

Policy Summary

of Bupa Critical Illness Cover

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keyfacts[®]

This policy summary contains key information about Bupa Critical Illness Cover.

You should read this carefully and keep in a safe place afterwards. Please note that it does not contain the full terms and conditions and exclusions of cover, which you will find in your membership handbook, also please refer to your registration certificate. Copies of these documents are available on request.

The provider

Bupa Critical Illness Cover is provided by Bupa Health Assurance Limited, a private company limited by shares and established in the United Kingdom. Other services are provided by or via other subsidiary companies.

The insurance and the cover that it provides

Bupa Critical Illness Cover pays a one-off lump sum (or annual benefit if family income benefit has been selected) if a person covered suffers or undergoes one of the specified critical illnesses or operations, included in the membership as listed overleaf, if they survive for at least 14 days after the diagnosis or operation. We only cover the critical illnesses or operations covered under the policy as set out in the membership handbook and as detailed overleaf, and no others. The membership only pays out this benefit once.

Cover options

There four cover options available:

- level term cover
- mortgage protection term cover
- renewable term cover
- family income benefit cover

Full details of each of these cover options are set out later in this document.

Additional options

Other options are available:

- indexation option
- fracture cover option
- premium waiver option
- total permanent disability
- reinstatement option

Full details of each of these additional options are set out later in this document.

Summary of cover

- You decide how much cover you need. The higher the level of cover and the longer the period of cover, the higher your premiums will be. The amount the policy pays out in total will reduce during the term of your policy if you choose the mortgage protection term. It will increase if you choose one of the indexation options. Otherwise the amount is fixed.
- You must answer all of the questions on the application form correctly to the best of your knowledge and belief. If you do not do this it could mean that we will not pay the benefit provided by your policy. You must tell us if there are any changes to your personal health, family history, occupation or residence, or if you take up any hazardous activities between supplying the application form and when your policy starts. If you do not do this, it could mean that we will not pay the benefits provided by your policy.
- Provided you continue to pay the agreed premium it pays your chosen level of benefit if a person covered suffers or undergoes one of the specified critical illnesses or operations covered under the policy and survives for at least 14 days after the diagnosis or operation.
- Anyone aged from 18-59 who lives in the UK can apply including homemakers.
- If the main occupation of a person covered is running a home or raising a family, the maximum benefit available will be considered at our sole discretion on the basis of financial evidence we request. Further details of how we will consider any claim are contained in the membership handbook, copies of which are available on request.

How much does the policy cost?

- The premium depends on our assessment of the personal circumstances of the person covered, taking into account such factors such as:
 - their age, sex and medical history
 - whether or not they smoke
 - their current state of health
 - their occupation
 - the amount of their cover and any options they choose
- There is a monthly plan fee which is charged on flexible financial protection plans. We only charge the plan fee on one policy but if this policy terminates we will switch it to any other policy you have.
- The policy has no surrender value at any time.
- We can offer you a choice of premiums; guaranteed, renewable and reviewable, full details of these premium options are set out later in this document.

How much does the policy pay out?

- You decide how much cover you need and which type of cover you need. The higher the level of cover, the higher your premium will be.
- The amount the policy pays out will reduce during the term of your policy if you choose the mortgage protection term or increase if you choose one of the indexation options as described later in this document. Otherwise the amount is fixed.
- The chosen level of main benefit is payable once, after which your cover will end.
- Partial benefit is payable for mastectomy in the presence of ductal carcinoma in situ. This will be the lower of 12.5 percent of benefit and £12,500. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.
- Partial benefit is payable for low-grade prostate cancer. This will be the lower of 25 percent benefit and £25,000. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.
- Partial benefit is payable for carcinoma in-situ of the cervix uteri (cervix) requiring hysterectomy. This will be the lower of 12.5 percent of benefit and £12,500. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.
- Partial benefit is payable for Crohn's disease treated with surgical intestinal resection. This will be the lower of 12.5 percent of benefit and £12,500. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.
- Partial benefit is payable for ulcerative colitis treated with total colectomy (removal of the entire bowel). This will be the lower of 12.5 percent of benefit and £12,500. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.
- Partial benefit is payable for coronary angioplasty if you undergo any of the following:

- balloon angioplasty
- atherectomy
- rotablation
- laser treatment and / or
- insertion of stents

This will be the lower of 25 percent of benefit and £25,000. This is in addition to your main benefit and your cover will not end after the partial benefit is paid.

