

Please read this document carefully as it contains important information about this plan



PruProtect Plan Summary



About this booklet

This booklet gives you an overview of the cover you have with the PruProtect plan, and the features that may be available to you later on. However it doesn't explain every detail or the full terms of your cover. You can find the full terms in the PruProtect plan provisions.

If you still have questions about our PruProtect plan after reading these documents, please contact your financial adviser if you have one, or call us on 0845 601 0072.

Contents

Your PruProtect plan

■ What is the PruProtect plan?	4
■ Who can take out a PruProtect plan?	4
■ How long does my plan run for?	4
■ How does the plan work?	4
■ Can I take the plan out with someone else?	5
■ Is my amount of cover fixed forever?	5
■ How much do I pay for my plan?	6
■ How do you work out my monthly premiums?	6
■ How do I pay my monthly premiums?	6
■ What happens if I stop paying my monthly premiums?	6
■ Will my premiums change over time?	6
■ Can I make changes to my cover during the term of my plan?	7
■ How do the benefits work?	8
■ Are there any other covers in my plan?	12
■ How does the Minimum Protected Account option work?	12
■ How does Protected Life Cover work?	12
■ How does Vitality work?	12
■ How do I make a claim?	13
■ Who will you pay the benefit to?	13
■ Are there any significant exclusions I should be aware of?	14
■ Can I cancel my plan if I change my mind?	14

Other information

■ How to make a complaint	15
■ Making a full disclosure	15
■ Compensation	15

Your PruProtect plan

What is the PruProtect plan?

The PruProtect plan is an insurance plan that helps protect you and your family from the financial impact of illness, injury, disability, unemployment and death. You can set it up to cover things like your mortgage, regular outgoings, the costs of your children's education or your medical bills – or to provide more general financial support for you and your family if you die, suffer from a serious illness or become disabled. This plan is underwritten by The Prudential Assurance Company Limited.

We offer three core covers: Life Cover, Serious Illness Cover and Income Protection Cover. You can choose to have one, two, or all three. Depending on which covers you choose, you could either get a lump sum or a regular income when you make a claim.

When you take out your plan, you also become a member of our health and wellness programme, Vitality. The Vitality programme rewards you for living a healthy life with discounts for certain healthy activities, and the chance to reduce your premiums every year – without reducing your cover.

Who can take out a PruProtect plan?

You can apply for a PruProtect plan as long as you are:

- aged between 16 and 75, and
- a UK resident – this excludes the Channel Islands and the Isle of Man.

How long does my plan run for?

When you take out your plan, you decide whether you want it to be on a whole of life or fixed term basis.

The minimum term we can insure you for is 5 years. For whole of life Life Cover, there is no maximum term. For other types of cover, the maximum term we can insure you for is based on your age. For example, for fixed term Life Cover, we can only cover you up to your 80th birthday. Other benefits may have different maximum age limits.

Your plan may end earlier than the expiry of your term if, for example, you cancel the plan, a person covered is removed from the plan, or you claim the maximum benefits allowed under the covers in your plan. For more about how your plan can end, see [provision F](#) in the plan provisions.

You will pay premiums on a regular basis throughout the whole term of your plan. So when you decide on your term, you should think about whether you will be able to pay your premiums for that whole time.

How does the plan work?

You can include a range of different types of cover in your plan. But it must include at least one of the core covers. These are:

- Life Cover
- Serious Illness Cover
- Income Protection Cover

Life Cover and Serious Illness Cover

If you choose Life Cover, or Serious Illness Cover, or both, we set up a plan account for you.

For a single life plan, the amount of your plan account will be the same as your amount of Life Cover, if you have it. If you do not have Life Cover, the amount of your plan account will be the same as your amount of Serious Illness Cover.

For a joint life plan, the amount of your plan account will be the same as the amount of Life Cover held by the first person covered. If they do not have Life Cover, it will be the same as their amount of Serious Illness Cover.

