

Policy terms update



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1. Introducing our new policy terms

i. Overview

We'll normally update your policy terms and conditions:

- When its rate guarantee runs out. We'll write to tell you in advance if we do.
- As part of our terms and conditions for a policy change you've requested. We'll confirm this in a quote for you to accept, and apply the new terms when the change takes effect.

If there's a change in tax laws that affects the way our policies work we may need to revise the policy terms earlier. From 6 April 2024, the Finance Act 2024 changes how benefits paid from registered schemes are taxed, removing the 'lifetime allowance' and introducing a new 'lump sum and death benefit allowance'. Many of our death in service policies include a definition of the 'standard lifetime allowance' and some employers have historically chosen to use the 'lifetime allowance' as factor to determine who is eligible for certain benefits or within the benefit calculation itself. Section 2 iii. describes how we've revised policy terms from 6 April 2024, to help provided continuity of cover for employers who set up cover including a 'lifetime allowance' reference. Your policy schedule will show if the policy eligibility or benefit calculation includes a 'lifetime allowance' reference.

Within this leaflet we've summarised the changes to all our Group Protection policy terms and conditions. Where appropriate, it will also identify the differences between successive versions of the policy terms. If we're updating your policy, we'll confirm the version that will apply in a quote or email and when they will take effect. The new policy terms will not replace any Overriding Provisions we've agreed for your policy.

You'll find explanations of any technical terms we use in the Definitions Part of your policy terms. We've highlighted these technical terms in bold, **like this**.

ii. Terms for improved cover

Before we cover any improvements in respect of an **insured person** that may be introduced with updated policy terms, they will need to meet the following terms.

• Critical illness cover

We'll apply our **pre-existing conditions exclusion** and **related conditions exclusion** to all new and improved cover resulting from the update to your policy terms, from the day the update takes effect.

• Group income protection and death in service benefits

An **insured member** needs to be **actively at work** before we'll start covering the improvements in respect of them.

'**Actively at work**' means a person is in full active employment, and physically and mentally able to perform all the duties associated with their normal job on the day the cover is due to start.

2. Death in service benefit changes

i. Our new policy terms

Find full details of our latest death in service benefit policies in our technical guides (05/25).

We will base benefit payments in respect of an **insured member** on the policy terms in force at the time of their death. We will not adjust dependants' pension benefits already in payment for the new terms at the time we update the policy.

Policy name	Policy code	Policy terms hyperlink
Group Life Assurance Benefit	LAB 05/25	https://group-protection.legalandgeneral.com/asset/49892b/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4199-lab-policy-terms-0525.pdf
Excepted Group Life Policy	EGLP INDEF 05/25	https://group-protection.legalandgeneral.com/asset/498927/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4202-eglp-policy-terms-0525.pdf
Excepted Group Life Policy	EGLP 8 YEAR 05/25	https://group-protection.legalandgeneral.com/asset/498927/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4202-eglp-policy-terms-0525.pdf
Flexible Excepted Group Life Policy – Indefinite term	FLEX EGLP INDEF 08/25	https://group-protection.legalandgeneral.com/asset/4a2642/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/lab-excepted-flex-08-25-policy-tems.pdf
Flexible Excepted Group Life Policy – 8 year term	FLEX EGLP 8 YEAR 08/25	https://group-protection.legalandgeneral.com/asset/4a2642/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/lab-excepted-flex-08-25-policy-tems.pdf
Partners' Life Assurance – Registered indefinite term	PLAB INDEF 05/25	https://group-protection.legalandgeneral.com/asset/49892b/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4199-lab-policy-terms-0525.pdf
Partners' Life Assurance – Excepted 8 Year Term and indefinite	PLAB 8 YEAR 05/25	https://group-protection.legalandgeneral.com/asset/498927/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4202-eglp-policy-terms-0525.pdf
Flexible Life Assurance Benefit	FLEX LAB 08/25	https://group-protection.legalandgeneral.com/asset/4a263d/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/lab-registed-flex-08-25-policy-terms.pdf

Voluntary Life Assurance Plan	VLAP 12-22	https://group-protection.legalandgeneral.com/asset/4a3087/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/vlab-12-2022-policy-terms.pdf
Voluntary Life Assurance for Spouses or Partners	VOL SP LAB 12-22	https://group-protection.legalandgeneral.com/asset/4ae264/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/pvlab-12-22-policy-terms.pdf
Dependants' Pension	DP 12-22	https://group-protection.legalandgeneral.com/asset/4ae145/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/dops-12-22-policy-terms.pdf
Flexible Dependants' Pension	FLEX DOPS 12-22	https://group-protection.legalandgeneral.com/asset/49057b/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/dops-flex-12-22-policy-terms.pdf

Policy terms update

ii. Changes introduced by the 05/25 and 08/25 policy terms for some death in service benefit products

Our new 05/25 and 08/25 policy terms allow us to cover employees, equity partners and LLP members together under a single standard or flexible policy. Previously our registered and excepted policies used separate policy terms for these different groups. While this hasn't changed the terms that apply to your cover, it offers you future flexibility. For example, you can now ask us to add cover for equity partners to a policy that covers employees which will simplify admin.

If you insure employees, equity partners and LLP members under separate policies with us, where appropriate, we'll look for opportunities to simplify your set up by combining policies. We'll write to you in advance if we do, usually ahead of your rate review.

We continue use different policy terms depending on the tax rules that apply to the scheme you've chosen to pay the policy benefits through. For example, our Excepted Group Life Policies (EGLP) policy terms are different from those used for registered schemes.

If you've chosen to use our eight-year EGLP policies with the aim of setting up a new trust and policy at that time, we've updated the terms to remove this eight-year limit. We've found customers have valued flexibility in timing when the eight years expire. You continue to have the right to cancel your policy at any time and without incurring any additional costs by telling us in advance.

iii. Finance Act 2024 revisions to policies paying a lump sum

The Finance Act 2024 includes changes to the way registered scheme benefits are taxed. These changes include, with effect from 6 April 2024, the removal of the 'lifetime allowance' and the introduction of a new 'lump sum and death benefit allowance'.

