



Key Features

Mortgage | Term Personal | Term Business

Key Features of the Self Assurance Mortgage, Term Personal and Term Business plans, you need to know and understand

The Financial Services Authority is the independent financial services regulator. It requires us, Scottish Provident, to give you this important information to help you decide whether our Self Assurance Plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

You may have arranged your plan through an Intermediary. If so, you should contact them to discuss your plan.

If you would like this information in large print, in Braille or on cassette, please call 0845 741 3002.

Key Features

Its aims

To give you the opportunity to create a plan, which meets your protection needs by giving you a wide choice of benefits and levels of cover over the benefit term you choose. You can choose from the following benefits:

- Death benefit
- Death or earlier critical illness benefit
- Critical illness benefit
- Disability income benefit (income protection)
- Premium payment benefit (waiver of premium)
- Unemployment benefit
- Health cash benefit.

To allow you to maintain an adequate level of protection by allowing you to change your benefits and levels of cover during the term of the plan. **For further details please refer to the Flexibility section (page 22) in the Self Assurance Product Guide.**

To allow you to choose for each benefit, either:

- guaranteed premiums which are fixed for the benefit term (unless, for example you increase the amount of your benefit); **or**
- reviewable premiums which start at a lower amount but can increase (or reduce) at each review.

You can only take out unemployment benefit and health cash benefit with reviewable premiums. The full list of critical illnesses we cover is shown on page 5. There are some circumstances where the plan will not pay out – these are shown on pages 7, 8 and 9.

Your commitment

You must answer all the questions in the Application Form correctly to the best of your knowledge and belief and include everything that may affect the terms we offer you. If you do not do this, it could mean your plan will not pay out. If you are in any doubt about whether to provide information when filling in the Application Form, please provide the information. You should not assume that we will write to your doctor – it is your responsibility to complete the Application Form properly. If you are unsure about any information, you may wish to consult your doctor before completing the Application. It is important to note that at claim stage, any new information that comes to light, which was not provided by you at the application stage (even if it is unconnected to the condition which you are claiming for), could mean your plan will not pay out.

You must tell us if there is any change to your:

- **personal health**
- **family history**
- **occupation or residence; or**
- **if you take up any hazardous pursuits**

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 pay a regular premium while your plan is in force. If you choose to have increasing benefits, your premium will change each year to reflect this.

If you stop paying premiums on your plan:

- your plan will stop
- you will not get anything back; **and**
- you will no longer be covered for your benefits.

If you choose unemployment benefit, you must tell us if you change job from the one shown on your Application Form during the term of your benefit. This could change your premium, or mean that we can no longer cover you for this benefit.

You should review your plan regularly to ensure that it is still adequate for your needs. As your needs change, the level of cover that you'll require may also change. Therefore, if you do not regularly review your plan, you may not have enough cover for your needs or you may be paying for cover that you don't need.

Risks

Your plan has no cash-in value at any time.

If you choose reviewable rates, to maintain your level of cover your premium may be increased when it is reviewed by us. The first review will be five years after your plan starts and subsequent reviews will be every five years thereafter. For unemployment benefit and health cash benefit, your premium will always be reviewable and reviews will be carried out annually.

If your premium increases at a review the new premium may be higher than a guaranteed fixed premium would have been. There is no limit to the amount that your premium may increase by, but any increase will be fair and reasonable. **For further details please see the What we mean by Premium Rates section (page 20) in the Self Assurance Product Guide.**

Unemployment benefit and premium payment benefit (unemployment) are provided by Primary Insurance Company Ltd. If they stop offering these benefits, we will do everything possible to find another insurance provider. If this happens the Policy Benefit Schedule and Self Assurance Product Guide may change. If we are unable to replace the insurance provider we will have to stop your cover.

If you choose unemployment benefit or health cash benefit, your premium may change if the UK Government changes the rate of insurance premium tax.

