

Insurance Services



Co-op Life Cover with optional Serious Illness Cover

Terms and Conditions

Co-op Life Cover from Co-op Insurance Services is provided, underwritten and administered by The Royal London Mutual Insurance Society Limited.

coop.co.uk/life



Contents

1. Welcome to Co-op Life Cover	4
Your demands and needs	4
Our agreement with you	4
Who can take out this policy?.....	5
Please make sure that we have the right details	5
2. How does my Life Cover work?	6
Types of Life Cover	6
Terminal illness	7
What's not covered	8
3. How does optional Serious Illness Cover work?	8
What's covered?	9
Serious Illnesses covered by Serious Illness Cover	9
4. How to make a claim	14
What happens next?	14
Who do we pay the claim to?.....	15
How we pay the claim	16
If this policy has been placed in trust	16
If this policy has been assigned to someone else	16
Will claim payments be taxed?.....	17

5. How do I pay for my policy?	17
What happens if I miss a payment or stop paying?	17
Payment holiday	18
6. Making changes	18
Changes we need to know about	18
How we can make changes.....	20
7. How to complain	21
Financial Ombudsman Service contact details.....	21
8. Cancelling your policy	21
Cancelling optional Serious Illness Cover	22
Cancelling within 30 days	22
Cancelling after 30 days.....	22
9. How is my policy protected?	22
10. Royal London's financial situation	22

1. Welcome to Co-op Life Cover

Co-op Life Cover from Co-op Insurance Services is a contract between you and The Royal London Mutual Insurance Society Limited, the provider of this product.

Co-op Insurance Services have introduced you to Royal London and will receive a single commission payment at the start of this policy. The amount of commission that Co-op Insurance Services receive is a fixed percentage of the total payments you make to Royal London in one year.

These terms and conditions contain the details of your Co-op Life Cover, and outline your relationship with Royal London. Please keep this booklet in a safe place as you may need it in the future.

Your demands and needs

We can only give you facts, not personalised advice. You need to use this information to decide if this policy is suitable for you.

This policy meets your demands and needs if you want cover if you die or are diagnosed with a terminal illness during the length of your policy. You want to make sure that a single amount of money is paid out.

If chosen, the optional Serious Illness Cover meets your demands and needs if you want cover for a serious illness. You want to receive a single amount of money, if you are diagnosed with one of six defined serious illnesses during the length of your policy.

Our agreement with you

When we talk about your 'Life Cover' in this booklet, we mean your Co-op Life Cover.

 You may also be able to take out Serious Illness Cover when you take out Life Cover. This provides you with cover for the six medical conditions listed on page 10.

Wherever we say 'you' or 'your' in this booklet, we mean the person who is covered by this policy, who is also known as the 'policyholder'.

Wherever we say 'we', 'us' or 'our', we mean The Royal London Mutual Insurance Society Limited, which we'll refer to just as Royal London.

 Your policy schedule, the information that you provided in your application and these terms and conditions (including any changes) make up your legal agreement with Royal London. Your policy schedule is sent to you when you take out a policy and if your policy is amended. Full information on making changes can be found on page 18.

Your policy schedule contains the details of your cover. It will show you the type of Life Cover you hold, and whether you have Serious Illness Cover.

 Your policy has no cash value, meaning that you can't trade it in for money at any time. Your policy will only pay out if a valid claim is made while you are covered by the policy.

It will show the amount you pay us each month and what we'll pay for claims. It will also show you the start and end dates of your policy, which can last for between 5 and 50 years.

Royal London is a mutual insurance company, which means it is owned by some of its customers. These people are our members. Purchasing Co-op Life Cover does not make you a member of Royal London.

Whenever we communicate with you, it will always be in English.

Who can take out this policy?

To take out a Life Cover policy, you must be between 18 and 70 years old (inclusive) and a UK resident. You cannot be a member of the Armed Forces, Territorial Army or Reservists when you take out a policy. But we wouldn't cancel a policy if you later become a member of any of these.