The revised policy terms aim to provide continuity of cover for employers who set up cover including a reference to the 'lifetime allowance' within the eligibility terms for cover, or the benefit calculation. The policy schedule that's read with the policy terms will show details if the eligibility or benefit calculation includes a 'lifetime allowance' reference.

Because the tax changes take effect from 6 April 2024, we need to quickly introduce the changes and cannot use our usual process of updating policies to the latest policy terms (and policy code) after the rate guarantee ends. Instead, we're keeping the existing policy terms and policy codes, and simply revising the relevant documents for the needed changes. You can quickly identify the revised version by the '(Revised 04-24)' reference on the front page and a note explaining the revisions on page 2. The hyperlink you use to access the policy terms will continue to work and show the revised version.

Nearly all versions of our death in service policy terms designed to pay a lump sum needed a revision. This includes our Excepted Group Life Policy terms that may also include 'lifetime allowance' references, for example the eligibility terms may target cover for employees whose expected registered scheme benefits already exceed the 'lifetime allowance'. The only policy terms not needing an update were our Voluntary Life Assurance Plan terms because of the limited eligibility options and simple benefit design.

The revisions will take effect from 6 April 2024:

- If the policy terms include a **standard lifetime allowance** definition, we've updated this so that it retains the meaning it had on 5 April 2024, including its last value of £1,073,100.
- Extended the **policy's** interpretation terms so that:
 - References within the **schedule** to an individual's lifetime allowance adjusted for benefit crystallisation events or a lifetime allowance protection or enhancement factor will mean the 'lump sum and death benefit allowance' (as defined in the Finance Act 2024) that is available to that individual.
 - Any other references within the **schedule** to the 'lifetime allowance' will mean the standard lifetime allowance as it applied on 5 April 2024, including its last value of £1,073,100.



We encourage employers to regularly review their employee benefits and associated insurance to make sure it continues to meet their needs. Please tell us in advance if you'd like to update a policy. For example, if your policy includes a maximum equal to the standard lifetime allowance, you may wish to consider replacing it with an alternative monetary amount. Our scheme underwriters will consider the request and confirm if any terms apply.

iv. **Changes introduced by the 09-23 policy terms for some death in service benefit products**

09-23 policy terms are only available for some of our death in service products. The table in section 2i. confirms which products types have 09-23 terms. We'll update your policy to the 09-23 terms if we've given notice of this ahead of the policy's rate guarantee expiring, or we've confirmed this as part of our terms for a change you've requested.

The 09-23 policy terms also include all the changes shown for the 12-22 terms shown below in section 2iii. We've summarised the other changes in the table below.

What we've changed

We've reduced the minimum number of insured employees needed to maintain the policy with the following term:

If the total number of people insured under this **policy** and any **associated policy** is fewer than three, **we** can cancel this **policy** or change its terms by giving **you** at least six months' written notice.

If you've appointed an intermediary to act on your behalf, for example a financial adviser, their use of our available online services to administer the policy may be reflected in the terms we offer. We've added the following term:

If **you** have appointed an intermediary who chooses to use **our** available online administration services to set up or maintain the **policy**, **we** may recognise this in **our** terms for cover. For example, including a discount when **we** work out a new **unit rate** or a higher **free limit**.

The **policy** describes the times and circumstances when **we** can change its **unit rate**, **free limit** and terms. At these times **we** will review **your** intermediary's use of the online administration services available for the **policy**. If **your** intermediary has started or stopped using the online services, **we** may allow for this in the **unit rate**, **free limit** and terms **we** confirm for ongoing cover.

What this means

We've reduced the number of employees the policy needs to insure from five to three.

We may still choose to continue cover if the policy insures fewer than three employees. However if we choose to cancel the policy because of this, we now need to tell you at least six months in advance, instead of 30 days in advance under our older terms.

We're encouraging the use of ONIX, our online platform that financial advisers can access to set up policies and complete some policy administration.

If you have appointed an adviser who continues to use the available ONIX services to maintain your policy, we may recognise this each time we review the unit rate and terms for cover. For example, by offering, or continuing to offer, a reduced unit rate or enhanced free limit.

The new term was included to explain that ONIX usage is a factor in our assessment of the unit rate and policy terms, and doesn't give us any additional policy rights.

Policy terms update

v. Changes introduced by the 12-22 policy terms for all death in service benefit products

What we've changed	What this means
We've updated the following definition and will start listing participating employers in your policy schedule: Participating employer Means an employer who is included under this policy and is shown in the schedule. We've replaced our financial crime risk management paragraph with the following: Financial Crime Risk Management If we believe that the provision of this policy involves and/or exposes us to a risk of Financial Crime beyond a level that we consider is reasonable, we will reserve the right to take one or more of the following steps: i. cancel this policy; and/or ii. stop payment of any benefit; and/or iii. take other reasonable action we consider is reasonable in all the circumstances, such as, but not limited to, excluding any person from cover under this policy. We may also take these actions in light of laws, regulations, Sanctions programs, international guidance or demands from any authorities (including, but not limited to governmental bodies and regulatory enforcement authorities), whether relating to Financial Crime risk management activity or otherwise. In addition to the above, this policy shall at all times exclude cover and we shall not be liable to pay (or continue to pay) any benefit under this policy to the extent that the provision of such cover or payment of such benefit would expose us to the risk of any sanction, prohibition or restriction under or in relation to any Sanctions Program.	If you've asked to us to cover people working for a subsidiary or associated business, we'll list these businesses as participating employers in your next policy schedule. Please tell us you need any changes. We've updated our financial crime management terms to include more detail about: • The laws and regulations we follow • The actions we may take if we identify a financial crime risk • Our commitment to helping prevent all types financial crime

What we've changed

What this means

This is supported by the following new definitions:

Financial crime

Means **sanctions exposures**; money laundering and terrorist financing, fraud (internal and external), bribery and corruption, facilitation of tax evasion, and insider dealing and market abuse.

Sanctions Exposures

Means the contravention of or the risk of any other sanction, restriction, or adverse measure pursuant to any **Sanctions Program**.