The amount of Life Cover, Serious Illness Cover and Optional Serious Illness Cover for Children you have is in each case expressed as a percentage of your plan account. So we use the plan account to calculate how much we will pay you if you make a claim for Life Cover, Serious Illness Cover or Optional Serious Illness Cover for

Children. We use the plan account because you can get more than one payment from your PruProtect plan – for example if you make a successful claim under Serious Illness Cover, and then make a subsequent claim because your condition has worsened or you become ill with an unrelated condition. For more about subsequent claims, see the PruProtect plan provisions.

When we make payments to you under Serious Illness Cover or Optional Serious Illness Cover for Children, the value of your plan account reduces by the amount we have paid you. The amount available for future claims is the amount remaining in your plan account. Your plan account, and all the covers attached to it, will end when the plan account is empty. This will happen either because multiple claims have reduced it to zero, or because we have paid a Life Cover claim for the first person covered – which means we pay the full plan account amount.

Other covers

The other covers you may have in your plan – including Income Protection Cover, Family Income Cover, Education Cover, Disability Cover and any waivers of premium – are not linked to the plan account. For more about these, see the 'How do the benefits work' section.

Unemployment Cover and Health Cover are also not linked to your plan account. For more about these, see our separate Unemployment Cover plan provisions and Health Cover plan provisions.

Can I take the plan out with someone else?

You can take out a PruProtect plan jointly with someone else. This is called a joint life plan.

If you have chosen a joint life first death plan the person you take your plan out with can choose their own covers and cover amounts, but they will share your plan account. Your plan will stop when one of you dies.

If you have chosen a joint life second death plan the other person must have the same Life Cover amount. Your plan will stop after both of you have died.

For more about the plan account, see [provision A1](#) in the plan provisions.

Is my amount of cover fixed forever?

You can choose for your cover to stay level if you want. Or you can choose for it to increase or decrease.

Level cover

If you choose for your cover to stay level it means that your sum assured is designed to stay the same over the life of your plan. It will only change because of action you take, such as you making a claim or changing a cover.

If you choose for your cover to stay level, inflation may affect its relative value in the future. We recommend that you review your level of cover from time to time to make sure it continues to meet your needs. You may want a financial adviser's help with this. They may charge you for any advice.

Indexed cover

If you choose indexed cover, your cover will increase annually on each plan anniversary, in line with the Retail Prices Index (RPI). Each increase is limited to a minimum of 0% and a maximum of 10%.

Decreasing cover

If you choose decreasing cover, your cover will decrease over the life of your plan. It decreases in the same way that the outstanding capital on a repayment mortgage would if the mortgage had a 10% annual equivalent interest rate.

Protecting your cover amount

You can also choose to protect the amount of cover you set up using either the Minimum Protected Account option, or Protected Life Cover.

If you make a successful claim under Serious Illness Cover or Optional Serious Illness Cover for Children, the Minimum Protected Account option tops up your plan account to the minimum level. It does this without any new underwriting, and without your premiums increasing. For more about the Minimum Protected Account option, see 'How does the Minimum Protected Account option work?' or [provision C11](#) in the plan provisions.

Protected Life Cover means that your Life Cover will not reduce if you claim under Serious Illness Cover or Optional Serious Illness Cover for Children. However your Serious Illness Cover and Optional Serious Illness Cover for Children will still be affected by these claims. For more about Protected Life Cover, see 'How does Protected Life Cover work?' or [provision C12](#) in the plan provisions.

How much do I pay for my plan?

By now you should have received a quote which shows you what your monthly premiums will be, based on your personal circumstances and requirements.

The minimum monthly premium we allow is £10. This excludes any Unemployment Cover or Health Cover premiums.

How do you work out my monthly premiums?

When you take out your plan, we work out your monthly premiums based certain factors. Examples of these factors are:

- The types of cover you choose.
- The amount of cover you choose.
- The term you choose for your cover.
- Your age.
- Your health and medical history.
- Your occupation.
- Whether you participate in any dangerous activities.
- Any lifestyle habits that could affect how likely you are to claim – including smoking.

We'll consider these same factors whenever you ask to change your cover.

How do I pay my monthly premiums?

You can only pay your monthly premiums by direct debit.

What happens if I stop paying my monthly premiums?