If you choose disability income benefit (income protection) and you make a claim, the amount of the benefit will be limited to 50% of your salary or earnings immediately before you claim. This amount will be reduced if you receive other private disability benefits and/or you continue to receive income from employment when we start to pay your benefit. **For further details please refer to the Technical Options section (page 5) in the Self Assurance Product Guide.**

If your plan includes a lump-sum benefit which reduces, the lump-sum may not be enough to repay your loan or mortgage if interest rates rise above the rate you have chosen, and on which we base the rate of the reduction if you claim.

If you choose unemployment benefit, you must tell us if you change your job from the one shown on your Application Form during the term of your benefit. This could change your premium, or mean that we can no longer cover you for this benefit.

We will not pay out in the circumstances described under **When will my plan not pay out?** on pages 7, 8 and 9.

What is Self Assurance?

Self Assurance from Scottish Provident gives you financial help if any of the events you have chosen to cover yourself against happen during the benefit term.

There are three versions of the plan:

- **Self Assurance Mortgage** designed to provide protection to cover your mortgage
- **Self Assurance Term Personal** designed to provide protection for you and your family
- **Self Assurance Term Business** designed to provide protection for your business needs.

What benefits and options are available?

There are many benefits, which you can combine to suit your own particular needs. Each benefit can last for a different length of time or be paid to you in different ways.

The following benefits are available for each version of the plan unless explained otherwise:

- **Death benefit** payable if you die or satisfy our definition of a terminal illness where life expectancy is no greater than 12 months
- **Death or earlier critical illness benefit** pays out a lump sum or income until the end of the benefit term if you either die or are diagnosed with a terminal illness where life expectancy is no greater than 12 months, or a critical illness that meets our policy definition. We only cover the critical illnesses we define in our Policy Benefit Schedule, the Self Assurance Product Guide and this Key Features document
- **Critical illness benefit** pays out a lump sum or income until the end of the benefit term if you are diagnosed with a terminal illness where life expectancy is no greater than 12 months, or a critical illness that meets our policy definition. We only cover the critical illnesses we define in our Policy Benefit Schedule, the Self Assurance Product Guide and this Key Features document.

To qualify for a critical illness claim you must survive for 14 days (the survival period) after you meet our policy definition.
- **Disability income benefit** (income protection) provides monthly income protection if, because of sickness, accident or disability, you cannot:
 - work; **or**
 - do a number of work tasks.

If you are eligible, you will start to receive this benefit after the deferred period you choose, which can be 4, 13, 26 or 52 weeks.

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- **Premium payment benefit (sickness, accident or disability)** will protect your premiums if, because of sickness, accident or disability, you cannot work or do a number of work or life tasks. You will start to receive this benefit after the deferred period you choose, which can be 13, 26 or 52 weeks (4 week deferred period also available if chosen with disability income benefit).
- **Unemployment benefit** (Mortgage plans only) provides two benefits:
 - a monthly income payable for up to 52 or 104 weeks, if you become unemployed through no fault of your own, after the deferred period which can be 8 or 13 weeks; **and**
 - premium payment benefit (unemployment) which will take care of the premiums for your plan while you are receiving your monthly income.You can only choose unemployment benefit if:
 - it is to protect a secured loan which is used to purchase your home or principal private residence and you are not currently in arrears on your mortgage repayments; **and**
 - you are taking out one of the other benefits listed on pages 3 and 4.
- **Health cash benefit** (Term Personal plans only) gives you a fixed amount of cash if, for example, you have to go into hospital. It can also provide a percentage of the cost of a number of treatments.

The following additional benefits and options may be included under death or earlier critical illness benefit or critical illness benefit in your plan:

- **Children's critical illness benefit** will be payable if your child, between the ages of 30 days and 18th birthday, satisfies our definition of one of a range of children's critical illnesses or disabilities and survives for a further 14 days (the survival period)
- **Buyback option** allows you to take out further critical illness cover after your claim has been accepted for one of the critical illnesses or disabilities covered under your plan. The buyback benefit will include critical illness cover for heart attack, stroke and cancer (and death benefit, if your original Benefit included death benefit). You can choose this option when you take out either death or earlier critical illness benefit or critical illness benefit under your plan.