Sanctions Program

Means any national or international sanctions laws and regulations enacted by the United Kingdom, United States of America, the European Union or the United Nations, and such other sanctions laws and regulations enacted by any other country or body that we consider, from time to time and at our absolute discretion, would exposes us to any risk beyond a level that we consider to be reasonable.

3. Critical illness cover

i. Our new policy terms

Find full details of our latest critical illness cover policies in our technical guides and policy documents (04/26 vintage).

We'll assess all group critical illness cover claims based on the policy terms and insured condition definitions in force at the date of a condition being met.

Policy name	Policy code	Policy terms hyperlink
Group Critical Illness Cover	CIC 04-26	https://www.legalandgeneral.com/asset/496481/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/gpasd0056-cic-policy-terms-0426.pdf
Flexible Critical Illness Cover	FLEX CIC 04-26	https://www.legalandgeneral.com/asset/4965f4/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/gpasd0058-fcic-policy-terms-0426.pdf
Voluntary Critical Illness Cover	VOL CIC 04-26	https://www.legalandgeneral.com/asset/4965c8/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/gpasd0057-vcic-policy-terms-0426.pdf
Group Critical Illness Cover	CIC 05-25	https://www.legalandgeneral.com/asset/4997b8/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4193-cic-policy-terms-0525.pdf
Flexible Critical Illness Cover	FLEX CIC 05-25	https://www.legalandgeneral.com/asset/4997c2/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4194-fcic-policy-terms-0525.pdf
Voluntary Critical Illness Cover	VOL CIC 05-25	https://www.legalandgeneral.com/asset/4997ac/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4192-vcic-policy-terms-0525.pdf

ii. Changes introduced by the 04-26 policy terms for all our Group Critical Illness Cover products

All our critical illness cover policies insure a list of **'core conditions'**. There's an option to insure a list of **'additional conditions'** for an extra cost too. Cover for new **'core conditions'** will be added to all policies. However, cover for the new **'additional conditions'** will only be added to those policies that already insure the **'additional conditions'** cover option.

The policy schedule will confirm which conditions are covered under your policy, and the policy terms provide full details and definitions of the conditions we can cover. Please contact us if you'd like to change the cover options.

We'll apply our **pre-existing conditions exclusion** and **related conditions exclusion** to the cover of any new condition that's added. This means we won't pay benefit for a person who has already met the insured condition definition, and we may not pay benefit if they already have a condition that's related to it. Our policy terms give full details of these exclusions.

What we've changed

We've added 'Children's intensive care benefit - requiring mechanical ventilation for 7 days', to the list of 'core child conditions', which is defined as follows:

We will pay children's benefit, if during the period of cover, a child due to sickness or injury requires continuous mechanical ventilation by means of tracheal intubation for 7 consecutive days (24 hours per day) unless it is as a result of drug or alcohol intake and/or a child being born prematurely (before 37 weeks).

What this means

This new 'core child condition' now extends cover for children of employees covered. It allows child benefit to be paid if the circumstances in the condition are met.

We've added 'Benign spinal cord tumour – resulting in permanent symptoms or undergoing defined treatments', to the list of 'additional conditions', which is defined as follows:

A non-malignant tumour or cyst in the spinal cord, spinal nerves or meninges, resulting in any of the following:

- i. **Permanent neurological deficit with persisting clinical symptoms;** or
- ii. Undergoing invasive surgery to remove part or all of the tumour; or
- iii. Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:

- i. disc protrusions
- ii. osteophytes
- iii. granulomas
- iv. haematomas
- v. abscesses
- vi. angiomas

The new insured **'additional condition'** extends cover under the additional conditions policy option to a non-cancerous growth in the brain, cranial nerves, or skull. This condition is covered if it causes **permanent** neurological problems with ongoing symptoms, requires invasive surgery to remove part or all of the tumour, or needs treatments like stereotactic radiosurgery or chemotherapy to destroy the tumour cells.

What we've changed

We've updated the definition of 'Aplastic anaemia – with permanent bone marrow failure'. This now reads:

A definite diagnosis of aplastic anaemia by a **consultant** haematologist. There must be **permanent** bone marrow failure with anaemia, neutropenia and thrombocytopenia. Requiring treatment with at least one of the following:

- Blood transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplant

What this means

The definition of this '**additional condition**' has been clarified to highlight that specific treatments are considered to meet this condition definition.

We've updated the definition of 'Benign brain tumour – resulting in permanent symptoms or undergoing defined treatments'. This now reads:

A non-malignant tumour or cyst originating in the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- i. **Permanent neurological deficit with persisting clinical symptoms;** or
- ii. Undergoing invasive surgery to remove part or all of the tumour; or
- iii. Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

For the above definition, the following are not covered:

- i. tumours originating from bone tissue
- ii. pituitary gland tumours
- iii. angiomas
- iv. cholesteatoma

The definition of this '**additional condition**' has been extended, broadening cover to reflect the wider range of treatments which might be used to treat the condition. The enhanced condition definition now includes the undergoing of stereotactic radiosurgery or chemotherapy treatments.

We have extended the definition for 'Blindness – permanent and irreversible'. This now reads:

Permanent and **irreversible** loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart or visual field is reduced to 20 degrees or less of an arc, as measured by an ophthalmologist.

The definition of this '**additional condition**' has been extended and broadened. A result of 6/60 or worse on a Snellen chart now qualifies for this condition, previously 3/60 was the qualifying limit. In addition, the condition can now be met by the field of vision being reduced to 20 degrees or less.

What we've changed

We have extended the definition for 'Cardiac arrest – with insertion of a defibrillator'. This now reads;

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness, requiring resuscitation and resulting in either of the following devices being surgically implanted:

- i. implantable cardioverter-defibrillator (ICD); or
- ii. cardiac resynchronisation therapy with defibrillator (CRT-D).

For the above definition, the following are not covered:

- insertion of a pacemaker;
- insertion of a defibrillator without cardiac arrest.

What this means

The definition of this '**core condition**' has been amended to remove the exclusion of Cardiac arrest secondary to illegal drug abuse.