If you stop paying your premiums, your cover will also stop. Because premium rates increase with age, it is very likely that your cover will be more expensive if you start it again. Plus we may need to underwrite your request.

Your plan does not have any cash value, so you won't get anything back if you stop paying your premiums.

Will my premiums change over time?

Your premiums may change over time, depending on:

- what type of premium you choose – either guaranteed or reviewable,
- whether you make any changes to your cover,
- whether your premiums are indexed,
- whether you make any claims,
- whether you have chosen Accelerator, and
- your Vitality status at each plan anniversary.

If you have chosen Education Cover, your premium will change each year. For more about how premiums will change for Education Cover see [provision C6](#) in the plan provisions.

The types of premium you can choose

Guaranteed premium

A guaranteed premium is one that will only change over the term of your cover as a result of choices that you make. These choices include changing your cover amount or term, or having indexed cover or choosing Accelerator.

Reviewable premium

If you have reviewable premiums, we will review them periodically and potentially change them. When we review your premiums, we look at them in terms of emerging claims experience. We do not look at your individual circumstances such as your health.

If you have Disability Cover, this will have the same type of premium as you've chosen for your plan account.

Indexed premiums

If you have chosen indexed cover, the amount your sum assured can increase by is linked to the Retail Prices Index (RPI) and limited to 10% each year. However your premiums will rise by the RPI plus 2.5%, to reflect your increasing age. The plan schedule we have provided indicates how your premiums may change, based on a predicted future rate of inflation.

Accelerator

If you have chosen Accelerator, the amount of your sum assured will stay the same but your premiums will increase at each plan anniversary for each of the following covers:

- Life Cover
- Serious Illness Cover
- Income Protection Cover
- Optional Serious Illness Cover for Children
- Disability Cover
- Minimum Protected Account

The premium for each cover will increase by 3% on either:

- each plan anniversary until the date of expiry of the cover, or
- each plan anniversary for the first 10 plan anniversaries.

Although the premiums may start lower, the total premium you pay over the life of your plan may be higher than a plan without Accelerator.

The plan schedule we have provided indicates which option you have chosen and how your premiums may change.

Vitality

You also get the chance to reduce your premiums every year – without reducing your cover – through our Vitality programme. For more about Vitality and how your Vitality status can affect your premiums, see 'How does Vitality work?' and [provision E](#) in the plan provisions.

Can I make changes to my cover during the term of my plan?

The PruProtect plan is designed to be flexible. Once you've set a plan up, you can still:

- add or increase covers,
- remove or reduce covers,
- remove a person covered from a joint life plan,
- add a person to a single life plan,
- split a joint life plan into two single life plans,
- change the fixed term of your covers, or
- remove Accelerator.

If you change any of your covers, your premium will change too. The change in your premium may not be in proportion to the change you've made to your cover. This is because we may base your premium on your age at the time you make the change.

When you add or increase covers, we will usually ask for new medical evidence. However, if you have Guaranteed Insurability options, this works differently.

Guaranteed Insurability options

Guaranteed Insurability options allow you to increase certain covers when particular events happen in your life, without giving us any more information about your health. The covers you can increase are:

- Life Cover
- Serious Illness Cover
- Income Protection Cover
- Family Income Cover
- Disability Cover

We include this feature in your plan automatically as long as:

- we accepted you and any other person covered at normal rates, and
- we have not added any special exclusions to your plan.

Any additions or increases you make to your covers using Guaranteed Insurability options will be subject to the maximum amount we allow for each cover. We will work out a new premium for your increased cover using your age and the rates that applied at the time of the increase. We will apply the terms and conditions that were in effect when you first added the cover.

Your Guaranteed Insurability options end when you reach a particular age. The age at which they expire depends on the particular option.

For more about Guaranteed Insurability options, see [provision C10](#) in the plan provisions.

How do the benefits work?

Life Cover

If you die while you're covered, Life Cover pays a lump sum to whoever is entitled to receive the benefit. It will also pay a lump sum if you're diagnosed with a terminal illness, and your life expectancy is no more than 12 months. However, it only does this if you have more than a year left before the date of expiry of your Life Cover.