- If you are on an NHS waiting list, we will make an accelerated payment if you need to undergo the following specified surgical treatments:
 - aorta graft surgery
 - coronary artery by-pass grafts
 - heart valve replacement or repair
 - open heart surgery

We will pay the lower of 25 percent of the benefit and £25,000.

This is an advance payment made from your benefit and will be deducted from your benefit. Any remaining balance of your benefit will be settled after your surgery.

What is included in Bupa Critical Illness Cover?

- Alzheimer's disease - resulting in permanent symptoms
- Aorta graft surgery
- Aplastic anaemia - of specified severity
- Bacterial meningitis - resulting in permanent symptoms
- Benign brain tumour - resulting in permanent symptoms
- Benign spinal cord tumour - resulting in permanent symptoms
- Blindness - permanent and irreversible
- Cancer - excluding less advanced cancers but including advanced skin cancer
- Cardiomyopathy - of specified severity
- Chronic rheumatoid arthritis
- Coma - resulting in permanent symptoms
- Coronary artery by-pass grafts
- Creutzfeld-Jacob disease - resulting in permanent symptoms
- Deafness - permanent and irreversible
- Dementia - resulting in permanent symptoms
- Heart attack - of specified severity
- Heart valve replacement or repair
- HIV infection - caught from a blood transfusion, a physical assault or at work in an eligible occupation
- Kidney failure - requiring dialysis
- Liver failure
- Loss of hands or feet - permanent physical severance
- Loss of independence
- Loss of speech - permanent and irreversible
- Major organ transplant
- Motor neurone disease - resulting in permanent symptoms
- Multiple sclerosis - with persisting symptoms
- Open heart surgery
- Paralysis of limbs - total and irreversible
- Parkinson's disease - resulting in permanent symptoms
- Progressive supra-nuclear palsy - resulting in permanent symptoms

- Respiratory failure - severe lung disease - of specified severity
- Severe Crohn's disease - with persistent symptoms that has not responded to surgical intestinal resection
- Stroke - resulting in permanent symptoms
- Systemic lupus erythematosus
- Third degree burns - covering 20 percent of the body's surface area or 50 percent loss of surface area of the face
- Traumatic head injury - resulting in permanent symptoms
- Type 1 insulin dependent diabetes mellitus - of specified severity, diagnosed after the age of 40

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

- Some types of cancer are not covered.

Further details of how we will consider your claim, including the full definitions we will use and the evidence we will need, are given in the illnesses and operations covered in the membership handbook.

Who can the policy cover?

You can apply for the policy to cover:

- you alone
- you and another person; or
- one or two people not including you

Can children have Bupa Critical Illness Cover?

- All of your children up to age 18 - including any you have legally adopted or for whom you are an appointed legal guardian - can be covered under your membership at no extra charge.
- Children under your membership will be covered for all the specified illnesses and operations, except Type 1 insulin dependent diabetes mellitus, for a lump sum benefit of 25 percent of your cover up to a maximum of £25,000. Benefit is only payable once for each child after which the child's cover will cease.
- Your children will not be covered unless your policy covers only you and/or your spouse/or life partner (unless we agree).
- Claims for children do not affect your cover.
- Children are unable to be covered for fracture cover or Total and Permanent Disability cover.

What cover options are available?

There are three options.

1. Level term cover

Level term cover meaning a fixed lump sum cover for a set period of time from five to 40 years which you select at outset, at the end of which your cover will cease. With this option you can select guaranteed premiums or alternatively your premiums will be reviewed every five years. When we review your premiums they could increase or decrease depending on whether the assumptions we have made about inflation, claims costs, expenses, investment income, tax rates and levies in setting your premiums were correct. If these factors turn out better than we assumed, we will decrease your premiums. If they turn out worse we will increase them.

2. Mortgage protection term cover

Mortgage protection term cover, which operates in the same way as term cover. This option differs from level term cover in the way the benefit is paid. The level of the cover reduces each month on the same basis as the capital due on a repayment mortgage reduces with an interest rate of 10 percent per annum. With this option you can select guaranteed premiums or alternatively your premiums can be reviewed every five years.

3. Renewable term cover

Renewable term cover is a fixed lump sum cover which is subject to renewal every five or 10 years (depending on which renewal option you choose). Your premiums will increase or decrease at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time. We may also change the other terms and conditions at renewal and can terminate the policy at that time if we no longer offer this type of policy. Your cover cannot continue after the 65th birthday of the person covered if the renewable term is five years or 70th birthday if the renewable term is 10 years.