We've extended the definition for 'Coma – resulting in permanent symptoms'. This now reads:

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- i. requires the use of life support systems; and
- ii. results in **permanent neurological deficit with persisting clinical symptoms**.

For the above definition, the following are not covered:

- medically induced coma;
- coma secondary to alcohol or drug intake.

The definition of this '**additional condition**' has been amended to clarify that medically induced comas are not covered. This helps clarify the intention of the cover and avoid confusion as to what is covered.

We have extended the definition for 'Coronary artery bypass grafts'. This now reads:

The undergoing of surgery on the advice of a **Consultant** Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

The definition of this '**core condition**' has been extended, broadening cover. The requirement for the individual to undergo surgery to divide the breastbone has been removed and allow other surgical procedures. This reflects medical advancement and common NHS practice.

What we've changed	What this means
We've extended the definition for 'Coronary angioplasty – to treat specific conditions of specified severity'. This now reads: The undergoing of percutaneous coronary intervention (PCI) to correct narrowing or blockages of either: i. at least two different coronary arteries (which for this purpose are defined as right coronary artery, left main stem, left anterior descending artery, and circumflex artery, or their branches) ii. the left main stem artery. Multiple arteries must be treated at the same time or as part of a planned staged procedure within 60 days of the first PCI. PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and or stenting. The following are not covered: i. angiography; and ii. two procedures to a single main artery or its branches.	The definition of this 'additional condition' has been extended and broadened. The requirement of prior treatment received in certain countries has been removed and the treatment required has been clarified and updated to reflect medical practice. This definition gives further clarity around treatment requirements which meet the condition definition.
We've extended the definition for 'Deafness – permanent and irreversible'. This now reads: Permanent and irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.	The definition of this 'additional condition' has been extended to clarify that hearing loss of over 70 decibels is covered where previously only loss greater than 95 decibels was covered.
We've extended the definition for 'Heart surgery – with surgery to divide the breastbone'. This now reads: The undergoing of surgery to divide the breastbone (median sternotomy) or thoracotomy on the advice of a consultant cardiologist to correct structural abnormalities of the heart. Any other surgical procedure or treatment is not covered.	The definition of this 'additional condition' has been extended to cover more types of surgery. This allows for different surgical options to qualify as meeting this condition.

What we've changed

We've extended the definition for 'Motor neurone disease – resulting in permanent symptoms'. This now reads:

A definite diagnosis of one of the following motor neurone diseases by a **consultant** neurologist:

- i. amyotrophic lateral sclerosis (ALS); or
- ii. primary lateral sclerosis (PLS); or
- iii. progressive bulbar palsy (PBP); or
- iv. progressive muscular atrophy (PMA);
- v. spinal muscular atrophy (SMA); or
- vi. Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA);

There must also be **permanent** clinical impairment of motor function.

What this means

The definition of this '**core condition**' has been extended, broadening cover. Kennedy's disease is now covered and can be claimed for.

We've increased the maximum child benefit that can be paid under CIC policies. This now reads;

We will restrict **children's benefit** so that it does not exceed the lesser of:

- i. £25,000 or such other amount agreed between **you** and **us**; or
- ii. 25% of the **member's benefit**

This cover has been improved. The maximum Child benefit that can be paid under the policy has increased from £20,000 to £25,000. Child benefit is paid at 25% of the members benefit, up to a maximum of £25,000.

We've included terms to highlight our approach to assessing claims for Child benefit. This now reads;

If an insured condition definition refers to a diagnosis based on a medical examination that, in the opinion of our Medical Officer(s), cannot be reliably applied to a child due to their age, we may consider alternative testing. The alternative testing used must, in the opinion of our Medical Officer(s), be reasonable and appropriate to the insured condition definition in this policy.

The inclusion of this term means that we'll consider alternative testing where a test which would normally be applied for an adult can't be used for a child.

iii. Changes introduced by the 05-25 policy terms for all our Group Critical Illness Cover products

What we've changed	What this means
We've updated the definition of cancer second and subsequent – <u>new and unrelated cancer</u>. This now reads: Cancer second and subsequent – <u>new and unrelated cancer</u> A diagnosis that meets the definition under cancer, for an insured person who has previously met this insured condition, but which is not excluded by the pre-existing conditions exclusion due to the following statements being true: - The insured person has been treatment free for a period of five years from the date of the most recent previous diagnosis of cancer, and - There is no evidence, confirmed by appropriate up-to-date investigations and tests, of any continuing presence, reoccurrence or spread of previous cancer, and - The new cancer: - affects an organ that is physically and anatomically separate to any previous cancer and is not histologically or immunologically related. For paired organs, such as the breasts, testicles, kidneys, lungs, ovaries or eyes, a new cancer will be considered distinct if it occurs in the opposite organ and is histologically or immunologically unrelated to any previous cancer, or - for haematological cancer, the new cancer is categorised or divided according to defined cell characteristics in a distinctly different manner to any previous cancer. Treatment includes immunotherapy, chemotherapy, radiotherapy, monoclonal antibody therapy, invasive or non-invasive surgery, or other targeted drug therapies aimed at controlling or eradicating cancer, even when used in maintenance settings to prevent progression. This does not include long-term hormone-based maintenance therapies, which are designed to reduce the risk of recurrence rather than actively treat cancer.	The new definition of this 'core condition' is updated. The new definition: – Improves clarity about cancers in paired organs, such as eyes or lungs. If a person has previously had cancer in one of the paired organs, we will consider a claim for a cancer in the other organ if it is new and unrelated. – Recognises developments in treatments and therapies.

What we've changed

We have extended the definition for Coronary artery bypass grafts -with surgery to divide the breastbone.
This now reads:

Coronary artery by-pass grafts – with large surgical incision through the chest wall or breastbone

The undergoing of thoracotomy (surgery making a large incision in the chest wall) or median sternotomy (surgery to divide the breastbone) on the advice of a **consultant** cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

For the above definition, the following is not covered:

- any other surgical procedure or treatment.

What this means

The definition of this '**core condition**' is extended to allow for circumstances where a thoracotomy (a large incision in the chest wall) is needed to deliver the by-pass graft surgery.