Please make sure that we have the right details

You must take care to make sure that any information you give us is correct and accurate to the best of your knowledge and belief. You need to check your policy schedule when you receive it. If you spot any errors, or have any questions about your policy, please call us on **0345 268 6081** as soon as you can.

We use the details you give us to work out if we can provide you cover. If you carelessly give us wrong or inaccurate information, and this affects the cover we offer you, we may make changes to your policy. This could mean we reduce the payout amount. We may also cancel either the policy or Serious Illness Cover if you have it. If we cancel either of these, we wouldn't pay any claims, but we'd refund any monthly payments you'd made for the cancelled cover. If you weren't eligible for a policy, but we let you take one out because you carelessly gave us the wrong information we may cancel the policy. We wouldn't pay any claims, but we'd refund any monthly payments you'd made.

If you deliberately or recklessly give us wrong or inaccurate information, and this means we offered you a policy you weren't eligible for, we may cancel your policy. We may also cancel your policy if it affected the cover we offered you. If we cancel your policy for any of these reasons, we wouldn't pay any claims, and we'd keep all monthly payments. By 'recklessly', we mean that you gave us information without caring about whether it was correct or not.

2. How does my Life Cover work?

Your Life Cover pays out an amount of money if you die while the policy is in place and we accept a claim on this policy. We call this the Life Payout. You choose the Life Payout amount when you take out a Life Cover policy. The maximum Life Payout you can have is £500,000.

 It's important to be aware that your Life Payout doesn't increase over time - and may be affected by inflation. This means that the price of things you buy may become more expensive as time goes on, and your Life Payout may be worth less.

 We will also make your Life Payout if you are diagnosed with a terminal illness that meets our definition while your Life Cover is in place. See page 7 for more details on what we mean by a 'terminal illness'.

Once we have paid a claim for Life Cover, including a claim for terminal illness, your policy will end and we'll stop collecting payments.

Types of Life Cover

We offer two types of Life Cover: level cover and decreasing cover. These are explained below. Your policy schedule will show you which type of cover you have.

Level cover

If you have level cover, your Life Payout will stay the same. You can find out the value of your Life Payout by checking your policy schedule.

Decreasing cover

If you have Decreasing Cover, your Life Payout will decrease each month.

Decreasing cover is designed to provide a Life Payout which matches the reducing amount owed on a repayment mortgage with a fixed interest rate of 7%. Your policy schedule shows how much your Life Payout is worth at each policy anniversary.

 Please note that if a repayment mortgage rate rises above 7% the Life Payout may not be enough to pay off the entire mortgage. The Life Payout may also not be enough to pay off the entire mortgage if your mortgage length or amount changes. This cover is not directly linked to your mortgage. It's important that you review your cover regularly to make sure it still meets your needs.

The length of your policy can only be in whole years. You can't, for example, have a policy which is 10 years and 6 months long.

Terminal illness

If you're diagnosed with a terminal illness that meets our definition (see below) while your policy is in place, we'll make your Life Payout. When we say 'terminal illness', we mean an illness which has no known cure, or has progressed to the point where it cannot be cured. The Consultant (a specific type of medical specialist) treating you for your terminal illness must hold the medical opinion that you have 12 months or less to live.

The Consultant must specialise in a field relating to the illness being claimed for. And they must either be employed at a hospital in the UK, or have comparable qualifications outside the UK.

Our Chief Medical Officer must accept the medical opinion of the Consultant before we will pay a claim. We refer to this as the 'terminal illness definition'.

If you have level Life Cover, we'll pay your Life Payout when you meet our definition of terminal illness.

If you have decreasing Life Cover, we'll calculate what to pay you for a terminal illness claim using the date you met our definition. Not the date we pay the claim.

Once we have paid or are paying a claim for a terminal illness, your policy will end. Your Serious Illness Cover will also end.