The following additional benefits will automatically be added to your plan if you are covered for:

- **death or earlier critical illness benefit or critical illness benefit** for a total benefit amount of at least £25,000; **and disability income benefit** (income protection)
 - **immediate cash benefit** which is paid as a lump sum if we accept a claim for one of the critical illnesses or disabilities we cover under your plan
 - **children's income benefit** which is paid as an income for a specified period if your child satisfies our definition of one of a range of children's critical illnesses or disabilities and survives for a further 14 days (the survival period).

The full list of critical illnesses we cover is shown overleaf. There are some circumstances when the plan will not pay out – these are shown on pages 7, 8 and 9. This Key Features document does not show the full terms and conditions of the plan, these can be found in the Product Guide, Policy Benefit Schedules and Policy Benefit Cover Sheet. You will find more details on all the above benefits by referring to the Self Assurance Product Guide.

Which critical illnesses and disabilities are covered?

The complete list of conditions we cover is set out below. These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in the Policy Benefit Schedules and the Policy Provisions, the Definitions and the Technical Options sections of the Product Guide.

These typically use medical terms to describe the illnesses but in some cases the cover may be limited for example:

- 1) Some types of cancer are not covered
- 2) To make a claim for some illnesses, you need to have permanent symptoms.

Please let us know if you would like to see a copy of the Policy Benefit Schedules, Policy Provisions or the Product Guide.

Alzheimer's disease - resulting in permanent symptoms	Kidney failure – requiring dialysis
Aorta graft surgery	Liver failure – irreversible
Aplastic anaemia – permanent	Loss of hands or feet – permanent physical severance
Bacterial meningitis – resulting in permanent symptoms	Loss of independent existence - resulting in permanent symptoms
Benign brain tumour – resulting in permanent symptoms	Loss of speech – permanent and irreversible
Blindness – permanent and irreversible	Major organ transplant
Cancer – excluding less advanced cases	Motor neurone disease – resulting in permanent symptoms
Cardiomyopathy – of specified severity	Multiple sclerosis – with persisting symptoms
Chronic lung disease – of specified severity	Paralysis of limbs – total and irreversible
Coma – resulting in permanent symptoms	Parkinson's disease – resulting in permanent symptoms
Coronary artery by-pass grafts	Progressive supranuclear palsy - resulting in permanent symptoms
Creutzfeldt-Jakob disease – resulting in permanent symptoms	Stroke – resulting in permanent symptoms
Deafness – permanent and irreversible	Third degree burns – covering 20% of the body's surface area
Dementia – resulting in permanent symptoms	Total Permanent disability to age 65 - own occupation or work tasks definition
Heart attack – of specified severity	Traumatic head injury – resulting in permanent symptoms
Heart valve replacement or repair	
HIV infection – caught in the European Union, the Channel Islands or the Isle of Man from a blood transfusion, a physical assault or at work	

These critical illnesses comply with the Association of British Insurers (ABI) model definitions.

No ABI model definitions exist for these critical illnesses and disabilities.

Total permanent disability

You can choose from the following definitions:

- **Own Occupation**
Sickness, accident or disability which permanently stops you from carrying out your occupation; **or**
- **Work Tasks**
Sickness, accident or disability which permanently stops you from doing 2 out of 6 work tasks. Work tasks include walking, lifting, using a pen, hearing, speaking and seeing.

If we are unable to accept the definition you have chosen because of your occupation or as you do not work, we will tell you.