If you have a joint life first death plan, your Life Cover stops after we pay a claim for the death of one of the people covered. If you have a joint life second death plan, we will pay a claim for life cover after both people covered have died.

For more about Life Cover, see [provision B1](#) in the plan provisions.

Serious Illness Cover

Serious Illness Cover pays a lump sum if you are diagnosed with an illness or condition that we cover and that meets our definition of that condition. For a full list of the illnesses and conditions we cover, see Appendix 1 of the plan provisions.

Our Serious Illness Cover pays out based on a scale, from 10% for the lowest severity level of a condition, to 100% for the highest. So the more severe your condition – and the bigger impact it has on your life – the larger the payment you'll get.

This also means that you can get more than one payment from your Serious Illness Cover. If you claim more than once, we will classify the subsequent claim as either a progressive or an unrelated claim. How we classify your claim will affect how much we pay you. For more about this, see [provision B2.7](#) in the plan provisions.

If you have Health Cover as part of your plan, and you have also selected the Health Cover Optimiser, you can use part of your Serious Illness Cover benefit to pay towards your private medical treatment costs. For more about this option, see the separate Health Cover policy summary and policy document.

When we make payments under Serious Illness Cover, the value of the plan account normally reduces by the amount we have paid. If you have the Minimum Protected Account option or Protected Life Cover, this works differently.

With the Minimum Protected Account option, your cover will be reinstated to your chosen amount after a payment. For more about this, see 'How does the Minimum Protected Account option work?' or [provision C11](#) in the plan provisions. If you have Protected Life Cover, any benefits we pay under your Serious Illness Cover

will not affect any future benefits we pay under your Life Cover. However the amount available for future Serious Illness Cover or Optional Serious Illness Cover for Children claims will reduce by the amount we pay. For more about Protected Life Cover, see 'How does Protected Life Cover work?' or [provision C12](#) in the plan provisions.

We won't pay out under Serious Illness Cover if you do not survive for at least 14 days after the date of the life-changing event which caused you to claim. Your claim also needs to meet other criteria. For more about these, see [provision B2](#) in the plan provisions.

Core Serious Illness Cover for Children

If you choose Serious Illness Cover, we automatically give you Core Serious Illness Cover for Children. We provide this for each of your children. That means we'll pay you a lump sum if your child suffers from a serious illness that we cover. You don't pay anything extra for this cover.

We define a child as a person who:

- is at least three months old,
- has not reached the first plan anniversary after their 18th birthday
- is the natural child, adopted child or step-child of one of the adults covered, and
- is looked after by, or is financially dependent on, one of the adults covered.

The amount of the cover is 50% of your chosen Serious Illness Cover amount, up to a maximum of £25,000 per child. This amount isn't indexed, so it won't increase with inflation. The number of conditions your child is covered for will depend on whether you have Primary or Comprehensive Serious Illness Cover.

As with Serious Illness Cover, we won't pay out under Core Serious Illness Cover for Children if the child does not survive for at least 14 days after the date of the life-changing event which caused the claim.

Core Serious Illness Cover for Children does not cover any medical conditions that existed before any one of the following:

- the plan's start date,
- the child reaching the age of three months, or
- if your child is adopted, their legal adoption.

This exclusion applies regardless of whether or not the illness or condition had been diagnosed, or the child was showing symptoms.

For more about Core Serious Illness Cover for Children, see [provision C1](#) in the plan provisions.

Optional Serious Illness Cover for Children

Optional Serious Illness Cover for Children also pays a lump sum if your child suffers from a serious illness that we cover. It can provide a higher level of cover than Core Serious Illness Cover for Children.

You can have up to £100,000 of Optional Serious Illness Cover for Children for each child that you have asked us to cover. We will calculate the premium for each child's cover separately.

You do not have to have Serious Illness Cover to have this cover. However, Optional Serious Illness Cover for Children is attached to your plan account, so you do need to have a plan account. Your plan account must be level or increasing – it can't be decreasing. When we make payments under this cover, the value of the plan account reduces by the amount we have paid.