4. Family income benefit cover

Family income benefit cover operates in the same way as level term. This option differs from the others in the way it pays the benefit. The benefit under this type of cover is not a lump sum payment but instead, the benefit is paid in annual instalments for each year remaining in the term of the policy, after a claim is accepted. With this option you can select guaranteed or reviewable premiums.

What premium options are available?

There are three premium options.

Guaranteed premiums

- If your premium option is guaranteed, your premium will remain the same for the term of the membership.
- We can increase your guaranteed premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums may contain an amount to make up a plan fee. We only charge the plan fee on one policy but if this policy terminates we will switch it to any policy you have.
- Premiums will increase if the benefit is increased, for example, if an indexation option is selected.

Reviewable premiums

- If your premium option is reviewable, we may increase or decrease your premiums on the fifth anniversary of the commencement date and at the end of every following five year period.
- When we decide what premiums we charge under this option, we make assumptions about the future level of inflation, claim costs, expenses, investment returns, taxes and levies. When we review your premiums under this option, we consider whether the combined effect of these factors is better or worse than we had assumed and if, as a result, the cost of the cover needs to account for this, we

may, as a result, increase or reduce your premiums by the amount we reasonably believe is necessary.

- We may also increase your premiums under this premium option due to changes in the law or taxation or where you increase the benefit under your membership which results in an increase in your premium or to collect plan fees. Your premiums may contain an amount to make up a plan fee. We only charge the plan fee on one policy but if this policy terminates we will switch it to any policy you have.
- We will write to tell you about any change to your premiums at least 60 days beforehand.
- If your premium needs to increase, you can tell us to keep the premium the same and reduce the amount of cover instead. Alternatively, you can cancel the membership and stop paying premiums altogether.

Renewable premiums

- If your premium option is renewable, your premiums may increase or decrease at each renewal without the need for further medical evidence based on the age of the person covered and our premium rates at that time. Your premiums will almost certainly increase on each renewal date because of an increase in age of the member.
- We may also change the other terms and conditions at renewal.
- Renewable premiums are only available with renewable term.
- We will write to tell you about any change to your premiums at least 60 days beforehand.
- If your premium needs to increase, you can tell us to keep the premium the same and reduce the amount of cover instead. Alternatively, you can cancel the membership and stop paying premiums altogether.
- We can increase your renewable premium if the cost of providing cover is increased due to any changes in legislation or taxation. Your premiums may contain an amount to make up a plan fee. We only charge the plan fee on one policy but if this policy terminates we will switch it to any policy you have.

Can the policy cover someone other than me?

- Yes. You can apply for joint cover on yourself and your partner or cover on you and another person. Alternatively you can apply for cover for one or two people not including you.
- If you choose joint cover the policy only pays out once. This is when either person suffers or undergoes one of the specified critical illnesses and survives for 14 days.

What other options are available?

- **Indexation**
You can help protect the value of your benefit over the years by selecting an indexation option when you join. If you choose one of these options, your chosen benefit can

increase in line with the Retail Price Index (RPI), Average Earnings Index (AEI) or by five or three percent each year on each anniversary of your cover commencing. The increase in the benefits will either be equal to the specified percentage or in proportion to the percentage increase in the RPI or AEI during the first 12 months of the 15 months period for RPI or 17 month period for AEI, prior to the relevant anniversary in both cases. Your premium will increase at a higher rate than your benefit as we will allow for your age and remaining term at the time of the increase in the benefit. For guaranteed and reviewable premiums the increase will be based on our premium rates at the commencement date. For renewable premiums, the increase will be based on our premium rates applicable at the later of the commencement date or at the last renewal. You may cancel any increase under the indexation option by writing to tell us within 30 days of the increase. If you do cancel, we will not make any increases in the future. Increases that have already been made will not be affected.

- **Premium waiver**

A premium waiver option is available when you apply for cover on any of those people covered. If you choose this option your premiums will be waived after a three month period where incapacity prevents the person to whom the option applies from following their own occupation or, if they are not in a paid occupation their incapacity prevents them from carrying out at least three out of six key activities of daily living. The waiver will end if they are able to carry on any paid occupation or they are no longer unable to do at least three activities of daily living, or their 70th birthday, whichever occurs first. This option ceases on the 70th birthday of any person to whom it applies.

