

Life Protection and Critical Illness

Policy Summary

Life Protection and Critical Illness - Policy Summary

The Basics

Here's a summary of the Life Protection and Critical Illness we provide, issued by Family Assurance Friendly Society Limited, trading as Beagle Street. It explains important information about our cover and can be used to help you decide if what you are buying is right for you. See your Policy Terms and Conditions for the full policy details.

Please read this summary carefully and keep it safe.

Remember, your policy information is always available digitally, you'll just need to log in to your account at **beaglestreet.com** to view it.

Any questions? We're here to help.

Just give us a call on **0800 980 8801**.

We are here, Monday to Friday 9am-5:30pm.

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About us

Your policy is provided by Family Assurance Friendly Society Limited, trading as Beagle Street, which is a friendly society registered and incorporated under the Friendly Societies Act 1992, registration number 939F.

Family Assurance Friendly Society Limited, registered address 16-17 West Street, Brighton, BN1 2RL is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110067.

What are the main aims of the policy?

Your Beagle Street policy provides you with the type and amount of cover you choose, for the length of time you want.

You did not receive advice or a recommendation from us.

The following cover is available, and any payment referred to is subject to your Policy Terms and Conditions, which contain policy exclusions.

Life Protection

Pays the amount of cover if you die or are diagnosed with a Terminal Illness. Cover stops when a claim is paid, or your policy reaches the policy expiry date.

Life Protection with Critical Illness

Pays the amount of cover if you die or are diagnosed with either a Terminal Illness or a Critical Illness. Cover stops when a claim is paid, or your policy reaches the policy expiry date.

Your commitment to us

- To answer all the questions in our application form, providing truthful, complete and accurate information
- To tell us about any changes to your health and circumstances between completing the application and your policy start date
- To read your Statement of Facts and let us know if any of the information is wrong, missing or unexpected
- To pay the monthly direct debit until the policy expiry date
- To tell us if you change your name, contact details, bank details or country of residence

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Important things to consider

- To start your policy with us you must be a permanent UK resident. If you move abroad after the policy start date your policy may no longer be suitable for your needs. For more information, please refer to your Policy Terms and Conditions.
- **Are there any general exclusions to your cover?**
We won't pay a death claim for the person covered within the first 12 months of the policy start date if the cause of death is suicide, intentional and serious self-injury, or an event where, in our reasonable opinion, you took your own life. You should also check you know of and understand any additional policy exclusions in your Policy Schedule and Policy Terms and Conditions. This is important as we won't pay a claim for a cause that is listed as a policy exclusion on your Policy Schedule.
- **What if you have chosen decreasing cover?**
If you have chosen decreasing cover, your policy should aim to match your mortgage interest rate. You can choose the interest rate of your policy between 3-10%. If your mortgage interest rate is higher than the chosen interest rate of your policy and you make a claim, the pay-out might not be enough to cover any outstanding debt you may have planned to clear. If you choose decreasing cover, it will not apply to the Children's Critical illness benefit and this benefit will remain level.
- **What if you have chosen increasing cover?**
If you have chosen increasing cover, your amount of cover and monthly payment will increase on the annual anniversary of your policy start date to help guard against an increase in the cost of living. Your amount of cover will increase by the Retail Price Index (RPI) as published by the Office for National Statistics and your monthly payment will increase by 1.5% for every 1% increase in the amount of cover. If the Retail Price Index is no longer published, we reserve the right to adopt another measure in its place and apply it to your policy accordingly. We will notify you each year of the change in your amount of cover and your monthly payment before the change takes place. You can choose not to accept the increase, but if you do this 3 times, your policy will automatically stop increasing in the future. Your amount of cover and monthly payment will stop increasing if you reach the maximum sum assured allowed. The maximum sum assured will be determined by the age of the oldest person covered at the policy start date. If you choose increasing cover, it will not apply to the Children's Critical illness benefit and this benefit will remain level.
- You must provide us with complete, truthful and accurate information when applying for your policy. It's important to check the information you provided in your application and tell us of any inaccuracies or any changes to your health or circumstances before the policy start date. If you don't, it may mean that your cover is not suitable, or we void your policy entirely, meaning we may not pay out if you make a claim.
- We may ask your doctor for information during your application, after your policy has started or if you make a claim, to review the answers you have provided. We will pay for any medical evidence that may be needed and may also use this information to review any other policies that you hold with us. We will need your consent under the Access to Medical Reports Act (AMRA) 1988. We also need your consent to obtain medical evidence in the event of a claim. If you do not give us consent, we will be unable to assess your claim and may have to void your policy. We reserve the right to void your policy, should we find you have given incomplete, inaccurate or false information when applying for your policy.
- The real monetary value of the amount of cover is always changing due to inflation and other factors. This means £1 may not buy you as much in the future as it does today. It's important you regularly review the amount of cover to check that it's still right for your needs.
- Your policy has no cash-in value at any time.
- We reserve the right to cancel or void your policy if we have reasonable suspicion of either financial crime activity or any form of fraudulent behaviour.
- **What happens if your monthly payment(s) aren't paid?**
We will let you know how long your grace period is to pay your missed payment(s). If you do not pay us your missed payment(s) by the end of your grace period, your policy will stop, it will have no value, and you will no longer be covered. We will contact you as soon as you miss a payment to offer an alternative way to pay.

