

OVER 50s LIFE PLAN

Policy Terms and Conditions



Contents

Section 1:	Introduction	1
Section 2:	Definitions	1
Section 3:	The Policy	2
Section 4:	Eligibility and Application	3
Section 5:	Policy Benefits - What is covered?	3
Section 6:	Policy Exclusions - What is not covered?	4
Section 7:	Premiums	4
Section 8:	Policy Alterations	4
Section 9:	Cancellation	5
Section 10:	How to Claim and Who Receives Payment Under the Policy?	6
Section 11:	Miscellaneous	6
Section 12:	Customer Service	7
Section 13:	Financial Services Compensation Scheme	7

Section 1: Introduction

The following **policy** terms and conditions set out the details of **your policy** with us. All of the benefits, obligations, and conditions of **your policy** are contained in this **policy**, the accompanying **policy schedule** and any **policy alterations** issued from time to time.

Your policy schedule is personalised to **you** when **we** accept **your policy**.

Any word shown in **bold** has the meaning in this **policy** set out in *Section 2: Definitions*.

Please read this **policy** and the **policy schedule** carefully to check that:

- **you** are **eligible** (see *Section 4: Eligibility and Application*) for the policy
- **you** know what the **policy** does and does not cover
- you've read the conditions of the **policy**
- the **policy** meets **your** needs and requirements

Cooling off period

We hope that **you** will be happy with **your policy**. However, if the **policy** does not meet **your** needs **you** have a 30 day cooling-off period to cancel the **policy** from the **start date**, or, if later, the date **you** receive the **policy documents** (see *Section 9: Cancellation*).

If **you** have any queries regarding **your** policy, please contact **Cigna Insurance Services** by either:

- writing to Cigna Insurance Services (Europe) Limited, 1 Drake Circus, Plymouth PL1 1QH; or
- telephoning the **Customer Services Helpline** on 0330 102 5892.

Section 2: Definitions

When the following words and phrases appear in **bold** they have the meanings given set out below.

Additional benefits

Any **additional benefits** offered specifically to **you** when taking out a **policy** as set out in the policy schedule.

Amount of cover

The amount **we** will pay in the event of a successful claim under the **policy**, as shown in the **policy schedule**.

Application questions

The questions **we** asked **you** when **you** applied for this **policy**.

Cigna Insurance Services

Cigna Insurance Services (Europe) Limited.

Customer Service Helpline

Cigna Insurance Services provides the **Customer Service Helpline** for the Cigna Over 50s Life Plan and can be contacted by telephoning: 0330 102 5892. For **your** protection, calls may be recorded and may be monitored. Calls to 03 numbers cost no more than calls to geographic numbers (01 or 02) from both landlines and mobiles.

Eligible

You meet the eligibility requirements in *Section 4: Eligibility and Application*.

Maximum Amount of Cover

The total **maximum amount of cover** for all policies of this type must not exceed £40,000. See *Section 6: Policy Exclusions - What is not covered?*

Non-smoker

You have not smoked or used any tobacco products (including cigars, a pipe, cigarettes or nicotine replacement products including e-cigarettes) in the last 12 months.



Policy

This Cigna Over 50s Life Plan.

Policy alteration

Any alteration made to the **policy** which **we** have agreed in writing.

Policy Documents

The **policy**, the **policy schedule** and other information including a summary of the **policy** setting out the key facts.

Premium

The monthly amount that **you** are required to pay in order to maintain cover under the **policy**.

Premium due date

The date in each calendar month on which the **premium** is due.

Policy Schedule

The **policy schedule** detailing the **amount of cover**, **term of cover**, **premium** and any benefits and **additional benefits you** have under the **policy**.

Reminder letter

The letter **we** will send to **you** warning that the **policy** will be cancelled if an outstanding **premium** is not paid within 30 days of the missed **premium due date**.

Start date

The date shown in the **policy schedule**. Cover under the **policy** commences on this date.

We / our / us

CIGNA Life Insurance Company of Europe S.A.-N.V.