If you have the Minimum Protected Account option or Protected Life Cover, this works differently. With the Minimum Protected Account option, your cover will be reinstated to your chosen amount after a payment. For more about this, see 'How does the Minimum Protected Account option work?'. If you have Protected Life Cover, any benefits we pay under your Optional Serious Illness Cover for Children will not affect any future benefits we pay under your Life Cover. However the amount available for future Serious Illness Cover or Optional Serious Illness Cover for Children claims will reduce by the amount we pay. For more about Protected Life Cover, see 'How does Protected Life Cover work?'

As with Serious Illness Cover, we won't pay out under Optional Serious Illness Cover for Children if the child does not survive for at least 14 days after the date of the life-changing event which caused the claim.

Optional Serious Illness Cover for Children does not cover any pre-existing medical conditions that existed before any one of the following:

- the plan's start date,
- the child reaching the age of three months or
- if your child is adopted, their legal adoption.

This exclusion applies regardless of whether or not the illness or condition had been diagnosed, or the child was showing symptoms.

For more about Optional Serious Illness Cover for Children, see [provision C2](#) in the plan provisions.

Family Income Cover

Family Income Cover pays a regular monthly benefit rather than a lump sum to whoever is entitled to receive the benefit if you:

- die, or
- are diagnosed with a terminal illness, and your life expectancy is no more than 12 months. However, it only does this if you have more than a year left before the date of expiry of your Family Income Cover, or
- are diagnosed with an illness or condition that we cover and that meets our definition of that condition and you have chosen to include Serious Illness Cover in your Family Income Cover. For a full list of the illnesses and conditions we cover, see Appendix 1 of the plan provisions.

If you are diagnosed with a serious illness and are eligible for a payout, the length of time that we will pay the regular monthly benefit is based on a scale. The scale ranges from Severity F for the lowest severity level of a condition, to Severity A for the highest. The more severe your condition – and the bigger impact it has on your life – the longer we will pay the regular monthly benefit.

If you claim for Family Income Cover the regular monthly benefit will be paid for a minimum period. You choose this period – it can be up to 10 years. If the minimum period ends before the date of expiry of your Family Income Cover and you are still eligible to receive a benefit we will continue to pay the regular monthly benefit.

We also provide other benefits as part of our Family Income Cover. For example, If you die we will pay a lump sum of up to £2,000 towards the cost of your funeral.

If you die or are diagnosed with a Severity A serious illness (and have chosen to include Serious Illness Cover in your Comprehensive Family Income Cover) we will pay an additional benefit in the first 12 months of the claim. The additional amount will be paid towards the cost of your regular monthly outgoings up to a maximum amount.

For more about Family Income Cover, see [provision C5](#) in the plan provisions.

Education Cover

Education Cover is designed to provide a regular benefit to help your children continue with their education if you die or are seriously ill.

The amount of the benefit will depend on how many children you have asked us to provide this benefit for. It will also depend on whether your children attend a state school or a private school.

We also provide some other benefits as part of our Education Cover. For example, if your child is diagnosed with an illness or condition that we cover and that meets our definition of that condition we will pay a lump sum of up to £5,000.

For more about Education Cover, see [provision C6](#) in the plan provisions.

Disability Cover

Disability Cover pays one or more lump sums if you become disabled because of an accident or illness. It covers a wide range of conditions and procedures. For more about what it covers, see [provision C3](#) of the plan provisions.

You can be covered for four different categories of disability, from temporary disability that stops you working in the short term, to severe disability that affects you for the rest of your life. For more about these categories, see [provision C3.2](#) in the plan provisions.

The maximum amount of Disability Cover you can have is £500,000. The maximum combined Disability Cover and Serious Illness Cover benefit we will pay for a person covered over the life of the plan is £1,000,000.

There are other exclusions and provisions that apply to Disability Cover. For more about these limitations, see [provision D5.6](#) in the plan provisions.

Income Protection Cover

If you become ill or injured so that you can't work and you lose your working income, Income Protection Cover pays you a monthly tax-free income until you're well enough to go back to work. If you can't return to work, we'll pay you an income until the end of your term.

You decide how much Income Protection Cover you need when you take out your plan, based on your salary at the time. The amount you receive if you claim will also be affected by any other sources of income you have at that time.