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What main cover is available?

When you complete a quote or application you must be aged between 18 and 77 for Life Protection or 18 and 64 if your quote or application is for Life Protection with Critical Illness. You'll need to decide a few things which are detailed below.

The amount of cover

This is how much we will pay for a full claim payment.

If you choose Life Protection the amount of cover can be up to £1,000,000 depending on your age.

If you choose Life Protection with Critical Illness the amount of cover can be up to £500,000 depending on your age.

Please refer to the "Minimum and maximum limits" table for a summary of the amount of cover limits.

Whether your policy should have level, decreasing, or increasing benefits

If you choose **level**, the amount of cover will stay the same, until the policy expiry date or a full claim payment is paid, whichever is sooner.

If you choose **decreasing**, the amount of cover will go down in line with any ongoing but reducing debts such as mortgage repayments or childcare commitments. You will have the option to choose a decreasing rate of any whole number between 3-10%. The amount of cover will continue to decrease until the policy expiry date, or a full claim payment is paid, whichever is sooner.

If you choose **increasing**, the amount of cover will increase each year to act against the rising cost of living. The amount of cover will increase each year by the Retail Price Index (RPI) as published by the Office of National Statistics. The amount of cover will continue to increase each year until you remove the increasing option, you defer your increasing option 3 times, the policy expiry date is reached, or a full claim payment is paid, whichever is sooner. Your monthly payments will also increase each year by 1.5% for each 1% increase in the amount of cover.

The length of time your policy will run

If you choose Life Protection your policy can run for between 5 and 50 years, but cover must stop before the oldest person covered reaches their 90th birthday.

If you choose Life Protection with Critical Illness your policy can run for between 5 and 40 years, but cover must stop before the oldest person covered reaches their 80th birthday.

Please refer to the "Minimum and maximum limits" table for a summary of the length of time policy benefits can run for.

Whether the policy should be single life or joint life

You can choose cover for yourself (single life), or for you and another person under the same policy (joint life). For single life and joint life policies we will pay out a maximum of one full claim payment per policy. Our policies are designed for people looking for cover for themselves, so whether you choose to cover yourself or yourself and someone else, the individual(s) covered will always be the policyholder(s).

What optional benefits are available?

Children's Critical Illness

This option is available when you choose Life Protection with Critical Illness.

If Children's Critical Illness is chosen, we will pay a claim for any eligible children of the person covered, aged between 10 days and their 18th birthday, who are diagnosed with a Critical Illness defined within your Policy Terms and Conditions and survives at least 10 days after the date of diagnosis. This benefit pays out the lower of 25% of your amount of cover or £25,000. We will only pay a maximum of one claim per child however we will cover any of your children.