You / your

The person named as the 'insured person' as in the **policy schedule**.

Section 3: The Policy

This **policy** terms and conditions (together with the **application questions**, the **policy schedule** and any **policy alteration**) form the legal contract between **you** and **us**. **You** should read all of these documents together carefully to ensure that the terms are suitable for **you**.

Neither **we** nor **Cigna Insurance Services** offer any personal recommendation that this **policy** is suitable for **you** or **your** specific circumstances and requirements.

To maintain the cover set out in this **policy**, it is essential that **you** pay the **premiums** when they fall due (see *Section 7: Premiums*).

Whose life is insured?

You are the life insured as detailed in the **policy schedule**.

How long does the cover last?

The **policy** covers **you** from the **start date** and ceases on the earliest of the following events:

- **you** die
- **you** cancel the **policy**
- **we** cancel the **policy**; or
- **we** pay the **amount of cover**.

When this **policy** ends following one of the above events, no further **premiums** or claims will be payable.



Insurer

We are the **insurer** of this **policy**. Our details are shown on the back page of the **policy**.

This **policy** is administered on **our** behalf by **Cigna Insurance Services**. Its details are shown on the back page of the **policy**.

Section 4: Eligibility and Application

Eligibility

You are **eligible** for this **policy** provided that on the **start date**:

- You are at least 50 years of age and have not yet had **your** 76th birthday;
- You are a UK **resident** and
- You completed the **application questions**, honestly and accurately and **we** confirmed **your** cover under the **policy**.

Application questions

It is important that **you** have taken time to ensure that **your** responses to the **application questions** are complete, accurate and honest.

We offer cover based on the information that **you** provided and confirmed to **us** in **your application questions**. If **you** gave **us** incorrect information it may invalidate the **policy** or have serious consequences on the amount **we** will pay if a claim is made under your **policy**.

If **you** deliberately or recklessly provide inaccurate information and this might reasonably have affected **our** decision to provide the **policy**, then **we** are entitled to cancel this **policy** and not pay a claim. In these circumstances **we** will not refund any **premiums you** have already paid, unless it is unfair of **us** to retain them.

If **you** provide inaccurate information through carelessness, then:

- i) if **we** would not have issued **your policy** on any terms had the accurate information been provided, **we** are entitled to cancel **your policy**, however **we** will refund any **premiums you** have already paid;
- ii) if **we** would have issued **your policy** with higher **premiums** had the accurate information been provided, **we** may reduce the **amount of cover** to reflect the higher **premiums** that would have been applied had the accurate information been provided; or
- iii) if **we** would have issued **your policy** but on different terms had the accurate information been provided, **we** are entitled to amend the **policy** retrospectively to reflect the terms that would have been offered at the time had accurate information been provided.

Section 5: Policy Benefits - What is covered?

This section shows the cover and benefits payable under **your policy** (subject to the **policy's** other terms and conditions).

The cover

This **policy** pays out the **amount of cover** when **you** die in the event of a valid claim.

The **amount of cover** is shown in the **policy schedule** and remains at the same level throughout the whole of your life (it is not inflation linked). The **policy schedule** also shows any **additional benefits** offered to **you** when **we** issued **your policy**.

The **policy** can pay out an advance claim payment in the event of a valid claim. See *Section 10: How to Claim and Who Receives Payment under the Policy*.

The **policy** has no cash-in value at any time.

Section 6: Policy Exclusions - What is not covered?

Provided that **you** are **eligible** for the **policy**, there are no exclusions to **your** cover.

However, **we** are entitled to refuse to pay any claim, including an advance claim payment:

- that is fraudulent;
- if **you** carelessly gave **us** inaccurate information in **your application questions** and **we** would not have issued the **policy** on any terms had the accurate information been provided (please see *Section 4: Eligibility and Application*);
- if **you** deliberately gave **us** inaccurate information or were reckless as to the accuracy or honesty of **your** answers in the **application questions** and this might reasonably have affected **our** decision to provide the **policy** (please see *Section 4: Eligibility and Application*);
- if the **policy** has been cancelled by **you** or **us**; or
- if **you** exceed the total **maximum amount of cover** for all **policies** of this type, **we** will only pay out up to the **maximum amount of cover** (which is £40,000) in the event of a valid claim.