What's not covered

Suicide in the first year

During the first year of your policy, which begins on the start date shown on your policy schedule, we won't pay a claim for suicide. We also wouldn't pay a claim if your death is a result of your own intentional actions. This would include if you attempt suicide and survive, but later die from complications relating to your attempt. This would also apply in the first year of your policy were you to suffer a terminal illness as a result of your own intentional actions.

We will, using our reasonable opinion, decide the most likely cause of death or terminal illness and decide whether to pay a claim. We won't necessarily rely on what is shown on a death certificate or coroner's report - or an equivalent of these.

If we reasonably believed you'd died or suffered a terminal illness as a result of your own intentional actions, we would cancel the policy and not pay any claim. We also wouldn't refund any payments you had made to us.

3. How does optional Serious Illness Cover work?

Serious Illness Cover is an optional cover. You'll pay an additional premium for Serious Illness Cover and this will be included in your monthly payment. Your policy schedule will show you if you have this cover.

With Serious Illness Cover, you're covered if you develop one of the illnesses described in this section, and meet the relevant medical definition while your policy is in place. To be eligible to claim, you must survive for 30 days from the date you meet the relevant medical definition. You can find our medical definitions in this section.

 If you have Serious Illness Cover, you also automatically have Children's Cover - see page 13.

If you choose Serious Illness Cover, you'll also choose the amount of cover you have when you take out a policy. We call this the Serious Illness Payout. Your policy schedule will show your Serious Illness Payout. Your Serious Illness Payout can't be less than £1,000, and the maximum amount of cover you can have depends on your age.

Age	Serious Illness Payout up to
18 - 44	£350,000
45 - 49	£275,000
50 - 70	£125,000

Serious Illness Cover will remain in place until the end date shown on your policy schedule, unless we pay a Life Cover claim before this date. If we make your Serious Illness Payout, your Serious Illness Cover will end - but your Life Cover will continue, and you must carry on making monthly payments.

However, your monthly payments will reduce if we make your Serious Illness Payout, as you'll no longer be paying for Serious Illness Cover. We'll tell you at the time how much you'll pay from that point.

Your Serious Illness Payout won't change over time, and will be paid as a single payout.

What's covered?

 There are six types of serious illness which are covered, and these are explained in the section on page 10. To be clear, we won't pay all claims if you're diagnosed with one of these conditions. You need to meet our medical criteria while the policy is in place - these are explained in the section on page 10.

Our full definitions contain some medical terms. If you're unsure whether you meet our definition, you may want to take this booklet to your doctor, or call us on **0345 268 6081**.

Serious Illnesses covered by Serious Illness Cover

There are six types of serious illnesses covered:

- **CANCER - but not early stage cases**
- **HEART ATTACK - where your heart becomes less efficient as a pump**
- **STROKE - which causes permanent damage to your nervous system**
- **MULTIPLE SCLEROSIS - with persisting symptoms**
- **BENIGN BRAIN TUMOUR - requiring treatment or causing permanent damage to your nervous system**
- **DEMENTIA - resulting in permanent symptoms**

Having one of these conditions doesn't mean we'll automatically pay a claim. As we've explained on page 9, your condition will need to meet one of our medical definitions while the policy is in place before we'll pay a claim.

You must survive for 30 days from the point your condition meets the relevant medical definition before we'll pay a claim.

Serious Illness Cover: Medical Definitions

We need to be very specific about what is and isn't covered by Serious Illness Cover, which means that we use some medical terms in our definitions. We have also explained them in plain English to help you understand what is covered.

 This explanatory text is contained in the boxes below the medical definitions. It does not change or replace the medical definitions that have to be met.

All medical conditions covered by this policy will be diagnosed using the recognised UK standards which are in place at the time a claim made. This means your cover will keep up to date with new medical knowledge and practices as these develop.

CANCER - but not early stage cases

Cancer that has progressed to at least pathological TNM classification equivalent of stage 2 as diagnosed by an oncologist or pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.