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Total Permanent Disability

This option is available when you choose Life Protection with Critical Illness.

If Total Permanent Disability is chosen, we will pay a claim if illness or injury permanently prevents you from performing the material and substantial duties of your own occupation or performing at least 3 of 6 listed work tasks ever again. Your Policy Schedule will clarify which of these criteria applies to your cover.

If you choose a joint life policy, you can add Total Permanent Disability for one person or both of you.

If we pay a claim for Total Permanent Disability your policy will end.

Waiver of Premium

This option is available when you choose a Life Protection or Life Protection with Critical Illness policy and the person covered is aged between 18 and 54.

If Waiver of Premium is chosen, we will pay your monthly payments if for 6 months or more, an illness or injury prevents you from performing the material and substantial duties of your own occupation or performing at least 3 of 8 listed work tasks. Your Policy Schedule will clarify which of these criteria applies to your cover.

If you choose a joint life policy, you can add Waiver of Premium for one person or both of you.

Minimum and maximum limits

Different limits apply, based on what main/optional cover you choose:

Main Cover	Minimum policy term	Maximum policy term	Maximum amount of cover	Minimum age	Maximum age at policy start date	Maximum age at policy expiry date
Life Protection	5 years	50 years	£1,000,000*	18	77**	89**
Life Protection with Critical Illness	5 years	40 years	£500,000*	18	64**	79**
Optional Cover						
Children's Critical illness	5 years	40 years	£25,000***	18	64**	79**
Total Permanent Disability	5 years	40 years	£500,000*	18	64	70 [^]
Waiver of Premium	5 years	As main cover above	N/A	18	54	As main cover above

* This is the overall maximum amount of cover we can offer. The age of the oldest person covered may reduce the maximum amount of cover we can offer you.

** For joint life policies this applies to the oldest person covered.

*** The amount of Children's Critical Illness will always be the lower of 25% of your Life Protection with Critical Illness cover amount or £25,000.

[^] If the term of your policy exceeds this age, this benefit will end for any person(s) covered when the oldest person covered reaches their 70th birthday, the remainder of your policy however will continue.

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How much does the policy cost?

How much you pay depends on:

- Your age, health and lifestyle information completed within your application, occupation and if you have ever smoked
- The amount of cover, optional benefits and type of cover you choose
- How long you decide you want the cover to last
- Any information about your medical history or lifestyle provided by your doctor

When will we pay a claim?

Any payment referred to is subject to your Policy Terms and Conditions and Policy Schedule, which contain policy exclusions.

Life Protection

We will pay the amount of cover if, during the term of the cover, the person covered:

- Dies

or

- Is diagnosed with a Terminal Illness and is expected to live less than 12 months

Life Protection with Critical Illness

We will pay the amount of cover if, during the term of the cover, the person covered:

- Dies

or

- Is diagnosed with a Terminal Illness and is expected to live less than 12 months

or

- Is diagnosed with a Critical Illness defined within your Policy Terms and Conditions and survives at least 10 days after the date of diagnosis

Children's Critical Illness

We will pay the lower of £25,000 or 25% of the Critical Illness amount of cover if, during the policy term, an eligible child of the person covered is diagnosed with a Critical Illness defined within your Policy Terms and Conditions, is aged between 10 days old and their 18th birthday and survives at least 10 days after the date of diagnosis.

Total Permanent Disability

We will pay the amount of cover if, the person covered can't perform the material and substantial duties of their own occupation ever again or is permanently unable to perform at least 3 of 6 listed work tasks, because of an illness or injury. The person covered must meet the requirements of our definition of incapacity before their 70th birthday or the policy expiry date, whichever is sooner, irrespective of when they retire.

The definition of incapacity shown on the Policy Schedule will be based on your occupation disclosed at the time of application. If you change your occupation after the policy start date, you don't need to tell us. However, should you need to claim for Total Permanent Disability, your claim will be based on the occupation you were following immediately before the onset of illness or injury.

If you are not in paid or unpaid work at the time of your application or immediately before the onset of illness or injury, then the work tasks definition will apply to your claim irrespective of the definition shown on the Policy Schedule.