Section 7: Premiums

Premiums

The amount of **your** monthly **premium** and **premium due date** are shown in the **policy schedule**. **You** must pay the **premium** due every month on the **premium due date** (or on the next working day thereafter) until you are 90 years old. **You** do not have to pay any **premiums** after **your** 90th birthday and **your** cover will continue until **you** die or the **policy** is terminated by an event in *Section 3: The Policy, How long does your cover last?*

Premiums must be paid by direct debit.

If **you** inform **us** of a change in **your** smoker status to a **non-smoker** up to the month before **your** 76th birthday, the **premium** for this **policy** may change. **We** will let **you** know the amount of any reduction in **premium** that may be applicable at that time. This will depend on **your** age at the time **you** tell us about the change in smoker status to a **non-smoker**.

We are entitled to cancel this **policy** if any **premiums** due are not paid up to date within 30 days of the **premium due date**. If **we** cancel this **policy**, the cover will end and no further **premiums** will be payable and **we** will not refund any **premiums** already paid (see *Section 9: Cancellation – cancelling the policy – our right*).

Section 8: Policy Alterations

Alterations to your personal circumstances

Please let **Cigna Insurance Services** know, either in writing or by telephoning the **Customer Services Helpline**, as soon as possible if **you**:

- Change **your** name;
- Change **your** address; or
- Change **your** bank details

Alterations to your amount of cover or term of cover

You can apply to increase **your amount of cover** anytime up to the month before **your** 76th birthday. **You** need to let **us** know before the monthly **premium** has been collected the month before **you** turn 76 years old. After this time **you** will not be able to increase **your amount of cover**.

You can apply to decrease **your amount of cover** anytime before **your** 90th birthday. **You** need to let **us** know before the monthly **premium** has been collected the month before **you** turn 90 years old. After this time **you** will not be able to decrease **your amount of cover**. **Your policy** will continue and **we** will no longer collect **premiums**. **We** may at this time ask you why **you** wish to decrease **your amount of cover** to make sure **your cover** is still appropriate to meet **your** personal circumstances and needs and that **you** are doing so for the right reasons.



If **you** do wish to apply for a **policy alteration**, please contact **Cigna Insurance Services**, either in writing or by telephoning the **Customer Services Helpline** (See *Section 12: Customer Service*).

If **we** accept **your** application for a **policy alteration** this could be subject to the terms and conditions and **premium** rates applicable at the time **you** make the request for an alteration.

We may decline to make **policy** alterations to **your policy**. This may be due to **your** health at that time, **your** age or if the total **amount of cover** to be provided by **us** would then exceed any maximum or minimum limits that **we** permit for this type of **policy**. Please contact **Cigna Insurance Services**, either in writing or by telephoning the Customer Services Helpline (See *Section 12: Customer Service*) to find out what the maximum and minimum limits are at the time you wish to request the **policy** alteration.

We will confirm in writing any **policy** alterations **we** agree to make to **your policy** or **policy schedule**.

Changes to policy terms and conditions

We may make changes to these **policy** terms and conditions that are reasonably necessary and proportionate due to changes in any applicable legislation, regulation, taxation or industry codes of best practice or guidance and to correct errors where it is fair and reasonable to do so. In such circumstances, **we** will notify **you** in writing 60 days in advance of any changes being made unless **we** are required by law or regulatory requirement to make the change sooner, in which case **we** will notify **you** as soon as possible of the changes.

Section 9: Cancellation

Cancelling the policy – your rights during the 30 day cooling-off period

As set out in *Section 1 - Introduction*, following **your** purchase of this **policy**, **you** have a 30 day cooling-off period in which to consider the cover provided and ensure that the **policy** meets **your** requirements. The cooling-off period runs from the **start date**, or, if later, the date **you** receive the **policy documents**.

