESS PROTECTION PLAN**.

You should read this document carefully so that you understand what you are buying, and keep it in a safe place for future reference. A personal illustration will be provided upon request to show you how much you may get back in the future and outline any associated costs and charges.

Your Key Features document and personal illustration should be read together so that you gain a clear understanding of the product, its features benefits and risks together with any associated costs and charges.

If you require any further information about the LIC UK **CRITICAL ILLNESS PROTECTION PLAN**, or if you have any questions or queries, please speak to your Financial Consultant in the first instance. Alternatively you can phone the LIC UK helpline on **0800 068 5712** (freephone).



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Its aims

- To provide the amount of cover you choose.
- To provide cover for the period you choose (term of the Plan).
- To provide a guaranteed lump sum if you're diagnosed with a specified critical or terminal illness or if you die during the term of the Plan.

You can choose to have:

Level Term – the amount of cover you choose will remain the same throughout the term of the Plan.

Decreasing Term – the amount of cover you choose will decrease at a predetermined rate over the term of the Plan.

The guaranteed lump sum is only paid out once, after which the Plan ends.

Your commitment

You must do the following:

- Answer all the questions on the application form correctly to the best of your knowledge and belief.
- If you do not do this, it could mean your Plan will not pay out.
- Tell us if there is any change to your personal health, family history, occupation or residence, or if you take up any hazardous leisure activities, between signing the application form and when your Plan starts. If you do not do this, it could mean your Plan will not pay out.
- You must give us all the information we ask for when applying for your Plan and when claiming any benefit.
- If you do not do this we may not pay your claim.
- Pay a regular monthly or yearly contribution by direct debit during the term of the Plan. We can increase (or reduce) your contribution by any amount every 5 years after a review.



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Risk factors

The Plan carries the following risks

- If you stop paying your contributions before the end of the Plan term, your cover will end 30 days after the due date of the last contribution you paid
- We will not make a payment if the information you give us is not complete and truthful or if the cause of the claim is related to policy exclusion.
- If you choose level cover, the amount paid out in the event of a claim is a fixed amount and inflation might reduce its value over the term of the Plan.
- If you choose decreasing cover, the amount of cover decreases each year at a predetermined rate.
- If the Plan is linked to a mortgage or loan, the amount of any outstanding mortgage or loan at the date of death may be greater than the amount of the cover you have.
- We will not pay out in the circumstances described under “When will the Plan not pay out” on page 5. The full list of critical illnesses we cover is shown on page 3. Full details are contained within the Policy Document, a copy of which is available on request.
- Contributions are reviewed every 5 years following the start of your Plan.
- As a consequence we may increase your contribution if our experience of claims, or the experience of the rest of the industry or the future impact of possible medical advances shows that we should increase all Plan holders’ contributions. We will notify you in the event of any change and before such change takes place. If you decide to cancel the Plan as a result of any increase in contribution, you will not get any money back.
- If you choose decreasing cover, the amount of cover decreases each year at a predetermined rate.
- If the Plan is linked to a mortgage or loan, the amount of any outstanding mortgage or loan at the date of death may be greater than the amount of the cover you have.



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- We will not pay out in the circumstances described under “When will the Plan not pay out” on page 5. The full list of critical illnesses we cover is shown on page 3. Full details are contained within the Policy Document a copy of which is available on request.

Warning

The Plan has no cash in value at any time.

We strongly recommend that you review your Plan periodically to ensure that it continues to meet your needs.

QUESTIONS AND ANSWERS

What is the Critical Illness Protection Plan?

- It's an insurance Plan that will pay a guaranteed lump sum on the first of the following events during the term of the Plan:
 - ✓ Specified critical illness
 - ✓ Terminal illness with less than 12 months to live
 - ✓ Total permanent disability
 - ✓ Death
- The Plan will end at the end of the Plan term or in the event of an earlier claim.
- If it continues to the end of the term without a claim, you will get nothing back.
- On payment of the guaranteed lump sum the Plan is closed and no further benefit is payable.
- You can choose either a level amount of cover or an amount that decreases each year in line with an assumed interest rate of currently 10% as shown in your personal illustration.
- You must be aged between 18 and 64 at the start of the Plan.
- The minimum term of the Plan is 5 years and the maximum term is 40years (subject to a maximum expiry age of 74).



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- Contributions are payable throughout the term. The initial contribution payable will depend on the level and type of cover chosen, the term of the plan, age, gender, health, occupation, pursuits and smoker status of the life assured.

How flexible is it?