Waiver of Premium

We will pay your monthly payments if, during the policy term, the person covered can't perform the material and substantial duties of their own occupation, or perform 3 of 8 listed work tasks, because of an illness or injury, after 6 months or more, and they meet the requirements of our definition of incapacitated. We'll pay your monthly payments until:

- The person covered no longer meets our definition of incapacity
- The person covered returns to paid work or unpaid work
- The policy ends

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To add Waiver of Premium to your policy you must be in paid work or unpaid work, when you take out the policy. You can still make a claim if during your policy you:

- Become unemployed
- Become a homemaker
- Take a career break
- Retire before your 70th birthday

If you need to make a claim for Waiver of Premium and any of the above changes have occurred, you will be assessed against your original circumstances for 12 months from the date of the change. 12 months after this change we will re-assess your claim against your inability to do 3 of 8 listed work tasks defined in your Policy Terms and Conditions.

If you have a Waiver of Premium claim, and then pass your 70th birthday, we will assess your claim against your inability to do 3 of 8 listed work tasks defined in your Policy Terms and Conditions.

The definition of incapacity we use will depend on your employment status and/or your age when a claim is made, as explained in your Policy Terms and Conditions.

When won't we pay a claim?

We can refuse to pay a claim. This may happen if you fail to answer all our questions truthfully, accurately, and completely to the best of your knowledge and/or you do not provide all the information we ask for:

- At the time you completed your application for the policy and before the policy start date
- When making us aware of any information relevant to your application after the policy starts
- When making a claim

We won't pay a claim if you stop paying your Direct Debit and your policy will end.

We won't pay a claim if you do not have a valid claim before the end of your policy term.

Death

We won't pay a death claim if:

- The cause of death is suicide, intentional and serious self-injury or an event where, in our reasonable opinion, you took your own life within the first 12 months of the policy start date
- The claim is caused directly or indirectly by anything listed in the policy exclusions section of your Policy Schedule

Terminal Illness

We won't pay a Terminal Illness claim if there is a known cure for the diagnosed condition or if your life expectancy is considered to be more than 12 months by our Appointed Medical Officer.

Critical Illness

We won't pay a Critical Illness claim if:

- The Critical Illness is not one of the specified conditions that is covered by your policy
- The claim criteria defined in your Policy Terms and Conditions is not met
- The Critical Illness you are claiming for is caused directly or indirectly by a condition listed in the policy exclusions section of your Policy Schedule
- The person covered does not survive the Critical Illness at least 10 days after the date of diagnosis
- The Critical Illness does not occur, is not sustained or is not diagnosed between the policy start date and the policy expiry date of your policy

Children's Critical Illness

We won't pay a Children's Critical Illness claim if:

- The child is younger than 10 days old or has had their 18th birthday
- The child does not survive the Critical Illness at least 10 days after the date of diagnosis
- The Critical Illness was known to be present at birth
- The symptoms first began before the child was covered

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- Diagnosis of the Critical Illness was before the policy start date or after the policy expiry date
- The policy has already paid a claim for the diagnosed child
- A Critical Illness claim has already been paid in respect of the person covered
- The illness is not one of the Critical Illnesses covered
- The claim criteria defined in your Policy Terms and Conditions are not met

We won't pay a Children's Critical Illness claim if before the policy start date:

- The eligible child was already having symptoms relating to, was awaiting investigations or being investigated for, or had been diagnosed with, a condition resulting in your claim
- Either parent had sought or received counselling or medical advice in relation to the eligible child being affected by a condition resulting in your claim
- Either parent was aware of an increased risk, including as a result of a screening or test during pregnancy or thereafter, of the eligible child being affected by a condition resulting in your claim

Total Permanent Disability

We won't pay a Total Permanent Disability claim if:

- The oldest person covered has had their 70th birthday or the policy expiry date is reached before the definition of incapacity is satisfied
- You remain able to perform the material and substantial duties of your own occupation, or you remain able to perform at least 3 of 6 listed work tasks
- We consider that the claim criteria defined in your Policy Terms and Conditions are not met
- The condition you are claiming for is caused directly or indirectly by a condition listed in the policy exclusions section of your Policy Schedule