The following will not be paid under this definition:

- Small cancers that are only present in the organ in which they started;
- Benign tumours; and
- All cancer of the skin except cancerous moles (melanoma) that have spread beyond the skin.

 *Not all cancers are the same. The TNM classification of cancer staging describes the severity of an individual's cancer. This is based on the size of the original tumour as well as the extent to which the cancer has spread through the body.*

*Some cancers are classed as early stage or less advanced. They are more easily treatable and less likely to invade tissue and spread to other areas of the body. **These are not covered by this policy.***

*Cancers that have progressed to stage 2 and beyond are typically larger in size and may have started to spread to other parts of the body. They are likely to have a larger impact on an individual life and are usually treated with a combination of surgery, radiotherapy, chemotherapy and other drug therapies. **These are covered by this policy.***

HEART ATTACK - where your heart becomes less efficient as a pump

A heart attack diagnosed by a consultant cardiologist, which has resulted in the permanent reduction of the heart's efficiency as a pump. The reduction in efficiency is measured by ejection fraction at least one month after the heart attack. The ejection fraction must be 45% or less.

 *Some heart attacks are more severe than others and will have a longer lasting impact on an individual's health and wellbeing. The ejection fraction is an important measurement in determining how well your heart is pumping. It can be used to determine the impact after a heart attack.*

Damage to the muscle of the heart sustained during a heart attack impairs the heart's ability to pump blood and therefore reduces the ejection fraction.

*Normal ejection fraction levels are at 50% and above. **This policy will pay out if as a result of the heart attack the ejection fraction has reduced to 45% or less.***

STROKE - which causes permanent damage to your nervous system

A stroke diagnosed by an appropriate medical consultant which has resulted in lasting impairment to the nervous system. The lasting impairment is measured using the Modified Rankin Scale at least one month after the stroke. The Modified Rankin Scale must be at level 2 or above.

 *The impact of a stroke depends on its size and where in the brain the stroke takes place. For example, someone who has a small stroke may experience only minor effects such as weakness of an arm or leg. But someone who has a more severe stroke may be left paralysed on one side, lose his or her ability to speak or, in severe cases, die.*

The Modified Rankin Scale is a commonly used and internationally accepted scale for measuring the effects of a stroke. It measures how well a person can carry out daily activities after suffering neurological damage - including from a stroke. 'Neurological damage' means damage to the nervous system, which may include the brain.

This policy pays out when the impact of a stroke is deemed to be to at least level 2 which is defined as having a:

***Slight disability** - Able to look after own affairs without assistance, but unable to carry out all previous activities.*

MULTIPLE SCLEROSIS - with persisting symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist which has resulted in clinical impairment of motor or sensory function.

 *Multiple sclerosis is a disease of the central nervous system. It causes the body's immune system to attack the protective covering (called 'myelin') which surrounds nerve fibres. When this happens, nerve fibres become less efficient at sending information from the brain to the rest of the body.*

The impact of multiple sclerosis can be wide-ranging, affecting any part of the body. Each person with the condition is affected differently. Co-ordination, speech, muscle power and sensation can be affected by multiple sclerosis.

BENIGN BRAIN TUMOUR - requiring treatment or causing permanent damage to your nervous system

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

- Invasive surgery or stereotactic radiosurgery to destroy or remove all or part of the tumour; or
- Chemotherapy treatment to destroy tumour cells; or
- Lasting impairment to the nervous system measured using the Modified Rankin Scale at level 2 or above.

The following will not be paid under this definition:

- Tumours of the pituitary gland.

 *Benign brain tumours don't invade other tissues or spread to other areas of the body. But they can be harmful because they increase pressure in the skull. This can cause permanent brain and nerve damage. There are a number of different treatments for benign brain tumours depending on the position of the tumour and the severity of the symptoms.*

This policy will pay out if you must undergo at least one of specific treatments stated on page 12. Or it will pay out if the tumour is causing a lasting impairment to the nervous system to at least level 2 of the Modified Rankin Scale.