When you take out Income Protection Cover, you choose a deferred period. This is the amount of time that will pass between you stopping work and us starting your Income Protection payments.

We use three definitions to assess your incapacity:

A '**standard**' definition means that illness or injury makes you unable to perform the duties that are normally needed to do your own occupation, and that cannot reasonably be changed. To meet this definition, you must also not be working in any other occupation for payment or profit.

An '**activities of daily living**' definition means that we assess your incapacity according to a specific set of everyday physical activities. These are designed to show how able someone is to look after themselves.

A '**special**' definition means that:

- For the first 12 months, we will pay you the full monthly benefit if you meet the standard definition, as above.
- After 12 months, we will assess you again. At this point we will either continue to pay you the full monthly benefit, or reduce the amount we pay you to 50% of the benefit. This will depend on how severe your incapacity is when we assess you.

We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about Income Protection Cover, see [provision B3](#) in the plan provisions.

Premium waivers

A waiver of premium means that you do not have to pay plan premiums when the conditions for the waiver are met. There are three types of waiver of premium available under your plan:

Type of waiver:	When we will waive your premiums:
Waiver of Premium on Incapacity	If you become incapacitated, and your incapacity meets one of our definitions. We offer people different definitions depending on whether they are in paid work and what kind of work they do. For more about this, see provision C7 in the plan provisions.
Waiver of Premium on Serious Illness	If you get a serious illness that we class as severity A. You do not need to have Serious Illness Cover to get this waiver. For more about this, see provision C8 in the plan provisions.
Waiver of Premium on Death	If the person covered by the waiver dies or is diagnosed with a terminal illness. This waiver is only available if you have a joint life plan. For more about this, see provision C9 in the plan provisions.

You will pay an extra premium for any waivers of premium you have.

If you claim under your plan, you may be able to use benefits you receive under other covers, such as Serious Illness Cover, Disability Cover, Income Protection Cover and Unemployment Cover, to pay your premiums. This means that you may not need to add any premium waivers to your plan.

Are there any other covers in my plan?

Immediate Cover

If you have applied for Life Cover but we are still assessing your application, we automatically give you some limited Life Cover. This is called Immediate Cover. It is equal to the amount of Life Cover you applied for, up to a maximum of £500,000. It does not pay out for terminal illnesses. For more about this, see [provision B1.4](#) in the plan provisions.

Immediate Cover is only available for new plans. It is free of charge.

Mortgage Free Cover

Mortgage Free Cover is temporary Life Cover or Serious Illness Cover or both. It covers you in the time between us giving you an acceptance letter, and the start of your mortgage or plan – whichever starts earlier. It is also only available for new plans.

Mortgage Free Cover covers you for a maximum of three months. You can only get this cover if you are younger than 50 when we issue your acceptance letter, and if we accept you at ordinary rates and with no exclusions.

For more about Mortgage Free Cover, see [provision C4](#) in the plan provisions.

How does the Minimum Protected Account option work?

If you make a successful claim under Serious Illness Cover or Optional Serious Illness Cover for Children, your plan account will reduce by the amount of the benefit we have paid. Normally, the amount available for future claims is the amount left in your plan account.

If you have the Minimum Protected Account option, we will top up your plan account after any claim that takes it below a particular minimum level. You choose this minimum level when you add this option to your plan. The amount you choose to protect must be between 25% and 100% of the value of your plan account at that time.

You can add the Minimum Protected Account option for your plan at any time, however we may underwrite your request. For more about the Minimum Protected Account option, see [provision C11](#) in the plan provisions.

How does Protected Life Cover work?

If you have Serious Illness Cover or Optional Serious Illness Cover for Children as well as Life Cover, you have the option to include Protected Life Cover in your plan.

Normally, your Life Cover will reduce if you claim under Serious Illness Cover or Optional Serious Illness Cover for Children. With Protected Life Cover, your Life Cover would be unaffected by these claims. However the amount available for future claims under Serious Illness Cover or Optional Serious Illness Cover for Children will still reduce by the amount we have paid.

You can add Protected Life Cover to your plan at any time, however we may underwrite your request. For more about Protected Life Cover, see [provision C12](#) in the plan provisions.