You can choose one of 3 critical illness cover types for your plan, as listed below:

- A the full list of critical illnesses plus total permanent disability benefit based on an own occupation definition
- B the full list of critical illnesses plus total permanent disability benefit based on the work tasks definition
- C the full list of critical illnesses with no total permanent disability benefit.

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Can I take out my plan with someone else?

Yes, you can take out the plan with someone else, normally a spouse, partner or a business partner.

Your plan is very flexible, for example, you can cover either one or two people, who don't need to be you or your joint owner (note that reference to 'you' in this Key Features document would include, where appropriate, reference to the actual person covered).

You can also extend your health cash benefit to cover your family (Term Personal plans only).

When does my cover begin?

You will not be covered until we have accepted your Application and we have contacted you to tell you that your cover has started.

The cover can start either on the date we accept your Application (if you have requested immediate cover), or a specific start date if:

- your Application is accepted at ordinary rates
- you have asked for the plan to start from that date; **and**
- we have received the first premium or an acceptable method of collecting it.

Otherwise, we will write and tell you the conditions under which we are prepared to issue a plan. We will then wait for your agreement before we start the plan.

When we start your plan, we will send you Policy Benefit Schedules for each of your benefits, a Policy Benefit Cover Sheet showing a summary of these benefits and the Self Assurance Plan Documents.

How long will my cover last?

Your cover will last for the term you choose.

Each benefit you choose can last for a different term.

You can choose cover for a fixed term or have the option to renew your cover on a five-year or ten-year basis.

You can find more details in the Technical Options Benefit Terms section (page 19) of the Self Assurance Product Guide.

How do I pay my premiums?

You can pay your premiums every month by direct debit or every year by direct debit or cheque. You will pay premiums throughout the term of the plan.

If you stop paying your premiums your cover will stop and we will not pay you anything.

We will pay your premiums if you claim under any premium payment benefits and we accept your claim. You should continue to keep paying your premiums until we've reached a decision on your claim.

If you want to stop paying premiums and stop your plan you can do this by writing to us.

Will the premium I pay change during the benefit term?

For most benefits you can choose either:

- **Guaranteed premiums**, which will not change throughout the benefit term you choose, unless they increase as a result of a benefit increase each year; **or**
- **Reviewable premiums**, (not unemployment benefit or health cash benefit), which will be reviewed on the first policy anniversary date on or after the benefit has been in force for five years and every five years thereafter. Any increase or decrease in premium will take place on the policy anniversary date. The premium after the review could then be higher than a guaranteed fixed premium would have been;
- **Reviewable premiums** for unemployment benefit and health cash benefit will be reviewed on the first policy anniversary date on or after the benefit has been in force for one year and every year thereafter. Any increase or decrease in premium will take place on the policy anniversary.

The assumptions we may review are the future outlook on:

- claims
- investment returns
- expenses
- the tax and regulatory environment
- reinsurance premiums.

If our view of these assumptions at the time of the review differs from the view we took of them at the outset (in the case of a first review) or at the last review, we may increase or reduce your premium based on that difference.

There is no limit to the amount your premium may increase or decrease but any change will be fair and reasonable. We will not impose a premium change at review where this would have led to a change in monthly/annual premium of less than 1%, however we reserve the right to carry this difference forward and include it in subsequent reviews.

We will give you at least 30 days notice before we change your premium. If your premium needs to be increased, you can tell us to keep it at the same level and reduce the amount of your cover instead.

If you choose unemployment benefit or health cash benefit, your premium will include insurance premium tax (IPT). The UK Government can change the rate of this tax at any time. We will change your premium to take into account any change in this tax.

If the benefits in your plan have different terms to run, your premium will automatically reduce when each of the benefits come to the end of their term and will stop when the last benefit reaches the plan cover end date.

You can find full details of how we will review your premiums in the What we mean by Premium Rates section (page 20) in the Self Assurance Product Guide.

When will my plan not pay out?

