

The Financial Conduct Authority is a financial services regulator. It requires us, Forester Life, to give you this important information to help you decide whether our Lifestyle Protection Options Plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

Key Features

Its aims

The Plan aims to do the following:

- To provide the amount of cover you choose and provide cover for the period you choose.
- To provide the type of cover you choose to suit you and/or another person's (usually your spouse or civil partner) needs. Your Plan can include Life cover, Critical Illness cover, Combined Life and Critical Illness cover, or Income Protection cover.
- To provide you with the flexibility to alter the cover level and range of benefits as your protection needs change.
- *The full list of critical illnesses we cover is shown on page 2.*

Your commitment

You must do the following or your Plan will not pay out:

- Pay the regular monthly premium by direct debit.
- Give us all the information we ask for when applying for your Plan and claiming benefits.
- Tell us about any changes to the information you give us, between completing your application form and your Plan starting such as:
 - Your health
 - Family history
 - Occupation
 - Travel or residence
 - Hazardous pastimes
 - Alcohol consumption
 - Start smoking
 - Use of drugs (e.g. cocaine or heroin)
- Notify us about any subsequent changes in the information given in your application, such as changes to your address.
- For Income Protection cover, tell us of any claim within eight weeks of diagnosis of incapacity.

Risk factors

The Plan carries the following risks:

- If you stop paying your monthly premiums your cover will end.
- Certain causes of claim are excluded. See the 'What is not covered' sections for each benefit.
- The Plan has no cash-in value at any time.
- We may not pay a claim if the information we receive when you apply for your Plan is incomplete or incorrect.
- Payments of benefits under the Plan may affect your entitlement for means-tested state benefits. Your entitlement to state Incapacity Benefit or Employment and Support Allowance or Universal Credit will not be affected however state benefit rules may change.
- For Income Protection cover you will receive a reduced benefit if your cover is too high compared to your earnings. We will not refund any of your premiums if this happens.
- For Critical Illness cover, we may review premium payments if the predicted cost of providing benefits is higher than expected. If this happens your premiums may increase.
- The present tax treatment of the benefits provided by this Plan may change.
- You should review your cover regularly to ensure it continues to meet your needs.

Life and Critical Illness Benefits

Life Benefit

What is Life Benefit?

- It is a benefit that is designed to pay out if you die.
- Alternatively we will pay out if you're diagnosed as terminally ill more than 12 months before your life cover ends.
- A terminal illness is an illness which, in the opinion of a specialist consultant and with the agreement of our Chief Medical Officer, is likely to lead to your death within 12 months.
- If we pay out for either of these events this benefit will end.

What is not covered by Life Benefit?

- If you die after the expiry date for your Plan. If you're diagnosed as terminally ill but do not die in the 12 months before your Plan ends.

Critical Illness Benefit

What is Critical Illness Benefit?

- It is a benefit that is designed to pay out if, during your cover term, you're diagnosed as having one of a defined list of serious illnesses and you survive for at least 30 days.
- We will also pay out if, during your cover term, you're diagnosed with total permanent disability and you have survived for at least six months.
- If we pay out for either of these events this benefit will end.
- In order to pay out, the diagnosis must meet our Plan definition either for total permanent disability or for one of the critical illnesses covered.

Which critical illnesses are covered?

- The complete list of conditions we cover is set out below. These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in the Terms and Conditions. These definitions typically use medical terms to describe the illnesses but in some cases the cover may be limited. For example:
 - Some types of cancer are not covered.
 - To make a claim for some illnesses, you need to have permanent symptoms.
- **Alzheimer's disease before age 60:** *resulting in permanent symptoms*
- **Aorta graft surgery:** *for disease*
- **Benign brain tumour:** *resulting in permanent symptoms*
- **Blindness:** *permanent and irreversible*
- **Cancer:** *excluding less advanced cases*
- **Coma:** *with associated permanent symptoms*
- **Coronary artery by-pass grafts:** *with surgery to divide the breastbone*
- **Deafness:** *permanent and irreversible*
- **Heart attack:** *of specified severity*
- **Heart valve replacement or repair:** *with surgery to divide the breastbone*
- **HIV infection:** *caught in the UK from a blood transfusion, a physical assault or at work in an eligible occupation¹*
- **Kidney failure:** *requiring permanent dialysis*
- **Loss of hand or foot:** *permanent physical severance*
- **Loss of speech:** *total permanent and irreversible*
- **Major organ transplant:** *from another donor*

