

# Term Life and Critical Illness Cover

## Insurance Product Information Document

The Critical Illness cover in this product is underwritten by AmTrust Europe Limited, who are authorized by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the UK. Firm's reference number 202189. Registered office: Market Square House, St. James's Street, Nottingham, NG1 6FG, United Kingdom.

### Assura Protect Limited

### Term Life and Critical Illness Cover

The information provided in this document is a summary of the key features and exclusions of the policy and does not form part of the contract between us. Complete terms and conditions can be found in your policy documents.

## What is this type of insurance?

This is a combined Term Life and Critical Illness insurance that provides a guaranteed cash sum if during the term of cover you die ([Term Life cover](#)) or you are diagnosed with a specified critical illness ([Critical Illness cover](#)). This document explains the Critical Illness cover, for more information on the Term Life cover please read the policy documents.



### What is insured?

The insurer will pay the benefit if you are diagnosed with a covered critical illness. You can choose between 2 benefit levels:

AGE	LEVEL 1	LEVEL 2
18-50	£50,000	£25,000
51-55	£25,000	£12,500
56-61	£25,000	£12,500

The following critical illnesses are covered:

- ✓ **Bacterial Meningitis** - resulting in permanent symptoms  
A definite diagnosis of bacterial meningitis resulting in permanent neurological deficit with persisting clinical symptoms
- ✓ **Cancer** – excluding less advanced cases  
Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. This term includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma
- ✓ **Coronary Artery By-Pass Grafts** – with surgery to divide the breastbone
- ✓ **Heart attack** – of specified severity  
The evidence must show a definite acute myocardial infarction resulting in all of the following:
  - Typical clinical symptoms (for example, chest pain)
  - New characteristic electrocardiographic changes
  - The cardiac markers must meet certain criteria
- ✓ **Kidney Failure** – requiring permanent dialysis
- ✓ **Major Organ transplant** – from another donor  
Transplant of bone marrow or of a complete heart, kidney, liver, lung or pancreas, or inclusion on an official UK waiting list for such a procedure
- ✓ **Multiple Sclerosis** – with persisting symptoms
- ✓ **Stroke** – resulting in permanent symptoms



### What is not insured?

- ✗ Pre-existing medical conditions in the 3 years before your start date. This exclusion may not apply if you have not consulted a doctor/specialist and haven't taken medicines for that condition for 2 continuous years after the policy start date
- ✗ Your failure to seek/follow medical advice
- ✗ Inappropriate use of alcohol or drugs
- ✗ Any other form of meningitis including viral meningitis
- ✗ Less advanced cancer cases:
  - Classified as pre-malignant; non-invasive; in situ; having borderline malignancy; or having low malignant potential
  - Less advanced tumours of the prostate
  - Chronic lymphocytic leukaemia not progressed
  - Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has caused invasion beyond the epidermis
- ✗ Angina without myocardial infarction
- ✗ Transplant of any other organs, parts of organs, tissue or cells
- ✗ Strokes not resulting in permanent symptoms:
  - Transient ischaemic attack
  - Traumatic injury to brain tissue or blood vessels
  - Death of tissue of the optic nerve or retina/eye stroke
- ✗ AIDS or HIV or AIDS Related Complex (ARC)
- ✗ Intentional self-inflicted injury
- ✗ War, nuclear reaction, chemical/biological contamination



### Are there any restrictions on cover?

- ! You and your partner must be aged 18-55 at the policy start date. The critical illness benefit stops at the age of 61
- ! Children are not covered under the critical illness benefit
- ! You can only claim benefit for one of the specified critical illnesses
- ! You must survive for at least 28 days following initial diagnosis
- ! Any critical illness benefit paid will be deducted from the life sum assured



## *Where am I covered?*

- ✓ United Kingdom (England, Scotland and Wales only)



## *What are my obligations?*

- You must pay the premium on time
- Claims must be notified within 30 days after the initial diagnosis (or as soon as reasonably practicable thereafter)
- You agree to allow all medical records, notes and correspondence referring to the claim or related pre-existing conditions to be made available on request
- You must not act in a fraudulent way or make a false or fraudulent claim



## *When and how do I pay?*

You can pay the full annual premium or in monthly instalments by direct debit. Contact Assura Protect for full details of the payment options available.



## *When does the cover start and end?*

Your insurance begins on the policy start date chosen by you and stated on your schedule following our acceptance of your application and payment of the premium.

The critical illness insurance cover will terminate immediately:

- On your renewal date after you reach the age of 61
- If you no longer live permanently in the United Kingdom
- If you stop paying the premium
- If you or we cancel the policy



## *How do I cancel the contract?*

To cancel your insurance, please contact Assura Protect Limited:

Assura Protect Limited  
86 Gloucester Place  
London, W1U 6HP  
020 7224 052  
email: [clients@assuraprotect.com](mailto:clients@assuraprotect.com)

If you cancel this insurance within the 30-day cooling off period, you will receive a full refund of premium as long as you have not made any eligible claim.

After the cooling off period, you can cancel this insurance at any time by sending your schedule of insurance to the address above and asking in writing for your policy to be cancelled. We will cancel the insurance on the day we receive your request and we will work out any refund of premium for the unused period of insurance on a pro rata basis provided no claim has been made or is due to be paid.