You have the option to:

- Increase the amount of cover without further medical evidence when you increase your mortgage for house purchase or improvement provided your plan was originally taken out in connection with a mortgage.
- You must be aged 50 or less at the time you take up this option.
- The increase in cover must be proportionate to the increase in the mortgage.
- The option can be exercised more than once without further medical evidence provided that the total increase is not greater than one half of the initial amount of cover at the start of the Plan or £150,000 whichever is the lesser amount.
- You also have the option to increase the amount of cover by 25% of the initial amount of cover, without further medical evidence, if any of the following events occur:
 - ✓ Birth of a child to the Plan holder
 - ✓ Adoption of a child by the Plan holder
 - ✓ Marriage of the Plan holder.
- You must apply for the increase within 3 months of the event.
- You must be aged 50 or less at the time you take up this option.
- The option can be exercised more than once without further medical evidence provided that the total increase is not greater than the initial amount of cover at the start of the Plan or £150,000 whichever is lesser.
- For each of the above options, the sum of the total increases under each may not be greater than the initial amount of cover at the start of the Plan.

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- All of the above options are only available providing your plan was accepted on our standard terms and contributions are paid to date. They are also subject to receipt of proof of the event concerned.
- Apart from the options available at the events shown above, you won't be able to change the amount of cover once the Plan starts. If you need to increase the cover, you will need to take out a new Plan.

Which illnesses are covered?

The complete list of conditions we cover is shown below

- ✓ Alzheimer's disease (including senile and pre-senile dementia)
- ✓ Angioplasty
- ✓ Aorta graft surgery
- ✓ Aplastic anaemia
- ✓ Bacterial meningitis – children's cover only
- ✓ Benign brain tumour
- ✓ Blindness
- ✓ Cancer
- ✓ Coma
- ✓ Coronary artery by-pass surgery
- ✓ Creutzfeldt-Jakob disease
- ✓ Deafness
- ✓ Degenerative organic brain disease
- ✓ Heart attack
- ✓ Heart valve replacement or repair
- ✓ HIV/AIDS – as a result of a physical assault
- ✓ HIV/AIDS– from a blood transfusion
- ✓ HIV/AIDS – as a result of accidental exposure while carrying out normal occupational duties
- ✓ Kidney failure
- ✓ Loss of independent existence after age 65



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- ✓ Loss of limbs
- ✓ Loss of speech
- ✓ Major organ transplant
- ✓ Motor neurone disease
- ✓ Multiple sclerosis
- ✓ Paralysis/Paraplegia
- ✓ Parkinson's disease before age 65
- ✓ Severe head injury
- ✓ Stroke
- ✓ Terminal illness
- ✓ Third degree burns
- ✓ Total permanent disability before age 65

Please remember that the heading of each critical illness is only a guide to what is covered.

For example:

- Some types of cancer are not covered. Further details of how we will consider your claim, including the full definitions we will use and the evidence we will need, are given in section 9 of the Policy Document, a copy of which is available on request.
- Your children, natural or legally adopted, are also covered under the Plan for the range of serious illnesses shown above.
- Cover applies from the child's first birthday until they reach age 18 as long as the Plan remains in force.
- If your child suffers one of the serious illnesses covered by the Plan we will pay 50% of the level of cover under the Plan to a maximum of £25,000.
- The child must survive for a minimum period of 14 days for cover to be paid.



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- We will only pay one claim for each eligible child. Claims for children do not affect your cover and will be paid to the child's legal guardian.
- Other than critical illness payments for children, the Plan pays out the benefit once and then all cover ends.

How much will the Plan pay out?

- You decide the amount of cover the Plan should provide, subject to a maximum of £500,000 including any existing cover held. The higher the amount of cover and the longer the term, the higher the contribution will be.
- Your personal illustration shows the term of the Plan, the amount of cover you've chosen and your initial monthly or annual contribution.
- The minimum contribution is £15 a month or £180 a year

What happens if I change my occupation?

- You do not need to tell us if you change your occupation after the Plan starts.

When will the Plan pay out?

It will pay the lump sum on the first of the following events during the term of the Plan:

- ✓ Specified critical illness
- ✓ Terminal illness with less than 12 months to live
- ✓ Total permanent disability before age 65
- ✓ Death
- You must continue to be totally and permanently disabled for a period of 12 months consecutively before a payment will be made under Total Permanent Disability.
- Further details are included in Section 9 of the Policy Document.
- The Plan will end on the earlier of payment of a claim or the end of the Plan term.



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When will the Plan not pay out?