We list below circumstances where we will not pay a claim under each of the benefit types. **For full details of the exclusions and limitations of the plan, please refer to page 43 of the Self Assurance Product Guide.**

Death benefit claims

If the claim is for death by suicide within one year of:

- you taking out the benefit or the benefit being reinstated, we will not pay the claim; **or**
- an increase in the benefit amount (other than an automatic increase by the rate of inflation) we will not pay the increase.

This does not affect the payment of the benefit to any recognised lending institution, which proves to have an interest in this plan for mortgage or loan purposes.

Critical illness benefit claims

We will not pay a claim if the claimant dies within 14 days (the survival period) of satisfying our definition of:

- a terminal illness
- a critical illness or disability.

To take up the buyback option under death or earlier critical illness benefit or critical illness benefit, you must be under age 60 when you make the claim to effect the option.

Death benefit, death or earlier critical illness benefit and critical illness benefit claims

If we accept your claim, we will pay income benefits each month over the balance of the benefit term left to run after you have made a claim.

Children's critical illness benefit or children's income benefit

We will not pay a claim if your child dies within 14 days (the survival period) of our definition of one of the children's critical illnesses or disabilities covered being satisfied.

We will not pay a claim caused by a congenital defect (present at birth – this could be an inherited condition or one resulting from damage or infection at the time of birth), critical illness or related condition which was present before:

- the child became covered by your plan; **or**
- reinstatement date of your plan, if applicable.

For children's income benefit, we will pay the benefit until:

- the child reaches age 18
- three months after the death of the child
- five years after this benefit first became payable

or the end or earlier cancellation of disability income benefit, whichever comes earliest.

Disability income benefit (sickness, accident or disability) claims

We will restrict the claim value to:

- an amount which, together with income from employment and any other private disability benefits, does not exceed 50% of your pre-disability salary or earned income; **or**
- £12,000 a year, if you are not in employment at the time of the claim.

We will pay your benefit until the earlier of when:

- you recover
- you reach the end of the benefit term; **or**
- you die.

There is no limit to the number of times you can claim during the term of this benefit.

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Health cash benefit claims

We will not pay a claim if it relates to:

- any medical condition, physical or mental, that you knew about or previously suffered from before you took the benefit out. This does not apply to optical or dental benefits
- cosmetic and plastic surgery; **or**
- in vitro fertilisation (IVF) or fertility treatment.

We also exclude any congenital (present at birth – this could be an inherited condition or one resulting from damage or infection at the time of birth) or hereditary disease or disorder for any children that you add to your plan.

We will not pay a claim for treatments and operations in the first 6 months (the waiting period) after the start of the benefit (for childbirth benefits this is 12 months).

There is no waiting period if you go into hospital as a casualty after an accident. Emergency in-patient or dental benefit is available on a worldwide basis provided you are a permanent UK, Channel Island or Isle of Man resident and travel outwith these countries does not exceed 28 days in duration.

Unemployment benefit and premium payment benefit (unemployment) claims

We will not pay a claim arising from:

- redundancy, when you knew you were going to be made redundant, or you could reasonably be expected to have known, when you took out the benefit
- misconduct, including being dismissed for taking part in industrial action, your failure to meet the standards or targets laid down by your employer or any other circumstances that result in your employer taking disciplinary action against you
- choosing to become unemployed or made redundant
- resigning for whatever reason, retiring, leaving your employment voluntarily or accepting early retirement in lieu of unemployment.

We will not pay a claim:

- unless you live in the UK, the Channel Islands or the Isle of Man and are available for, and actively seeking, work
- if your work is temporary, seasonal, casual (including any temporary work from an employment agency) or unemployment is a regular feature of your work

- if you work outside the UK, the Channel Islands or the Isle of Man at the time of becoming unemployed, unless the work involved a project that lasted no more than 30 consecutive days or 90 days in total in the six months before the work stopped
- where you had not been continuously employed or self-employed for at least six consecutive months at the date of becoming unemployed
- until the later of the date you first registered unemployed with the appropriate Government office in the UK, the Channel Islands or the Isle of Man and you are receiving benefits or the end of your notice period for which you have received payment in lieu of notice; **and**
- if you become unemployed, or are notified that you will become unemployed at a later date, within eight weeks from the date we issue our acceptance terms or the start date of your unemployment benefit, whichever is later.