- You have more than one occupation and you can still follow any of your other occupations
- You are living abroad and are diagnosed in a country that is not one of the accepted countries defined in your Policy Terms and Conditions
- The relevant medical specialist is unable to provide a clear prognosis or we are unable to obtain satisfactory evidence to validate that the definition of incapacity has been met
- The illness or injury does not occur, is not sustained and is not diagnosed between the start date and the 70th birthday of the oldest person covered
- We consider there is evidence of unreasonable failure to seek or follow medical advice

Waiver of Premium

We won't pay a Waiver of Premium claim if:

- You are unable to perform the material and substantial duties of your own occupation, or you are unable to perform at least 3 of 8 listed work tasks, due to illness or injury for less than 6 months
- We consider that the claim criteria defined in your Policy Terms and Conditions are not met
- The condition you are claiming for is caused directly or indirectly by a condition listed in the policy exclusions section of your Policy Schedule
- You have more than one occupation and you can still follow any of your other occupations
- You are living abroad and are diagnosed in a country that is not one of the accepted countries defined in your Policy Terms and Conditions
- The relevant medical specialist is unable to provide a clear prognosis or we are unable to obtain satisfactory evidence to validate that the definition of incapacity has been met
- The illness or injury does not occur, is not sustained and is not diagnosed between the start date and the expiry date of your policy term
- We consider there is evidence of unreasonable failure to seek or follow medical advice

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What changes can be made to the policy?

Policy Change

You can request to make a policy change at any time. Your policy allows you to:

- Reduce the amount of cover
- Reduce the length of time your policy will run for
- Permanently remove any optional benefits (if applicable)
- Permanently remove the annual increases (if increasing benefits)

Guaranteed Increase Options

If this is available to you, it will be shown on your Policy Schedule.

You can request to increase your amount of cover without any further questions about your health or lifestyle, if before the oldest person covered reaches their 55th birthday, you experience any of the following life events:

- You get married or enter into a civil partnership
- You have a child or legally adopt a child
- You get divorced, have your civil partnership dissolved or separate
- You take out a new mortgage or increase your current mortgage
- You have an increase in your basic salary

Once a guaranteed increase option has been applied to your policy, the main cover and all optional benefits will increase, subject to certain limits.

Because we won't ask you any further questions about your health or lifestyle, we do have to apply certain limits and restrictions, and you will be asked to provide evidence of the life event. For more information, please refer to your Policy Terms and Conditions.

Separation Option

If this is available to you, it will be shown on your Policy Schedule.

You can request to split your joint life policy into two separate single life policies if you get divorced, have your civil partnership dissolved or separate from the other person named on the policy.

The two new separate single life policies can provide the same amount of cover as the existing policy, at the time the existing policy is split.

Because we won't ask you any further questions about your health or lifestyle, we do have to apply certain limits and restrictions, and you will be asked to provide evidence of the separation. For more information, please refer to your Policy Terms and Conditions.

Please contact us and we will let you know what changes you can make to your current policy.

If you can't use any of the options available to change your current policy or they don't suit your needs, you could apply for a new policy instead. For any new policy you apply for in the future, you will need to answer any questions completely, accurately, and truthfully.

For more information, please refer to your Policy Terms and Conditions.

What Critical Illnesses are covered?

We've listed all the conditions we cover as part of our Life Protection with Critical Illness policy below. We've also provided the full definitions of the illnesses covered and the circumstances in which you can claim in your Policy Terms and Conditions.