- We will not pay a critical illness claim in the following circumstances:
- If the cause of the claim results from aviation, criminal acts, drug abuse, failure to follow medical advice, hazardous sports and pastimes, HIV/AIDS other than as covered, self inflicted injury or war and civil commotion.
- If the claim does not meet the critical illness definitions under the Plan as stated in the Policy Document.
- If the claim is for a child diagnosed with a critical illness and the child dies within 14 days of the critical illness being diagnosed.
- If you do not notify us within 3 months of the critical illness event.
- If the claim is related to any individual policy exclusion. We will tell you about any before your cover starts and they will also be included in your policy schedule.
- If the claim is for a child and the claim is in respect to a condition arising from a pre existing condition.
- If the questions in your application have not been answered correctly to the best of your knowledge and belief.
- If you have not told us of any change in your health or personal circumstances before the Plan starts.
- If the contributions are not paid within 30 days of the due date.
- Further details of the standard exclusions are given in section 11 of the Policy Document a copy of which is available on request.
- The Plan will not pay out and will end if the Life Assured commits suicide within 1 year of acceptance.
- Details are provided in Section 8 of the Policy Document.

Can my spouse/civil partner and I have a joint Plan?



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- No, the Plan can only be taken out by an individual.

How are contributions made?

- Contributions are made monthly or yearly by direct debit.

What about your charges?

- A policy charge of £2.25 for monthly contributions or £27 for yearly contributions is deducted from your contributions for administration expenses. They are included in the premium amount.

What if I stop paying?

- If you stop paying contributions the Plan will end and you will get nothing back.
- There is no cash-in value.

What about tax?

- The proceeds from this Plan are free from UK income tax and capital gains tax.
- The amount payable on death will be added to the value of your estate and may be liable to inheritance tax.

Can I change my mind?

- After your proposal is accepted, you will receive a notice of your right to cancel. You then have 30 days from receipt in which you can change your mind. If you cancel, you receive back in full any contributions you have made.
- If we don't receive your cancellation notice the Plan will continue.

Can I transfer my Plan to India?

- No, there is no facility to transfer the Plan.

Can I keep my Plan in the UK if I transfer to India?



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- It depends on the foreign exchange regulations in India and the UK at the time of transfer. Currently an Indian national under certain circumstances can keep the Plan in the UK by arranging to make contributions in Sterling from funds outside India. Premiums must be paid by direct debit instruction.

How to make a claim

- Please call us on free phone **0800 0685712**. Alternatively you can write to us at **LICI UK, York House, Empire Way, Wembley, Middlesex HA9 0PX**. It will be helpful if you could provide details of the policy number(s) and it may help to have the Policy Document(s) available.

Further Information

Your cancellation rights

- After your proposal is accepted, you will receive a notice of your right to cancel. You then have 30 days from receipt in which you can change your mind. If you cancel, you receive back in full any contributions you have made. If we don't receive your cancellation notice the Plan will continue. If you cancel after 30 days you won't get any money back.

Complaints

If you are not satisfied with what we do for you, please let us know by writing to **LICI UK, 10th Floor, York House, Wembley, Middlesex HA9 0PX**.

If you prefer, you can telephone our Customer Helpline on **0800 068 5712 (Freephone)** or email us at customer.service@liciuk.com.



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We aim to deal promptly and fairly with all complaints. If you are not happy with the outcome you may be able to refer to the **Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR** about this if you need it. Copies of our complaints handling procedures are available on request. This will not affect your legal rights.

Compensation

We are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. Insurance claims are covered up to 90% of the claim amount without any upper limit. You can find more about the Financial Services Compensation Scheme, including eligibility to claim by visiting its website www.fscs.org.uk or calling them on **08006781100**.

Law

If any legal dispute arises the Law of England and Wales will apply.

This document is based on our understanding of current law and HM Revenue and Customs practice.

Full details are contained in the policy document which is the legally binding contract between you and the Life Insurance Corporation of India. The Life Insurance Corporation of India is **authorized and regulated by the Financial Services Authority**.

Language

The English language will be used in all documents and future correspondence.

How to contact us?



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If you have any queries please call our Customer Services Helpline on **0800 0685712** (free phone). Our lines are open from 9 am to 5 pm Monday to Friday. Alternatively you can email us at customer.service@liciu.com.

We would like to make you aware that calls may be recorded and monitored.

Office Address:

LICIUK, 10th Floor, York House, Empire Way, Wembley, Middlesex HA9 0PX.

The Life Insurance Corporation of India is authorized and regulated by the Financial Services Authority (FSA), entered on the FSA Register, registration number 110379.