- **Fracture cover**

A fracture cover option is also available. Under this option you will have cover should the person covered suffer one of a number of specified fractures. The maximum amount that can be claimed for one fracture in any one year (depending on the nature of the fracture) is £2,100. Claims can only be made for one fracture in any year. The definition of fracture will not include every type of fracture. The full details of the types of fracture covered, the amount of benefit when benefits are paid and the definition of fracture are set out in the membership handbook.

- **Reinstatement**

A reinstatement option is available. This option will allow you to take out a new membership to provide limited cover for the people covered after a claim has been paid. The new membership will provide cover for the following conditions:

- Aorta graft surgery
- Aplastic anaemia - of specified severity
- Bacterial meningitis - resulting in permanent symptoms
- Cancer - excluding less advanced cancers but including advanced skin cancer
- Cardiomyopathy - of specified severity
- Heart attack - of specified severity
- HIV infection - caught from a blood transfusion, a physical assault or at work in an eligible occupation

- Kidney failure - requiring dialysis
- Liver failure
- Major organ transplant
- Motor neurone disease - resulting in permanent symptoms
- Multiple sclerosis - with persisting symptoms
- Parkinson's disease - resulting in permanent symptoms
- Progressive supra-nuclear palsy - resulting in permanent symptoms
- Stroke - resulting in permanent symptoms
- Systemic lupus erythematosus
- Third degree burns - covering 20 percent of the body's surface area or 50 percent loss of surface area of the face.

The option can only be exercised between 12 and 24 months after any claim (further restrictions will apply for cancer) and has a maximum amount of benefit equal to the benefit on the current policy less any of the benefit provided under any replacement option (see below). It will not include benefit for any conditions which began before the new membership commenced. Full details of this option including the terms which apply are set out in the membership handbook.

- **Replacement**

If your policy covers two people you can take out a new policy, a replacement option, after a claim is paid for one of those covered, or they die. The new policy must be on the other person covered only and be for no more than the existing level of benefit. The term of the new policy can not exceed the term of the existing policy. This option is only available where the initial policy could continue for more than five years and has been accepted by Bupa Health Assurance Limited at our standard rates and the person to be covered by the new membership is under 50 years of age. Full details are available in the membership handbook, a copy of which is available on request.

- **Total permanent disability**

You can elect to take cover for total permanent disability on any person covered. If you take this option the benefit will be paid if the person the option applies to suffers a total permanent disability as defined under the policy. Total permanent disability will have different meanings for different people. It will relate to whether they can carry out their own occupation, if they can carry out any occupation to which they are suited or are able to carry out three of the activities of daily working. Full details of these options and what we mean by activities of daily living or daily working are contained within the membership handbook a copy of which is available on request. This option ends when your membership ends or for any member on their 70th birthday.

Each of the options except replacement cover are additional options and are subject to both our agreement and an additional premium.

Changes you can make

- You can increase your cover at any time by 25 percent of the original amount or £50,000 per listed event subject to an overall maximum of 100 percent or £125,000 increase without providing further medical evidence if the person covered gets married or becomes a civil partner, has a child including adopting a child or becoming a legal guardian, increases their mortgage due to moving house or undertaking home improvements, or is promoted by their current employer or starts a new job with a different employer and their salary increases. Each change can only be made once throughout the lifetime of the membership. This option is available if the person covered (or eldest member, if more than one) is under 55 years of age at the time we receive your request for an increase. You must write to us asking for the increase within six months of the event. This option will not be provided if your policy is accepted at above one and a half times the standard terms.

- **Changes applicable for key person/shareholder protection only**

You can increase your cover at any time subject to an overall maximum of 50 percent or £250,000 for key person cover, loan cover and shareholder/partnership cover and to an overall maximum of 50 percent or £150,000 increase for sole trader cover, without providing further medical evidence. This option is available where the following changes have happened:

- if the member's salary increases, a business loan you have is increased, the value of your interest in a business you own has increased in value, where you are a sole trader and either your net relevant earnings have increased or a business loan you have has increased.