If **you** would like to cancel the **policy** during the 30 day cooling-off period:

- **you** must inform **us** by either:
 - writing to **Cigna Insurance Services** at: Cigna Insurance Services (Europe) Limited, 1 Drake Circus, Plymouth PL1 1QH; or
 - telephoning the **Customer Services Helpline** on 0330 102 5892. For **your** protection, calls may be recorded and may be monitored. Calls to 03 numbers cost no more than calls to geographic numbers (01 or 02) from both landlines and mobiles.

If **you** cancel during the 30 day cooling-off period, **we** will refund any **premium** paid in full unless a successful claim has been made under the **policy**.

Cancelling the policy – your rights after the 30 day cooling-off period

If **you** want to cancel **your** policy after the 30 day cooling-off period, please inform **Cigna Insurance Services** either in writing or by telephoning the **Customer Services Helpline**.

If **you** cancel **your policy** after the 30 day cooling-off period, **we** will not refund any **premium** that **you** have paid prior to the date of cancellation of the **policy**.

Cancelling the policy – our right

We will write to **you** at the address **you** provided **us** to let **you** know if any **premium** payment **you** are required to make under this **policy** has not been received by **us** on the **premium due date**. **We** will send a reminder letter to **you** if the **premium** remains outstanding. This will warn **you** that the **policy** will be cancelled if the outstanding **premium** is not paid within 30 days of the missed **premium due date**.

We are entitled to cancel this **policy** if any **premium** owed is not paid within 30 days of the **premium due date**.

We will send **you** notice of any cancellation by **us** of the **policy**. If **we** cancel this **policy** for non-payment of **premium**, the cover will end on the date of cancellation and no further **premium** will be payable by **you**. **We**

will not refund any **premium** already paid in such circumstances.

We may refuse to pay a claim under this **policy** until **premiums** due are paid up to date.

If **your policy** is cancelled by **you** or **us**, cover will then cease and no benefits under this **policy** will be payable.

Section 10: How to Claim and Who Receives Payment Under the Policy?

How to claim

To make a claim under the **policy your** estate or representative legally entitled to make the claim on **your** behalf must notify **Cigna Insurance Services** either in writing or by telephoning the **Customer Services Helpline**.

Advance claim payment

This **policy** includes an advance claim payment option. This means that **we** will make sure **we** pay £5,000 or 20% of the **amount of cover** whichever is lower, to **your** estate or representative legally entitled to make a claim within 48 hours of receiving the required documentation detailed below. This will be deducted from the full **amount of cover** in the event of **your** death and is not in addition to the full **amount of cover**. If **you** have multiple **policies**, **we** will only pay a maximum advance claim payment of £5,000 or 20% of the total **amount of cover** of all **your policies** added together, whichever is the lower.

In order to assess an advance claim payment under the **policy**, **Cigna Insurance services** will require:

- a completed claims form which will include the **policy** number;
- the **policy** schedule (if available);
- the original or certified copy of **your** death certificate;
- a copy of any trust deed (if applicable);
- a copy of **your** Will (if available), as long as there has been no material change in **your** circumstances since the Will was made (for example, if **you** got married, entered into a Civil Partnership or got divorced); and
- a signed declaration from the claimant.

Once an advance claim payment has been made, **we** will require access to **your** medical records before **we** will be able to pay the remaining **amount of cover**.

Full claim payment

In order to assess a full claim under the **policy**, **Cigna Insurance Services** will require:

- all of the information above required for an advance claim payment;
- access to **your** medical records; and
- if there is no trust deed, and if available, **we** require sight of the Grant of Probate (if there is a will) / Letters of Administration (if there is no will) or Letters of Confirmation if Scotland.

If any information or documents **Cigna Insurance Services** may reasonably request or require in order to assess the claim are not provided, the claim will not be processed until the information or documents are made available. By taking out this **policy**, **you** grant **us** the right to access **your** medical records for the purposes of evaluating any claim under the **policy**.