The Modified Rankin Scale is a commonly used and internationally accepted scale for measuring how well a person can carry out daily activities after suffering neurological damage. 'Neurological damage' means damage to the nervous system, which may include the brain.

This policy pays out when the neurological impact of the tumour is deemed to be to at least level 2 which is defined as having a:

Slight disability - Able to look after own affairs without assistance, but unable to carry out all previous activities.

DEMENTIA - resulting in permanent symptoms

A definite diagnosis of dementia, which may include Alzheimer's disease, by a consultant neurologist, psychiatrist or geriatrician. The dementia must result in the permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

 *Dementia is a term used to describe the clinical effects caused by a number of different diseases. All of these diseases affect the brain. They cause a progressive loss of memory and mental ability. This eventually makes it impossible for the affected person to perform even the simplest everyday tasks without help.*

Children's Cover

If you have Serious Illness Cover, you automatically also have Children's Cover. You can't take out Children's Cover as a standalone cover. If your Serious Illness Cover ends, so does Children's Cover.

Children's Cover will pay out if any of your children develop a condition covered by Serious Illness Cover. But we will only pay one claim per child for each policy with Serious Illness Cover that you have in place.

Their condition must meet the relevant medical definition while the policy is in place. See page 10 for our medical definitions. Your child must survive for 30 days from the date their condition meets the relevant medical definition before we'll pay a claim.

All of your natural, step and legally adopted children who are between 30 days and 18 years old are covered automatically by Children's Cover. All other children between 30 days and 18 years old who live with you now or in the future, and are financially dependent on you, are also covered.

If any of your children are in, or start, full-time education (for example, university), they will be covered until they turn 21.

The amount we'll pay out for an accepted Children's Cover claim will always be 25% of your Serious Illness Payout, up to a maximum of £25,000.

For example, if you had £80,000 of Serious Illness Cover, you'd have £20,000 of Children's Cover. If you had £120,000 of Serious Illness Cover, you'd have £25,000 of Children's Cover.

If we pay a Children's Cover claim, your Serious Illness Cover and Life Cover will continue. You must keep making your monthly payments.

What's not covered under Children's Cover

Conditions your child had before they were covered

We won't pay claims for Children's Cover if the symptoms of a covered condition were apparent, or the condition was diagnosed, before you take out a policy.

We also won't pay claims if the symptoms of a covered condition were apparent, or the condition was diagnosed, before the child was covered by this policy.

4. How to make a claim

If the policyholder has died, please call us on **0345 268 6082** to register a claim.

You should also call this number if you have Serious Illness Cover and have developed a covered condition.

We'll then send out a claim form, which needs to be filled in and returned to us.

What happens next?

Death and terminal illness

Once we've received the claim form, we may ask for more information. We won't be able to pay a claim until we've received all the information we need.

Documents we may need to see include:

- Proof of the policyholder's death such as the original death certificate;
- The original birth certificate of the policyholder;
- Evidence of a change of name – for example, a marriage or civil partnership certificate;
- Medical evidence, which may include full medical records.

Depending on the claim, we may need to see other documents. But we'll only ask for things that we reasonably need to approve the claim, such as the policyholder's will or other legal documents.

Serious Illness Cover and Children's Cover claims

For Serious Illness Cover claims, we may need to see any of the documents mentioned above, as well as reasonable proof that your medical condition meets our definition. For example, this might be a medical certificate provided by a specialist in the relevant area of medicine, who works in one of the locations listed on this page.

If you are living or working outside the UK, we may need you to return to one of these locations before we can pay the claim:

The UK, Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, Ireland, Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, USA.

Who do we pay the claim to?

We'll pay the claim to the people who are legally entitled to receive it.

For a Life Cover claim, this is often the policyholder's personal representatives. In the case of a claim for terminal illness, we'll pay the policyholder directly. And if we accept a claim on Serious Illness Cover or Children's Cover, we'll pay the policyholder.