Critical Illness covers:

Aorta graft surgery
for disease or trauma

Aplastic anaemia
requiring specified treatment

Benign brain tumour
resulting in permanent symptoms or specified treatment

Blindness
permanent and irreversible

Brain injury due to trauma, anoxia or hypoxia
resulting in permanent symptoms

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Cancer

excluding less advanced cases

Coma

resulting in permanent symptoms

Coronary artery by-pass**Deafness**

permanent and irreversible

Dementia including Alzheimer's disease

of specified severity

Heart attack

of specified severity

Heart valve repair or replacement**Kidney failure**

requiring permanent dialysis

Loss of hand or foot

permanent physical severance

Loss of speech

permanent and irreversible

Major organ transplant

from another donor

Motor neurone disease

resulting in permanent symptoms

Multiple sclerosis**Paralysis of a limb**

total and irreversible

Parkinson's disease

resulting in permanent symptoms

Stroke

of specified severity

Third degree burns

covering 20% of the body's surface area or affecting 20% of the area of the face or head

What about tax?

The life cover will generally be paid out free of all UK income tax and capital gains tax but may be subject to inheritance tax. A claim may not be subject to inheritance tax if your policy is written in trust. Taxation information is issued on the basis of our understanding of current UK tax law and practice. Tax legislation may change in the future.

When can the policy be cancelled?

We want you to know that you can cancel your cover but that you will not be able to make a claim once your policy has been cancelled. You have up to 30 days following the policy start date of your policy to cancel and we will refund any monthly payments paid. If you do not cancel within this time, your policy will continue as detailed in this document.

If you wish to cancel your policy after the first 30 days, then you can also do this by contacting us. You won't receive any refund of your monthly payments if your policy is cancelled after the first 30 days.

Email

enquiries@beaglestreet.com

Write

Beagle Street, 16-17 West Street, Brighton, BN1 2RL

Call

0800 980 8806*

Solvency II Directive Information

Under this directive, we are required to provide you with a Solvency and Financial Condition Report which you can access via our website at onefamily.com/our-story/company-information/financial-reports/

*We are here, Monday to Friday 9am-5:30pm.

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How to make a claim?

You can email, write or call us if you want to claim.

Email

claims@beaglestreet.com

Write

Beagle Street, 16-17 West Street, Brighton, BN1 2RL

Call

0800 072 9831*

How to make a complaint?

We are committed to providing you with the best possible service, and we recognise that sometimes things can go wrong. If you are unhappy with something, please let us know so we can put it right as soon as possible. You can contact us in the following ways:

By email

enquiries@beaglestreet.com

By phone

Call us on **0800 980 8807***

In writing

Customer Relations Department, Beagle Street,
16-17 West Street, Brighton, BN1 2RL

Our complaints process

Whichever way you choose to contact us; we will try to resolve your complaint by the end of the third business day and send you a summary resolution letter. If we are unable to do this, we will write to you within five business days to either tell you what we have done to resolve the problem or acknowledge your complaint and let you know when you can expect a full response.

Financial Ombudsman Service

If you are not satisfied with either our summary resolution or final response letter, or if eight weeks have passed since you first raised the matter with us,

you have the right to refer your case to the Financial Ombudsman Service.

You can refer your complaint to the ombudsman up to six months after we have given our summary resolution or final response. They will only consider your complaint after you have tried to resolve it with us first.

Please note that if you do not refer your complaint within the six months, the Financial Ombudsman Service will not have our permission to consider your complaint and therefore will only be able to do so in very limited circumstances, for example, if it believes that the delay was as a result of exceptional circumstances.

Making a complaint will not affect your legal rights.

Contact details for the Financial Ombudsman are as follows: Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Phone

0800 023 4567

Free for people phoning from a fixed line (for example, a landline at home).

0300 123 9123

Free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02.

Email

complaint.info@financial-ombudsman.org.uk

Website

financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

Your policy is covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations under the policy. This depends on the type of business and the circumstances of the claim. You can obtain more information from the Financial Services Compensation Scheme at **fscs.org.uk** or by calling **0800 678 1100**.

*We are here, Monday to Friday 9am-5:30pm.

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How to contact us

Write

Beagle Street, 16-17 West Street, Brighton, BN1 2RL

Call

0800 980 8801*

Email

enquiries@beaglestreet.com

Visit

beaglestreet.com

If you would like to request a large print or braille version of these documents, please contact us.

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