If an increase in benefit has been accepted by us or is in force for less than eight weeks, we will not pay a claim for the increase.

We will restrict the claim value to an amount that does not exceed 40% of your salary or earned income immediately before you became unemployed.

We will pay your benefit until the end of the benefit term, your return to work, your death or we have paid the benefit for the payment period shown in your Personal Illustration, whichever comes earliest.

If unemployment benefit stops being paid and you become unemployed again within three months of the previous claim stopping, both periods of unemployment will be added together and treated as one continuous claim. We will start to pay the benefit again immediately provided you satisfy our definition of unemployment and the payment period of your benefit has not been used during the period of your first claim for unemployment benefit.

Claims other than death claims

We will not pay your benefit if your claim is caused by an intentional self-inflicted injury.

We will not pay a claim during the deferred period shown in your Personal Illustration. Deferred periods apply to disability income benefit (income protection), premium payment benefit (sickness, accident or disability), unemployment benefit and premium payment benefit (unemployment). The deferred period is the time during which you must be ill or unemployed before we start to pay any benefit.

If you are not in the UK, the Channel Islands or the Isle of Man when you make a claim, you will have to return to the UK or a country within the geographical areas set by us, unless we decide otherwise. The geographical areas are Australia, Austria, Belgium, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, the Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, the Republic of Ireland, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, the United Kingdom and the United States of America. The above geographical areas do not apply to unemployment benefit.

Claims for all benefits

We will not pay your claim in the following circumstances:

You do not answer the questions on the Application Form in full or do not tell us about a change before your plan starts. You should not assume that we will write to your doctor, it is your responsibility to complete the Application Form properly.

New information comes to light at the claims stage which was not provided by you when you applied (even if the new information is unconnected to the condition you are claiming for).

For all benefits other than disability income benefit (income protection), you must write and tell us about a claim within 13 weeks of the occurrence of the event resulting in a claim.

For disability income benefit, you must write and tell us about a claim within eight weeks of becoming disabled (two weeks for plans with a four week deferred period).

If you do not tell us, we may delay its payment or not pay your claim.

We may apply specific exclusions when we accept your plan. This could mean you are not covered under death or earlier critical illness or critical illness benefit for some of the illnesses shown in the table on page 5. These will be shown in your Acceptance Letter and Policy Benefit Schedule.

For further details please refer to the Exclusions and Limitations of the Plan section (page 43) in the Self Assurance Product Guide. You can ask us for a copy of this if it has not already been given to you.

How will you pay my benefits?

We can pay your benefits to suit your individual needs, depending on the version of your plan and benefit type:

Death and critical illness benefits can be payable:

- **as a level lump-sum**, fixed throughout the benefit term
- **as a reducing lump-sum**, reducing yearly throughout the benefit term in line with a capital and interest loan schedule at an interest rate you choose
- **as an increasing lump-sum**, increasing yearly throughout the benefit term in line with inflation (see opposite)
- **as income on a level or increasing basis**, the income payable monthly from claim date to the end of benefit term (Mortgage & Term Personal plans only)
- **in yearly instalments over three or five years**, allowing you to choose between level or increasing instalments (Term Business plans only).

Children's critical illness benefit will be payable as a lump sum of 50% of the main critical illness benefit, subject to a maximum payment of £20,000 for each child. If both parents have separate cover under the one plan, we will pay up to £40,000. After a claim your plan will still continue to cover your other children.

Disability income benefit (income protection) will be payable monthly. You can set up the income on a level or increasing basis.

Children's income benefit will be payable monthly.