How does Vitality work?

When you take out your plan, you automatically become a member of Vitality. This is our proven health and wellness programme that can help you to get and stay healthy through a range of tools and discounts.

When you take out a PruProtect plan, you start on a Bronze status. By taking part in Vitality activities, you can increase your status to Silver, Gold, or even Platinum. By raising your Vitality status above Bronze, you can reduce your plan premiums by at least 1%. We will recalculate your premiums based on your Vitality status at each plan anniversary.

Your Vitality status will never make your premiums go up – it can only make them go down.

Vitality also encourages you to be healthy by offering you discounts with a range of health partners.

The Vitality commitment

We will keep the Vitality programme available for the duration of your plan. As this could be many years, we will revise both the Vitality programme and Vitality partners from time to time.

Our Vitality programme naturally changes over time as new opportunities and technologies arise. It is also dependent on our relationship with third party providers and the range of services they offer. The rewards we offer are separate to your plan and have their own terms and conditions.

We may change the way we award points or eligible activities in the Vitality programme and the Vitality status you may achieve as a result. We may also change our Vitality partners from time to time and the incentives we offer. There may be instances where other aspects of the Vitality programme, such as particular benefits, may be significantly enhanced, changed or withdrawn.

These changes may occur if our Vitality partners offer additional services or become unable to maintain their levels of service to us, or where we add new Vitality partners to the programme. Vitality changes may also be required to prevent the fraudulent use of benefits. Revisions may be required as a result of other factors beyond our control.

In most cases changes to Vitality will be made at plan anniversary, but in some circumstance the Vitality programme may change at any time.

Other than changing a Vitality partner or offering revised rewards, we will consult an independent expert in health and wellbeing before we make any change. We will ask the expert to confirm that the changes we are proposing will maintain or improve:

- the relationship between a member's effort and their rewards, and
- how accessible the Vitality programme is to members.

You will be able to request a copy of this expert opinion

We will usually tell you about any changes to our Vitality partners or if we offer revised rewards, including any price increases, at least six weeks before the changes take effect, unless we're unable to do so due to factors outside our control. If we make a change other than changing a Vitality partner or offering revised rewards we will notify you at least 6 months before we make the change.

For more about Vitality, see [provision E](#) in the plan provisions.

If you have Vitality Plus please see the separate Vitality Plus Terms and Conditions.

How do I make a claim?

Telling us about a claim

If a claim needs to be made under your cover, we need you to tell us as soon as possible.

You can call us on: **0845 601 0072**

Or you can write to us at:

**PruProtect
Stirling
FK9 4UE**

What we need before we can settle a claim

We may need you or your representative to send your plan schedule back to us. Please make sure this is easily accessible.

For claims under covers other than Life Cover, we may need to assess your incapacity using a set of functional activity tests.

For each type of cover, we describe what we need before we can settle a claim in the individual cover sections of the plan provisions.

Who will you pay the benefit to?

We will pay any benefits to the person legally entitled to receive them.

Any cash sum we pay out under your plan will be free of personal income tax and capital gains tax. However, this may change if tax rules change.

If the cash sum forms part of your estate, it may not be free of inheritance tax. If you would like to put your plan in trust, you should talk to a solicitor.

Are there any significant exclusions I should be aware of?

You can find full details of all the exclusions in the plan provisions. Here are some that we would like to draw your attention to:

We won't pay a claim for Life Cover, Family Income Cover or Education Cover if one of the persons covered dies as a result of suicide within 12 months of:

- The start date of the Life Cover, Family Income Cover or Education Cover.
- The date you added that person to the plan.
- The date the plan was re-instated if it has been suspended because your premiums were not paid.

If the illness, condition or procedure you are claiming for is a direct or indirect consequence of an excluded condition, then we won't pay any benefit under:

- Serious Illness Cover
- Core Serious Illness Cover for Children
- Optional Serious Illness Cover for Children
- Family Income Cover
- Education Cover
- Disability Cover
- Income Protection Cover
- Waiver of Premium on Serious Illness
- Waiver of Premium on Incapacity
- Mortgage Free Cover

This applies for conditions that are excluded from the definitions of named conditions, as well as for any conditions that we excluded from your cover at the start of your plan.