We will add interest to the **amount of cover** payable in the event of a valid claim if payment of a death claim is delayed by more than two months from the date of **your** death. The applicable interest rate will be four percent (4%) above the Bank of England base rate at the time of **your** death.

We will pay the **amount of cover** under the **policy** to:

- (a) the person or representative legally entitled to **your** estate or;
- (b) the trustees on behalf of the beneficiaries if **you** placed this **policy** under a relevant trust before **your** death and **Cigna Insurance Services** have been notified of this.

Section 11: Miscellaneous

Law

The laws of England and Wales, Scotland and Northern Ireland allow the parties to choose the law which will apply to this **policy**. **We** have chosen the law of England and Wales to apply. Any dispute will be subject to the exclusive jurisdiction of the courts of England and Wales.

Tax

Any payment **we** make is free from UK income and capital gains tax. The government may change the tax position at any time. Inheritance tax may be due on any payment made under this **policy**. It may be possible to mitigate this by setting up an appropriate trust. For more information and full and accurate advice on any tax matters please contact **your** financial adviser.

Language

The language used in this **policy** is English, and any communications relating to it will be in English. If **you** are visually impaired and would like this document in Braille, large print or audiotape, please contact **our Customer Service Helpline** on 0330 102 5892.

Section 12: Customer Service

You have the right to expect the best possible service and support from **us**. If **Cigna Insurance Services** has not delivered the standards of service that **you** expect, or **you** are concerned with the service provided, **we** would like the opportunity to put things right. If **you** feel **we** have fallen short of **our** standards, please contact the **Cigna Insurance Services** customer relations team at:

Post: Cigna Insurance Services (Europe) Limited
Customer Relations Department
1 Drake Circus
Plymouth
PL1 1QH

Telephone: 0330 102 5892.

To improve customer service and for **your** protection, calls may be recorded and may be monitored. Calls to 03 numbers cost no more than calls to geographic numbers (01 or 02) from both landlines and mobiles.

Email: customerrelations.plymouth@cignainsurance.co.uk

What to do if you are still not satisfied

If **you** or the person claiming on **your** behalf are still not satisfied then **you** may be able to refer **your** complaint to the Financial Ombudsman Service (FOS). **You** must approach the FOS within six months of **our** final response to **your** complaint unless there are exceptional circumstances. **Cigna Insurance Services** will remind **you** of the time limits in **our** final response.

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

Telephone

0800 023 4 567, free for people phoning from a fixed line (for example, a landline at home)
0300 123 9 123, 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: www.financial-ombudsman.org.uk



We must accept the FOS's final decision, but **you** are not bound by it and may bring legal proceedings.

Your rights as a customer to take legal action remain unaffected by the existence or use of **our** complaints procedure.

Section 13: Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** obligations, **you** may be entitled to compensation from the FSCS, depending on the circumstances of the claim. Further information is available from the FSCS at www.fscs.org.uk or by contacting them at 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3 7QU or by telephone on 0800 678 1100 or 0207 741 4100.



This policy is administered by Cigna Insurance Services (Europe) Limited and is underwritten by CIGNA Life Insurance Company of Europe S.A.-N.V.

Cigna Insurance Services (Europe) Limited is authorised and regulated by the Financial Conduct Authority and is registered in England & Wales No. 4617110, Financial Services Register number 310671. Registered Office: Chancery House, St Nicholas Way, Sutton, Surrey SM1 1JB.

CIGNA Life Insurance Company of Europe S.A.-N.V. UK Branch Chancery House, 1st Floor, St Nicholas Way, Sutton, Surrey SM1 1JB. Registered in Belgium with limited liability (Brussels trade register no. 0421 437 284), Avenue de Cortenbergh 52, 1000 Brussels, Belgium, authorised by the National Bank of Belgium and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

You can check this information on the Financial Services register at www.fsa.gov.uk/register/home.do

CIGLF50PD (06-15)