A 'personal representative' is a person in charge of the policyholders' estate. 'Estate' is the term used to describe a person's collective belongings and debts after their death.

We may need to see the original grant of representation (or grant of confirmation in Scotland) before we pay the claim. This is a document issued by a court, which proves who the personal representatives of the estate are.

How we pay the claim

Once we've approved a claim, we'll normally pay the money into a UK bank account within 10 working days. You can also ask us to send a cheque.

If we've received any payments since the death of the policyholder, we'll also refund these when we pay the claim. If we accept a claim for a terminal illness or Serious Illness Cover, we'd refund any payments you'd made for your cover while we were assessing the claim.

And if the payment of the claim, or the return of any additional payments, is delayed by more than two months, we'll add interest to the amount we pay.

The rate we use is the Bank of England base rate minus 0.5% per annum, with a minimum rate of 0.5% per annum. Interest is calculated on a daily basis.

If this policy has been placed in trust

A trust is a legal arrangement which allows a policy to be held by someone else - the 'trustees'. The trustees are chosen by the policyholder.

If you choose to place your policy in trust, you must send a copy of the trust deed to: **Customer Services, PO Box 697, Royal London House, Macclesfield SK10 9AL.**

If your policy is placed in a trust, we'll take instructions from, and pay claims for death to the trustees. But we'll pay claims to the policyholder when a claim is accepted for terminal illness, Serious Illness Cover or Children's Cover.

The trustees would then follow the trust's instructions to distribute the money from a death claim to the people who will benefit from the trust. We'll need to see the original trust deed - which is a document that lays out the rules of the trust - before paying the claim. We'll also need to see any documents which change the trust deed.

If this policy has been assigned to someone else

If this policy has been assigned, we'll pay the claim to the person or organisation which this policy has been assigned to. This can only be done with a deed of assignment. To assign a policy, you must send a notification of the assignment to: **Customer Services, PO Box 697, Royal London House, Macclesfield SK10 9AL.**

We'll need to see the original deed of assignment before paying the claim.

Will claim payments be taxed?

Your Life Payout and Serious Illness Payout will be free from UK income tax and capital gains tax.

However, Life Payouts may form part of your estate when you die - so inheritance tax may have to be paid. Please bear in mind that tax rules may change in the future, which could affect the taxes you pay.

If you're unsure of your tax position you should seek professional advice.

5. How do I pay for my policy?

You must pay for your policy by monthly Direct Debit. It is your responsibility to ensure that all payments are made.

Your monthly payments won't change, unless you choose to reduce your Life Cover, remove any Serious Illness Cover you have, or if we accept a Serious Illness Cover claim. Unless we've agreed otherwise, we'll collect payments each month in advance. We'll collect these until the end date shown on your policy schedule, or until we pay a claim for death - or terminal illness if that is earlier. We'll also stop taking payments if your policy is cancelled.

What happens if I miss a payment or stop paying?

If you miss a payment, you'll have 60 days starting from the date of the missed payment to pay it. If you pay the full amount within this period your policy won't be affected.

If you miss a payment and it is not paid back within these 60 days, then we'll cancel your policy immediately after the end of the 60th day. You won't get a refund, you'll no longer be covered and you won't be able to restart the policy.

If we accepted a claim during this 60-day period, it would be reduced by the amount of any unmade payment.

For example, if the value of your Life Payout was £100,000 and you died during the 60-day period after missing two £30 payments (£60 in total), we'd pay £99,940.

If you're struggling to make payments, please get in touch. You can ask us to reduce your monthly payments or shorten the duration of your policy, but this means we'll reduce your cover in line with this change.

 Please see the section about making changes on page 18 for more information.

Payment holiday

If you'd like to take a break from making your monthly payments, please call us on **0345 268 6081** and we can talk to you about your options. At any time after the first year of your policy, you can ask us for a payment holiday.