We won't pay a benefit for any of the covers listed above if the claim arises, either directly or indirectly, because you unreasonably do not seek or follow medical advice.

We also won't pay benefits under any cover if the claim arises, either directly or indirectly, from an accident which occurred while you were performing your own occupation, but only if we told you that we have excluded this occupation from your cover.

We won't pay any benefit under:

- Category C Disability Cover
- Waiver of Premium on Incapacity;

if the person making the claim is permanently based outside the UK or permitted countries.

If the person making the claim is temporarily based outside the UK or permitted countries, we'll only:

- Pay a maximum of three consecutive benefit payments for Disability Cover.
- Waive a maximum of 12 months' premiums for Waiver of Premium on Incapacity.

For more about exclusions to your cover, see [provision D5.6](#) in the plan provisions.

Can I cancel my plan if I change my mind?

You can cancel your plan at any time.

If you cancel it within 30 days of receiving your plan details, we'll refund your premiums, as long as you haven't made a claim. To do this, you need to write to us at:

PruProtect
Stirling
FK9 4UE

Or you can call us on **0845 601 0072**

If you cancel your plan after 30 days, we won't refund your premiums and there is no cash-in value. You can either contact us to cancel it, or just cancel your direct debit.

Other information

How to make a complaint

If you have a complaint, please talk to your financial adviser first. If they cannot help, or if you set up your plan directly with us, please contact us by post at:

PruProtect
Stirling
FK9 4UE

Or by phone on: 0845 601 0072

We'll send a written acknowledgement of your complaint within five business days of receiving it. We'll then get an experienced claims handler to manage it. Where appropriate, this won't be someone who was directly involved in the issue that you've made your complaint about. The claims handler will either have the authority to resolve your complaint, or they'll have easy access to someone who does. If you phone us while we're looking into your complaint and the person handling it isn't available, we'll make sure another member of our team is available to help you.

Our response to your complaint will fully address the issue. If appropriate, we'll also offer you redress or compensation. If we can't resolve your complaint within four weeks of receiving it, we'll write to you to explain why. We'll also let you know when we'll contact you next. If we can't resolve it within eight weeks, we'll write to you again.

We hope that we will be able to handle your complaint in a way that satisfies you. But if we can't, then you can speak to the independent Financial Ombudsman Service. You can contact the Service at:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

Telephone: 0800 023 4567

Making a complaint to the Financial Ombudsman Service will not affect your right to take legal action if you are dissatisfied with, and do not accept the outcome of their review.

Making a full disclosure

When you take out your plan, you have a responsibility to give us the information we ask for. That's because we rely on this information to assess your risk and work out your premiums. If any of the information you give us is incomplete, incorrect or untrue, it's likely that we'll reduce the value of any claims you make. In some circumstances we may not pay your claim at all. We may also cancel your plan altogether. So, if you realise that you haven't made a full disclosure to us, please let us know as soon as you can. Then we can help you to get a valid insurance contract back in place.

Compensation

We are covered by the Financial Services Compensation Scheme. This means that you may be entitled to financial help up to 90% of the value of your loss if we cannot meet our obligations.

For more information about the Financial Services Compensation Scheme, please contact them by email: enquiries@fscs.org.uk or by phone: 0800 678 1100.



PruHealth is a trading name of Prudential Health Limited and Prudential Health Services Limited. Registered numbers 05051253 and 05933141 respectively. PruProtect is a trading name of Prudential Health Services Limited and Prudential is a trading name of The Prudential Assurance Company Limited, registered number 00015454. The Prudential Assurance Company Limited provides and manufactures benefits under the PruProtect Plan. Prudential Health Limited provides and manufactures benefits under the PruHealth product. Prudential Health Services Limited distributes and services the PruHealth and PruProtect product and issues the documentation. Companies registered in England and Wales. Registered offices at Laurence Pountney Hill, London EC4R 0HH. All companies authorised and regulated by the Financial Services Authority.

PRUPT10774 03/2011