Immediate cash benefit will be payable as a lump-sum.

Unemployment benefit will be payable monthly on a level or increasing basis.

Health cash benefit will be payable each time you have any of the treatments or operations we cover (Term Personal plans only).

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How do increasing benefits work?

We will increase your benefit each year, by the percentage increase in the UK Government's Retail Prices Index (RPI). However, it will not increase by more than 10% each year.

Your premium for that benefit will increase each year by the percentage increase in RPI multiplied by 1.4.

Can I make changes at a later date?

Your plan is very flexible and can be adapted to meet your changing needs. Your premium will change when you make changes to your plan. Your premium cannot fall below the minimum level set by us. Depending on what changes you make, your Policy Benefit Schedule may change (this could include, for example, a change to your critical illness definitions).

You can, at any time, add, remove, increase or reduce benefits, or change the term of your benefits. We may need to ask you for medical evidence to deal with some of the changes.

Increase options

Provided we accepted your plan at ordinary rates and that you are in good health, there are some options which allow you to increase the amount of your benefits within limits, when certain events happen without having to provide any medical evidence. For Term Business plans only, we will ask you to sign a short declaration of continued good health.

If you want to use an increase option for any of the benefits under your plan, you need to be under age 55 at the time the increase option is exercised.

You will not be able to increase any of the benefits if you are already suffering from an illness or condition covered by the plan for which you have or have not yet submitted a claim.

Further details on how you can change your plan can be found in the Technical Options Flexibility section (page 22) in the Self Assurance Product Guide.

How much does my plan cost?

The initial cost of your plan depends on your personal circumstances – for example:

- your age
- sex
- occupation
- health
- the amount and type of benefits you choose, and how long you want them to last.

Your Personal Illustration shows the amount and type of each benefit you have chosen to include in your plan and the initial monthly or annual premium and any options or additional benefits you may have.

Further information

Your right to cancel

When we accept your plan, we will send you a notice explaining your right to cancel the plan. You will then have 30 days in which to cancel the plan by returning the cancellation form, signed by you, to:

Scottish Provident
301 St Vincent Street
Glasgow G2 5HN

If you do this we will refund any premiums you have paid. If you do not cancel, your plan will start and end as per our acceptance terms and we will collect premiums as agreed.

Making a claim

To make a claim, please contact our Claims Department at:

Scottish Provident
301 St Vincent Street
Glasgow G2 5HN

Phone: 0845 271 0007

When you notify us of a claim, you will need to tell us your policy number and details about your claim.

You should tell us about your claim as soon as you reasonably can. Except for death claims, we may not be able to assess your claim if your delay in telling us about the claim, means we are unable to obtain the information we need.

We cannot pay claims until you give us proof of age. We therefore recommend that you send your original birth certificate, and if you are a married woman or a widow, your original marriage certificate, with your Application.

Change of job

If, when you make a claim under unemployment benefit, your job has changed from the one on your Application Form, you will need to tell us so that we can assess your claim.

Complaints

This section tells you how to make a complaint. If you make a complaint, we'll try our best to put it right. We aim to get to the bottom of your issue and we'll tell you what we're doing about it. When you contact us, make sure you tell us your name and policy number and the reason for your complaint. If you are happy to discuss the issue on the telephone, please give us your daytime number.

How to make a complaint

You can contact us using the details below. We'll let you know within five days that we've received your complaint and we'll try our very best to deal with it within four weeks. If we need a bit more time, we will let you know. We hope most complaints will be sorted out at this stage. We aim to send you the company's final response within eight weeks of your original complaint.

If your complaint is about this plan or any part of our service, please contact:

Customer Relations Team

Scottish Provident
301 St Vincent Street
Glasgow G2 5HN

Phone: 0141 275 8338

Next Steps

We always hope that we are able to sort out your issue. However, if we:

- haven't been able to satisfy your complaint; **or**
- haven't sent you a final response after eight weeks,

you can write to the Financial Ombudsman for all benefits other than unemployment benefit.