We've extended the definition for motor neurone disease – resulting in permanent symptoms. **This now reads:**

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a **consultant** neurologist:

- amyotrophic lateral sclerosis (ALS);
- primary lateral sclerosis (PLS);
- progressive bulbar palsy (PBP);
- progressive muscular atrophy (PMA); or
- spinal muscular atrophy (SMA).

There must also be **permanent** clinical impairment of motor function.

The definition of this '**core condition**' is extended to allow for spinal muscular atrophy (SMA).

We've updated the definition for Multiple Sclerosis – with current clinical impairment. **This now reads:**

Multiple Sclerosis – with current clinical impairment

A definite diagnosis of multiple sclerosis by a **consultant** neurologist. There must be current clinical impairment of motor or sensory function caused by multiple sclerosis.

The definition of this '**core condition**' is updated for improved diagnostic techniques. It removes the need for clinical impairment of motor or sensory functions sensory functions to have persisted for six continuous months.

What we've changed	What this means
We've added new Systemic lupus erythematosus to the list of 'core conditions', which is defined as follows: Systemic lupus erythematosus – <u>resulting in permanent symptoms</u> A definite diagnosis of Systemic Lupus Erythematosus by a consultant rheumatologist resulting in either of the following: i. permanent neurological deficit with persisting clinical symptoms; or ii. the permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.	All our critical illness cover policies insure a list of 'core conditions'. We've extended this list to include cover for an extra condition called systemic lupus erythematosus.
We have changed the insured condition name for angioplasty to coronary angioplasty – <u>to treat specific conditions of specified severity</u>.	We've updated the condition name for clarity. It's definition and the associated cover remains unchanged.
We have changed the name and extended the definition for heart valve replacement/repair – <u>with surgery to divide the breastbone</u>. This now reads: Heart valve replacement/repair – <u>requiring surgery</u> The undergoing of surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.	This 'additional condition' now allows for additional surgical techniques. This condition can now be met without the breastbone being divided as part of the surgery.
We've added Primary pulmonary arterial hypertension to the list of 'additional conditions', which is defined as follows: Primary pulmonary arterial hypertension – <u>of specified severity</u> A definite diagnosis of pulmonary hypertension. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classifications of functional capacity. Heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness, or chest pain. For the above definition: Primary pulmonary arterial hypertension secondary to another cause or other types of hypertension are not covered.	If you've chosen to insure the list of 'additional conditions', we've extended this list to include cover for an extra condition called primary pulmonary arterial hypertension.

What we've changed

We have updated the definition for rheumatoid Arthritis - of specified severity. This now reads:

Rheumatoid Arthritis arthritis – of specified severity

A definite diagnosis by a **consultant** rheumatologist of rheumatoid arthritis, with evidence of widespread joint destruction and deformity of at least three major joint groups (such as shoulders, elbows, hips, knees, wrists and hands), which results in **permanent** inability to perform at least three of the four following criteria:

- Bending - The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard saloon car
- Dexterity - The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil
- Lifting - The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase
- Mobility - The inability to walk a distance of 200 meters on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort

The symptoms must have been present for at least six months before a claim can be submitted and in the opinion of our Medical Officer(s) all appropriate treatments such as disease modifying agents have been prescribed for at least six months.

What this means

The new definition of this '**additional condition**' improves clarity by providing more detail about the factors we consider when assessing the severity of **rheumatoid arthritis** for a claim.

We've extended the total and permanent disability cover options to include a new '**suited occupation**' option.

Existing cover is unchanged by the inclusion of this new cover option.

Cover for **total and permanent disability** is only available if the list of '**additional conditions**' is also insured. There are different **total permanent disability** cover options to choose from including one that checks a person's ability to follow **any occupation** and a more expensive option that checks a person's ability to follow their **own occupation**.

What we've changed	What this means
We've updated the pre-existing conditions exclusion and the related conditions exclusion to: – Permit yearly increases in scheme earnings of up 7% without applying these exclusions to any resulting increase in benefit. – Allow for updates to the insured conditions, including how similar insured conditions are grouped together when we apply these exclusions. – Improve clarity. We've made small changes and additional information to help make the exclusions easier to understand. Our policy terms include full details of the exclusions.	The list of options is extended to include a new option that checks a person's ability to perform a suited occupation, which considered their knowledge, training, and experience. Further details of this new cover option are available in the technical guide and policy terms. Please contact us if you'd like a quote for this new option. It's important for us to clearly describe what isn't covered by the policy. The updates to our exclusion terms to better describe how our exclusions work, and what we may consider when determining if a person has a pre-existing condition before cover started. They also allow for the updates to the insured conditions. Cover may continue to be provided for an insured person after they have met an insured condition definition, however our pre-existing conditions exclusion prevents them from claiming for the same condition again, or a similar one. Our policy groups similar conditions within the exclusion. We've also reviewed and updated the lists of similar conditions. If the policy benefits are worked out using a person's scheme earnings, provided these earnings don't increase by more than 7% each year, we'll now allow associated cover to increase without the exclusions applying to the increase. Full details of these terms are included in the exclusions section of our policy terms.

iv. Changes introduced by the 05-25 policy terms for our Voluntary Critical Illness Cover product

What we've changed

An eligible person on parental leave can now start or increase cover from a **flex date**.

An eligible person absent for any other reason can increase cover for their **spouse, civil partner, or unmarried partner** at a **flex date** (where the policy allows cover for these individuals).

We've extended the opportunity for a person to select cover when they first meet the eligibility conditions. The terms now allow them to delay this initial decision and consider starting cover from either of the two **monthly accounting dates** following the day they first meet the eligibility conditions.

What this means

Our previous terms prevented a person from starting or increasing their chosen benefits if they were temporarily absent for any reason.

The new terms introduce opportunities to increase cover during parental leave. If an eligible person is absent for another reason, they may have an opportunity to increase cover for their partner, but not themselves.

These new opportunities to start or increase cover are only from **flex dates**, which are confirmed within your policy schedule.