Taking a payment holiday means you can have a break of up to six months from making your monthly payments and your policy will still continue. However, you will have to make up all the missed payments at the end of the payment holiday. Or you could choose to reduce your payout amount. If you do this we'll work out how much to reduce your payout amount by. This will depend on how many monthly payments have been missed. We will let you know how much we'll reduce it by before making the change to your payout amount and we'll send you an updated policy schedule. You must restart your monthly payments for your policy to continue after your payment holiday.

You can have a maximum of two payment holidays during the length of your policy but only one payment holiday can be taken within any twelve month period.

If we accept a claim during a payment holiday the payout amount will be reduced by the amount of any unmade monthly payments.

You cannot take out another Co-op Life Cover policy or make any changes to your current policy during a payment holiday.

6. Making changes

If you want to reduce the length of your policy or reduce your monthly payments, you can only do this after the first month of your policy. This is measured from the start date shown on your policy schedule. Please call us on **0345 268 6081**. If you make changes, we'll send you an updated policy schedule to confirm these.

Changes we need to know about

You need to let us know if you change your name, address or bank account. If you leave the UK to live in another country permanently, it could mean that you can't make changes to this policy.

How you can make changes to Life Cover

Reducing the duration of your Life Cover

For example, if you take out a policy which lasts for 25 years, you might later decide to reduce this to 20 years. You can't reduce its length to less than 5 years. If you reduce the duration of your policy, both Life Cover and Serious Illness Cover will end on the new end date shown on your revised policy schedule.

You can choose to reduce the duration of this policy.

You can reduce the duration of your policy more than once, but your monthly payment can't fall below £7 per month. You can't increase the duration of this policy.

Reducing the amount of Life Cover you hold

You can choose to reduce your Life Cover Payout, which will also reduce your monthly payments. If you reduce your Life Cover Payout, this won't affect any Serious Illness Cover you hold.

You can reduce your cover more than once, but your monthly payments can't fall below £7 per month.

How you can make changes to optional Serious Illness Cover

You can remove Serious Illness Cover from your policy, if you have it, and this will reduce your monthly payments. But your monthly payment can't fall below £7 per month. And you can't reduce your Serious Illness Payout once your policy is in place.

You can't add optional Serious Illness Cover to a policy which you've already applied for, or a policy which has already been taken out. However, you may apply for a Life Cover policy with optional Serious Illness Cover.

Can I increase my cover?

You can't increase your Life Cover or Serious Illness Cover. But you may be able to take out further Co-op Life Cover policies.

Any additional Life Cover policy taken out will be subject to the terms and conditions applicable to that policy at the time it was taken out. A copy of the relevant terms and conditions will be provided to you.

How much cover can I have?

The most Life Cover you can have across all Co-op Life Cover policies is £500,000 in total.

If you have decreasing Life Cover, we'll use the cover you had on the start date of the policy to calculate this limit. So if you take out £300,000 of decreasing Life Cover, you could only apply for up to £200,000 of further Life Cover while the first policy is in place.

 The most we'd ever cover you for across all optional Serious Illness Cover you hold depends on your age. Please see the limits on page 9 for more information.

We'll reduce your monthly payments, or if necessary, cancel policies if your cover would exceed these limits. We'd start by reducing or cancelling the most recent policy you had taken out. If we do this, we'll write to you to let you know.

How we can make changes

Our aim is never to make changes to your policy. However, we may have to do so for the following reasons:

- In circumstances beyond our control – such as changes in law, taxation or regulation or where we need to comply with legal or regulatory decisions or recommendations.
- To correct an error where it is reasonable to do so. For example, if something is missing from your policy terms which mean that there is an inconsistency with your policy schedule or the policy summary document.
- To allow for changes in the way we administer life insurance policies where we consider it necessary to do so. For example, where it becomes impractical or impossible for us to provide your policy as is; or if it could result in our customers being treated unfairly.
- Where we want to make a new service or feature available to you, or make a reasonable change that won't be unfavourable to you.