Contact details are:

Financial Ombudsman Service

South Quay Plaza
183 Marsh Wall
London E14 9SR

Phone: 0845 080 1800

Fax: 0207 964 1001

For unemployment benefit the relevant contact details are:

Financial Services Ombudsman

3rd Floor
Lincoln House
Lincoln Place
Dublin 2

Tel: +3531 662 0899

Email: enquires@financialombudsman.ie

The Ombudsman will usually only investigate the complaint once our internal complaints process has been completed.

If you make a complaint to the Ombudsman, it will not affect your right to take legal action.

We have made our complaints procedure simple to follow, so that you should not have to use a solicitor or seek professional help. If you choose to do this, you will be responsible for the costs.

The Financial Services Compensation Scheme (FSCS)

The plan, other than unemployment benefit, is covered by the FSCS. 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. Most contracts for long term insurance such as this are covered for 100% of the first £2000 and 90% of the rest of the claim. You can get more details from us, or directly from the Financial Services Compensation Scheme online at www.fscs.org.uk or by contacting them at **Financial Services Compensation Scheme, 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN** or by calling them on **0207 892 7300**.

For unemployment benefit (including premium payment benefit (unemployment)), Primary Insurance Company Ltd is the insurance provider. If the provider cannot meet its obligations you may be entitled to compensation from the Irish Insurance Compensation Fund. Further information about the scheme arrangements is available from the **Financial Regulator by writing to P.O. Box 9138, College Green, Dublin 2, Republic of Ireland or by calling them on +3531 4104000**.

Key Features

Law

The law of Scotland governs the relationship we have with you prior to the conclusion of the contract.

Your plan is governed by the law of Scotland (we have chosen the law of Scotland as we are a company registered in Scotland) unless otherwise agreed.

If you reside in the Channel Islands or the Isle of Man your plan will be governed by the law of England and be held under Seal unless otherwise agreed.

Your contract for unemployment benefit and premium payment benefit (unemployment) is with Primary Insurance Company Ltd, for whom we act as agent. The contract for these benefits is governed by the law of England.

Tax

Under current UK tax law (which can change at any time), any benefit we pay will not be taxed on payment by us to you.

Whether you have to pay tax on the benefits we pay to you or whether you will get tax relief on your premiums depends on the reason you took out the plan, the benefits you choose to include, your country of residence and how you set up the plan (Term Business plans only).

You will pay insurance premium tax (IPT) on your premiums for unemployment benefit and/or health cash benefit. We include this tax in your premiums for these benefits.

For more information on the UK tax treatment of your plan please read the Self Assurance Product Guide (page 27) or ask your Intermediary.

Data protection act

We will keep the details you give us on our records and may use them to produce revised Key Features.

Any telephone calls made to us may be recorded and monitored by us to ensure consistent service.

A guide to critical illness cover

The ABI (Association of British Insurers) give general information about critical illness cover in their booklet "**A Guide to Critical Illness Cover**". You can ask us for a copy or you can get a copy at www.abi.org.uk or by writing to:

The Association of British Insurers
51 Gresham Street
London EC2V 7HQ

This Key Features document complies with the ABI Statement of Best Practice for Critical Illness Cover (April 2006) and follows the Statement of Best Practice for Income Protection Insurance (July 2003).

Notes

The information contained in this Key Features document and our understanding of UK law and practice are those current at the time of publication. Further details including Policy Provisions are given in the Self Assurance Product Guide, a copy of which is available on request if not already received.

These details are not intended as a substitute for professional, legal or tax advice and you should seek professional advice on these matters. We cannot accept any responsibility for any changes in UK law.

If we are affected by changes to UK law or there are circumstances beyond our control this may mean a change to the Product Guide and other documents.

All documentation and communications about your plan will be in English.