What you are not covered for

(See 'What you are not covered for' section of the membership handbook)

We will not pay a claim for the following reasons:

- if the cause of the claim is specifically excluded by any specific terms we apply to your cover when we accept your application. If applicable we will show these in your provisional terms and the registration certificate.
- where the claim results from or relates to a self inflicted injury.
- if it relates to any operation, or intended operation, unless it was, or is, medically necessary and was performed by a consultant in a hospital in which such operations are routinely carried out.
- where the benefit is restricted under the definition of critical illness.
- if the claim is for a child and the symptoms first arose before:
 - the commencement date
 - the child reaching the age of 30 days
 - your legal adoption or legal guardianship of the child

- unless you provide the information and assistance we need to assess a claim. This may require the person covered to attend a medical examination in the UK. We will pay for the medical examination but not any expenses occurred in attending.
- additional terms apply to fracture cover benefit, premium waiver benefit and childcover benefit. Further information can be found in the membership handbook.
- when you make your claim neither you nor a member must mislead us by either giving us any false information or keeping relevant information from us. If either you or a member does, we will end your membership and no benefit or childcover benefit will be paid.

How long your cover will last

Bupa Critical Illness Cover is a straightforward insurance protection policy. You decide how long you want the cover for and whom you want it to cover. With renewable term cover your cover will end before the person covered reaches age 70 if you choose a 10 year renewable term, or age 65 if you choose a five year renewable term. If you choose any other type of cover this can be any period from five to 40 years but must begin before the 60th birthday of the person covered and cease before their 70th birthday. Bupa Critical Illness Cover will continue until:

- you stop paying premiums to it
- you suffer or undergo one of a specified critical illnesses or operations covered under the policy (see overleaf for details of the conditions and illnesses covered)

You may need to review and update your cover periodically to ensure it remains adequate. If you stop paying your premiums your cover will cease immediately. We will allow cover to continue if the outstanding premiums are paid within 30 days. It may cost you more to take a similar policy in the future. If you have chosen renewable term cover your premiums will increase or decrease every five or ten years depending on the renewal period you chose. We can also change the terms of your cover and have the right to end your policy at the same time if we no longer offer this type of policy at renewal.

Is your benefit taxable?

No, not under current legislation and Inland Revenue practice, but it may be taxable in the future if the legislation or practice changes.

Changing your mind

You can change your mind within 30 days:

- of the day when your membership starts or, if later
- the day when you receive your membership handbook and your registration certificate, after this time, there will be no refund of premiums paid. However, if you have paid an annual premium and you cancel your cover

before the next premium is due, we will give you a pro-rata refund, but we will deduct the discount you would have received in that year for paying an annual premium.

See 'Your right to cancellation' section of the membership handbook.

Getting in touch

The Bupa Health Assurance helpline is always the first number to call if you need help or support or if you have any comments or complaints. Please call us on 0845 600 3122*. Alternatively, you can write to us at Bupa Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX.

How to make a claim

You must make your claim as soon as you can. You should always contact us at Bupa Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX, alternatively call us on 0845 600 3122*. You will also need to have your Bupa Health Assurance membership number handy when you call. (See 'How to make a claim' section of the membership handbook).

Making a complaint

If we have not been able to resolve a problem and wish to take your complaint further, you can contact our Head of Customer Services at Bupa Health Assurance Limited, The Core, 40 St Thomas Street, Bristol, BS1 6JX, or phone 0845 600 3122*.

If the situation remains unresolved, you may refer your complaint to the Financial Ombudsman Service. You can write to them at South Quay Plaza, 183 Marsh Wall, London E14 9SR or call them on 0800 023 4567 (free if you call from a landline) or 0300 123 9123 (free if you call from a mobile phone).

The Financial Services Compensation Scheme (FSCS)

In the unlikely event that we cannot meet our financial obligations, you may be entitled to compensation from the Financial Services Compensation Scheme. This will depend on the type of business and the circumstances of your claim. The FSCS may arrange to transfer your policy to another insurer, provide a new policy or, where appropriate, provide compensation.

Further information about compensation policy arrangements is available from the FSCS by calling 020 7892 7300 or on its website www.fscs.org.uk

The ABI Guide to Critical Illness Cover

General information about Critical Illness Cover is contained in the ABI (Association of British Insurers) Guide to Critical Illness Cover. We will send you a copy on request. Alternatively you can get a copy by writing to the ABI at 51 Gresham Street, London EC2V 7HO.

*Calls may be recorded and may be monitored.

Terms and conditions apply. Full details are given in the membership handbook which is available on request.

Bupa Critical Illness Cover is provided by Bupa Health Assurance Limited, Bupa Health Assurance Limited, The Core, 40 St Thomas Street, Bristol BS1 6JX.

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