When applying these terms, we do not consider normal annual leave for holidays as a period of absence. You may wish to carefully control these opportunities if you normally collect premium costs from earnings, and these have reduced or stopped during the absence.

We've updated our terms to reflect our practice of allowing new employees a reasonable time to consider if they wish to select cover, and how much is appropriate for their needs.

Our policy schedule terms also explain the further opportunities for employees have to start, change or end cover.

v. Changes introduced by the 09-23 policy terms for our Group Critical Illness products

We've summarised the changes in the table below.

What we've changed	What this means
We've updated the insured condition definition for Cancer to read: Cancer (including Hodgkin's Disease) – <u>excluding less advanced cases</u> Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma, and lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas and sarcomas). For this definition of cancer, the following are not covered: - All cancers which are histologically classified as any of the following: • pre-malignant; • cancer in situ; • having borderline malignancy; or • having low malignant potential; - All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate). - All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0. - Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin). - All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas). - All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0. - Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above. - Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.	The new definition is in line with the latest minimum standards recommended by the Association of British insurers (ABI). The updates reflect the latest diagnostic techniques, and help provide clear expectations of the scope and limitations of what we cover

What we've changed

We've updated the insured condition definition for Heart Attack to read:

Heart Attack – of specified severity

A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- i. Typical clinical symptoms (for example, characteristic chest pain).
- ii. New characteristic electrocardiographic changes or new diagnostic imaging changes.
- iii. The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
 - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L) – Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- i. Myocardial injury without myocardial infarction.
- ii. Angina without myocardial infarction.

What this means

The new definition is in line with the latest minimum standards recommended by the Association of British insurers (ABI).

The updates reflect the latest diagnostic techniques, and help provide clear expectations of the scope and limitations of what we cover.

We've combined the Alzheimer's Disease and Pre-senile Dementia into a single insured condition called Dementia, which is defined as follows:

Dementia (including Alzheimer's Disease) – of specified severity

A definite diagnosis of Dementia, including Alzheimer's disease, by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing.

There must be permanent cognitive dysfunction with progressive deterioration in the ability to do all of the following:

- i. remember
- ii. reason and
- iii. perceive, understand, express and give effect to ideas

For the above definition, the following are not covered:

- i. Mild cognitive Impairment (MCI)

The new definitions is in line with the latest minimum standards recommended by the Association of British insurers (ABI).

Combining Alzheimer's Disease and Pre-Senile Dementia into a single Dementia definition simplifies the policy and claims process without reducing the scope of cover.

Policy terms update

What we've changed

We've updated our pre-existing conditions exclusion to improve clarity

Full details of our exclusion clauses can be found under Part 3 of our policy terms.

What this means

It's important for us to clearly describe what isn't covered by the policy.

The updates to our exclusion terms to better describe how our exclusions work, and what we may consider when determining if a person has a pre-existing condition before cover started.

Cover may continue to be provided for an insured person after they have met an insured condition definition, however our pre-existing conditions exclusion prevents them from claiming for the same condition again, or a similar one. Our policy lists similar conditions within the exclusion. We've reviewed and updated the list of lung conditions to include cystic fibrosis, and created a new list for bone marrow conditions.

We've updated the following definition and will start listing participating employers in your policy schedule:

Participating employer

Means an employer who is included under this policy and is shown in the schedule.

If you've asked to us to cover people working for a subsidiary or associated business, we'll list these businesses as participating employers in your next policy schedule. Please tell us if you need to make any changes.

We've replaced our financial crime risk management paragraph with the following:

Financial Crime Risk Management

If **we** believe that the provision of this **policy** involves and/or exposes us to a risk of **Financial Crime** beyond a level that **we** consider is reasonable, **we** will reserve the right to take one or more of the following steps:

- i. cancel this **policy**; and/or
- ii. stop payment of any **benefit**; and/or
- iii. take other reasonable action **we** consider is reasonable in all the circumstances, such as, but not limited to, excluding any person from cover under this **policy**.

We've updated our financial crime management terms to include more detail about:

- i. The laws and regulations we follow
- ii. The actions we may take if we identify a financial crime risk
- iii. Our commitment to helping prevent all types financial crime

What we've changed

We may also take these actions in light of laws, regulations, **Sanctions programs**, international guidance or demands from any authorities (including, but not limited to governmental bodies and regulatory enforcement authorities), whether relating to **Financial Crime** risk management activity or otherwise.

In addition to the above, this **policy** shall at all times exclude cover and **we** shall not be liable to pay (or continue to pay) any **benefit** under this **policy** to the extent that the provision of such cover or payment of such **benefit** would expose us to the risk of any sanction, prohibition or restriction under or in relation to any **Sanctions Program**.

This is supported by the following new definitions:

Financial crime Means **sanctions exposures**; money laundering and terrorist financing, fraud (internal and external), bribery and corruption, facilitation of tax evasion, and insider dealing and market abuse.

Sanctions Exposures

Means the contravention of or the risk of any other sanction, restriction, or adverse measure pursuant to any **Sanctions Program**. **Sanctions Program**

Means any national or international sanctions laws and regulations enacted by the United Kingdom, United States of America, the European Union or the United Nations, and such other sanctions laws and regulations enacted by any other country or body that we consider, from time to time and at our absolute discretion, would exposes us to any risk beyond a level that we consider to be reasonable.

We've updated the State pension age definition

State pension age

Means the age at which an **insured member** will start to receive their state pension from the UK Government. If an **insured member** isn't entitled to receive a state pension from the UK Government, it's the date they would have received it if they were eligible.

What this means

Our old **state pension age** definition was written as the later of a person's 65th birthday and their UK state pension age. We've tidied the definition because current and future UK state pension ages are above a person's 65th birthday.

4. Group income protection

Updates to Group Income Protection cover options

i. Our new policy terms

Find full details of our latest group income protection policies in our technical guides (05/25).

An **insured member** needs to be **actively at work** before we'll start covering the policy terms improvements in respect of them. '**Actively at work**' means a person is in full active employment, and physically and mentally able to perform all the duties associated with their normal job on the day the cover is due to start.

We'll assess all Group Income Protection claims based on the policy terms in force at the start of the **deferred period**.