Wherever possible, we'll do our best to give you advance notice before we make a change. If any change is to your disadvantage, we'll aim to tell you in writing 30 days before we make it. If that's not possible, we may have to give you less notice but we will let you know as soon as we reasonably can.

We may send you a letter that sets out the changes to your policy terms, which will also form part of your legal agreement with us. You may hear us call this an 'endorsement letter'.

If we make a change to your policy that you are not happy with, you may cancel your policy.

 This section doesn't affect our ability to make changes to how we handle your personal information. For full details explaining how your personal information will be used see the Co-op Insurance Services and Royal London Privacy Notices.

7. How to complain

We hope that you never have a reason to complain about your policy. If you do, we'd like to put things right. Please contact us using the details below.

If you write to complain, please supply your policy number.

Phone:
0345 268 6083

Email:
customer.relations@royallondon.com

Post:
PO Box 697, Royal London House,
Macclesfield SK10 9AL

We'll do our best to resolve your complaint within eight weeks. If we don't, or if you aren't satisfied with our final response to the complaint, you can then contact the Financial Ombudsman Service.

This is an impartial service. It can examine your complaint and make a legally binding decision on what we should do.

Financial Ombudsman Service contact details

Phone:
0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers)

Post:
The Financial Ombudsman Service,
Exchange Tower, London E14 9SR

Email:
complaint.info@financial-ombudsman.org.uk

Website:
www.financial-ombudsman.org.uk

Using the Financial Ombudsman Service doesn't affect your legal rights.

If you, or your personal representatives, are not happy with the Ombudsman's decision, you may still be able to take legal action against Royal London.

The law of England and Wales applies to this policy. Any legal claims relating to this policy will be heard in the courts of England and Wales.

Only Royal London and you or your personal representatives have the right to enforce any part of this contract.

8. Cancelling your policy

You can cancel your policy at any time by calling **0345 268 6081**. If you cancel your policy, all cover, including any Serious Illness Cover and Children's Cover will end.

Alternatively, you can write to us at:
**Customer Services, PO Box 697,
Royal London House,
Macclesfield SK10 9AL.**

Cancelling optional Serious Illness Cover

If you have optional Serious Illness Cover, you may cancel this without cancelling your Life Cover. But you may not cancel Life Cover and keep your Serious Illness Cover by itself.

Please use the contact details shown above if you want to cancel your Serious Illness Cover.

Cancelling within 30 days

If you cancel within 30 days of the date you receive your welcome pack, we'll refund any payments you've made.

Cancelling after 30 days

If you cancel after 30 days from the date you receive your welcome pack, you won't get any refund.

9. How is my policy protected?

Your policy is covered by the Financial Services Compensation Scheme (FSCS).

In the unlikely event that Royal London was unable to pay claims because it had stopped trading,

you should be able to claim from the FSCS. You can find out more by visiting www.fscs.org.uk or by contacting the scheme directly using the details below.

Post:

Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY

Phone:

0800 678 1100 or 0207 741 4100

10. Royal London's financial situation

We want to provide you with clear information about Royal London's financial position, so we have created a Solvency and Financial Condition Report. In it, you'll find more details about Royal London's business and company performance.

The report is produced annually and you can access it at royallondon.com/solvency

If you would like this information in large print,
in braille or on a CD, please call **0345 268 6081**.

Co-op Insurance Services acts as an Introducer for Co-op Life Cover. Co-op Insurance Services is a trading name of Co-op Insurance Services Limited; registered in England and Wales with registration number 4390. Registered office: 1 Angel Square, Manchester, M60 0AG.

Co-op Insurance Services Limited is authorised and regulated by the Financial Conduct Authority under register number 779364.

Co-op Life Cover is provided, underwritten and administered by The Royal London Mutual Insurance Society Limited. The Royal London Mutual Insurance Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm is on the Financial Services Register, registration number 117672. Registered in England and Wales number 99064. Registered office: 55 Gracechurch Street, London, EC3V 0RL.

Co-op Insurance Services Limited is not part of The Royal London Group.