Policy name	Policy code	Policy terms hyperlink
Group Income Protection	GIP 05/25	https://group-protection.legalandgeneral.com/asset/498936/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4198-gip-policy-terms-0525.pdf
Partners' and LLP Members' Group Income Protection	PGIP 05/25	https://group-protection.legalandgeneral.com/asset/498936/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/bh4198-gip-policy-terms-0525.pdf
Flexible Group Income Protection	FLEX GIP 08/25	https://group-protection.legalandgeneral.com/asset/4a2651/globalassets/adviser/workplace/group-protection/product-technical-policy-documents/fgip-08-25-policy-terms.pdf

ii. Changes introduced by the 05/25 and 08/25 policy terms

Our new 05/25 and 08/25 policy terms allow us to cover employees, equity partners and LLP members together under a single standard or flexible policy. Previously for our standard product we used separate policy terms for these different groups. While this hasn't changed the terms that apply to your cover, it offers you future flexibility. For example, you can now ask us to add cover for equity partners to a policy that covers employees which will simplify admin.

If you insure employees, equity partners and LLP members under separate policies with us, where appropriate, we'll look for opportunities to simplify your set up by combining policies. We'll write to you in advance if we do, usually ahead of your rate review.

Additionally, we've included extra detail within the policy terms to improve clarity. For example, where some terms could have been viewed as allowing us discretion to decline claims, we've removed some of this discretion by confirming our practice.

iii. Cover up to State Pension Age

What we've changed

Benefit termination date

If your insured benefit termination date is less than 68 years, we will replace this with an employee's **state pension age**.

State pension age means in respect of the **insured member**, the later of their:

- i. state pension age or state pension date shown in the **state pension age vintage table**; and
- ii. 65th birthday.

What this means

We understand an exemption within relevant age discrimination law allows employers to stop insured group risk benefits for employees at the later of reaching age 65, or their UK state pension age. Stopping benefits sooner may cause an age discrimination problem for an employer, even if they choose to self-insure the difference. This is because the exemption may not apply if it is not being followed exactly. The UK state pension age is regularly reviewed, and many younger employees will not expect to receive their state pension until their 68th birthday.

We will not change your insured benefit termination date if it's 68 years or higher. If you wish to consider a different benefit termination date, you need to tell us before your current unit rate or premium rates expire.

A legal adviser can help you understand how discrimination law affects the employee benefits you provide. We strongly suggest you talk to your legal adviser if you're considering different options, for example relying on an objective justification to stop the benefits at a different time.

Policy terms update

iv. Changes introduced by the 09-23 policy terms for our main Group Income Protection product

Only one of our group income protection products was updated to 09-23 policy terms. The table in section 2 i. confirms the product type with 09-23 terms. We'll tell you if your policy will be updated to the 09-23 terms by giving written notice of this ahead of the policy's rate guarantee expiry or confirming this as part of our terms for a change you've requested.

The 09-23 policy terms also include all the changes shown for the 04-22 terms shown below in section 2iii. We've summarised the other changes in the table below.

What we've changed

We've reduced the minimum number of insured employees needed to maintain the policy with the following term:

If the total number of people insured under this **policy** and any **associated policy** is fewer than three, **we** can cancel this **policy** or change its terms by giving **you** at least six months' written notice.

If you've appointed an intermediary to act on your behalf, for example a financial adviser, their use of our available online services to administer the policy may be reflected in the terms we offer. We've added the following term:

If **you** have appointed an intermediary who chooses to use **our** available online administration services to set up or maintain the **policy**, **we** may recognise this in **our** terms for cover. For example, including a discount when **we** work out a new **unit rate** or a higher **free limit**.

The **policy** describes the times and circumstances when **we** can change its **unit rate**, **free limit** and terms. At these times **we** will review **your** intermediary's use of the online administration services available for the **policy**. If **your** intermediary has started or stopped using the online services, **we** may allow for this in the **unit rate**, **free limit** and terms **we** confirm for ongoing cover.

What this means

We've reduced the number of employees the policy needs to insure from five to three.

We may still choose to continue cover if the policy insures fewer than three employees. However if we choose to cancel the policy because of its size, we now need to tell you at least six months in advance, instead of 30 days in advance under our older terms.

We're encouraging the use of ONIX, our online platform that financial advisers can access to set up policies and complete some policy administration.

If you have appointed an adviser who continues to use the available ONIX services to maintain your policy, we may recognise this each time we review the unit rate and terms for cover. For example, by offering, or continuing to offer, a reduced unit rate or enhanced free limit.

The new term was included to explain that ONIX usage is a factor in our assessment of the unit rate and policy terms, and doesn't give us any additional policy rights.

What we've changed	What this means
We've extended the disabled member definition for clarity: Disabled member Means an insured member who at any time: i. is incapacitated by an illness or injury, and ii. meets the incapacity definition, and iii. is not engaged in any other occupation, other than one which causes payment of a partial benefit in accordance with Part 3, Section 7 of this policy. For avoidance of doubt, an insured member is not a disabled member if they are absent because of: i. Workplace issues; including an employer's failure to make reasonable adjustments, disputes between the insured member and their employer, or employer demands. ii. Lifestyle choices; including taking time off to care for family or a dependant.	The extended definition provides clarification on the scope of the policy and doesn't change the way we assess claims. Group Income Protection provides financial protection from the risk of illnesses or injuries that meet the insured incapacity definition causing long term absence from work. We've extended the definition to explain that absences for other reasons aren't insured.

v. Changes introduced by the 04-22 policy terms for all Group Income Protection products

We've shown changes to our standard Group Income Protection policy terms below. Our Partners' and Flex Group Income Protection policy terms include the same changes, with small variations in the text for context.

Policy terms update

We've updated the following definition:

We've updated the last line of our deferred period definition to better describe the separate absences that may be linked to form the deferred period. This definition now reads:

Deferred period

Means for each **insured member** the period of consecutive weeks shown for the relevant **category** in the **schedule** starting with the first day that he was:

- unable to work;
- only able to work reduced hours; or
- only able to work in a reduced capacity;

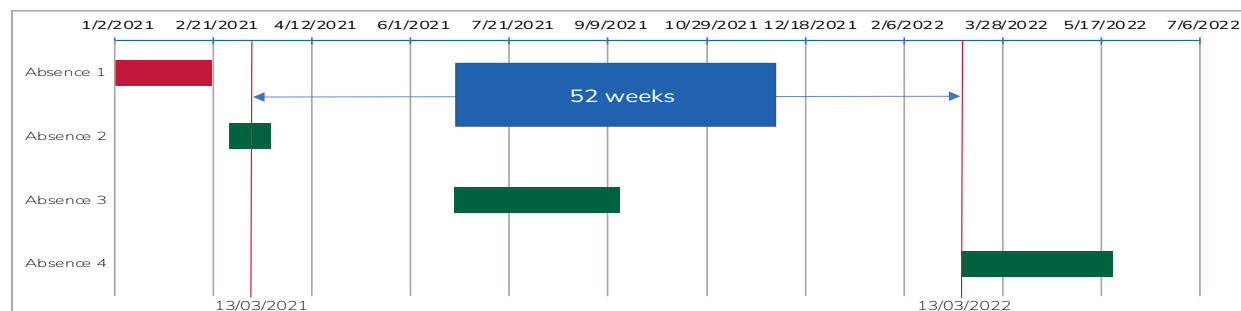
because of an injury or illness that resulted in him becoming a **disabled member**.

If a **disabled member** returns to work during the deferred period, but becomes unable to work again because of his injury or illness, **we** will link the separate periods of absence together as long as:

- each absence is for at least five consecutive working days;
- each absence is because of the same or a related injury or illness; and
- the last day of all previous absences are within 52 weeks of the first day of the latest absence.

Separate absences of five days or more for the same or related reason may be linked together to form the deferred period. The deferred period will add up all such absences that ended within 52 weeks of the last absence that resulted in a claim starting.

For example, an employee insured for a 26 week deferred period was absent for the same illness on four separate occasions:



Absence	Start date	End date	Weeks of absence	Counts towards the deferred period?
1	02/01/2021	20/02/2021	7	No
2	01/03/2021	22/03/2021	3	Yes
3	26/06/2021	15/09/2021	12	Yes
4	13/03/2022	29/05/2022	11	Yes

Linked claims

If a person who has received benefit returns to work however goes absent again for the same or a related condition within 52 weeks, we can consider it a linked claim and restart benefit payments. The following update to Part 3 Section 6 confirms when you tell us about these linked claims.

You need to notify **us** of such subsequent absence within four weeks. If **you** tell **us** after a period equal to the **deferred period** has elapsed since the **disabled member's** absence recommenced:

- i. **We** will not restart the **benefit** payments described in this Section.
- ii. **You** may submit a new separate claim for **benefit** if they remain an **insured member**.
For avoidance of doubt, in these circumstances the time limits and format for new claim notifications described in Part 3 Section 2 will apply.

We've updated the following definition and will start listing participating employers in your policy schedule:

Participating employer

Means an employer who is included under this policy and is shown in the schedule

We can quickly restart payments for a linked claim if you tell us of the latest absence within four weeks. If the person has completed a new deferred period before you tell us, the linked claim terms won't apply and we'll treat the latest absence as a new separate claim.

If you've asked to us to cover people working for a subsidiary or associated business, we'll list these businesses as participating employers in your next policy schedule. Please tell us you need any changes.

Policy terms update

We've replaced our financial crime risk management paragraph with the following:

Financial Crime Risk Management

If **we** believe that the provision of this **policy** involves and/or exposes us to a risk of **Financial Crime** beyond a level that **we** consider is reasonable, **we** will reserve the right to take one or more of the following steps:

- i. cancel this **policy**; and/or
- ii. stop payment of any **benefit**; and/or
- iii. take other reasonable action **we** consider is reasonable in all the circumstances, such as, but not limited to, excluding any person from cover under this **policy**.

We may also take these actions in light of laws, regulations, **Sanctions programs**, international guidance or demands from any authorities (including, but not limited to governmental bodies and regulatory enforcement authorities), whether relating to **Financial Crime** risk management activity or otherwise.

In addition to the above, this **policy** shall at all times exclude cover and **we** shall not be liable to pay (or continue to pay) any **benefit** under this **policy** to the extent that the provision of such cover or payment of such **benefit** would expose us to the risk of any sanction, prohibition or restriction under or in relation to any **Sanctions Program**.

This is supported by the following new definitions:

Financial crime

Means **sanctions exposures**;

money laundering and terrorist financing, fraud (internal and external), bribery and corruption, facilitation of tax evasion, and insider dealing and market abuse.

We've updated our financial crime management terms to include more detail about:

- The laws and regulations we follow
- The actions we may take if we identify a financial crime risk
- Our commitment to helping prevent all types financial crime

Sanctions Exposures

Means the contravention of or the risk of any other sanction, restriction, or adverse measure pursuant to any **Sanctions Program**

Sanctions Program

Means any national or international sanctions laws and regulations enacted by the United Kingdom, United States of America, the European Union or the United Nations, and such other sanctions laws and regulations enacted by any other country or body that we consider, from time to time and at our absolute discretion, would exposes us to any risk beyond a level that we consider to be reasonable

vi. Changes introduced by the 04-22 policy terms for our Partners' Group Income Protection product

Our Partners Group Income Protection policy terms include the same changes as above plus the following:

What we've changed	What this means
We've expanded paragraph 4 on page 3 confirming who we pay benefit to Subject to the terms of this policy, we will pay benefit when it becomes due to: i. the disabled member if they have a UK bank account; or ii. you if the disabled member doesn't have a UK bank account. Alternatively, we may at our complete discretion agree to a written instruction from you to pay benefit to a disabled member's overseas bank account.	We normally pay benefit direct to the insured partner or LLP member, however if they don't have a UK bank account, we will pay it to the firm. We can't always pay benefit to an overseas bank account but if you ask us we can check if this is possible.

Contact us



legalandgeneral.com/workplacebenefits/employers/protection/

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