- **Motor neurone disease:** *resulting in permanent symptoms*
- **Multiple sclerosis:** *with persisting symptoms*
- **Paralysis of limb:** *total and irreversible*
- **Parkinson's disease before age 60:** *resulting in permanent symptoms*
- **Stroke:** *resulting in permanent symptoms*
- **Third degree burns:** *covering 20% of the body's surface area*
- **Traumatic brain injury:** *resulting in permanent symptoms*

¹The eligible occupations for HIV caught at work are:

- The emergency services: police, fire, ambulance
- The medical profession, including administrators, cleaners, dentists, doctors, nurses and porters
- The armed forces

How do we measure total permanent disability?

- Total permanent disability is the loss of the physical ability to perform at least three of the following activities, without the help or supervision of another person and be unable to perform the task on your own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication:
 - **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
 - **Getting dressed and undressed:** the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
 - **Feeding yourself:** the ability to feed yourself when food has been prepared and made available.
 - **Maintaining personal hygiene:** the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
 - **Getting between rooms:** the ability to get from room to room on a level floor.
 - **Getting in and out of bed:** the ability to get out of bed, into an upright chair or wheelchair and back again.

What is not covered by Critical Illness Benefit?

- You are not covered if the cause of the claim results from alcohol or drug abuse, HIV/AIDS (except where specifically included under our Plan definition), self-inflicted injury or war and civil commotion.
- We will not pay if you die, or if your cover ceases, within 30 days of the diagnosis of critical illness or within six months of the diagnosis of total permanent disability.

Your questions answered

Combined Life and Critical Illness Benefit

What is Combined Life and Critical Illness Benefit?

- It is a benefit which will pay out on the first of the following events:
 - you die,
 - you are diagnosed with a terminal illness more than 12 months before your cover ends,
 - you are diagnosed as having one of a defined list of serious illnesses and you survive for at least 30 days,
 - you are diagnosed with a total permanent disability and survive for at least six months.
- In order to pay out on a diagnosis, your illness or injury must meet our Plan definition either for terminal illness, total permanent disability or for one of the critical illnesses covered.
- If we pay out for any one of these events this benefit will end.

What is not covered by Combined Life and Critical Illness Benefit?

- If you die after the expiry date for your Plan. If you're diagnosed as terminally ill but do not die in the 12 months before your Plan ends.
- We will not pay for critical illness if your cover period ends within 30 days of the diagnosis of critical illness or within six months of the diagnosis of total permanent disability.
- We will not pay out for critical illness if the cause of the claim results from alcohol or drug abuse, HIV/AIDS (except where specifically included under our Plan definition), self-inflicted injury or war and civil commotion.

What options do I have for these benefits?

Length of your cover

- When you apply for your Plan you choose how much cover you want and how long you want it to last.
- The minimum term is five years and you must be aged under 60 (80 for Life Benefit only) at the start of your Plan.

Lump sum or monthly benefit

- When you apply for your Plan you can choose to have your benefits paid either as a lump sum or as a monthly benefit.
- If you choose the lump sum option we'll pay the benefit in full in the event of a claim.
- If you choose the monthly benefit option we will pay an annual benefit in monthly instalments until the end of the term for that cover. The amount of your annual benefit will automatically increase each year to help keep pace with inflation. See the '*Increasing your cover in the future*' section on page 5.
- You cannot switch between options once the Plan is in force.
- Please remember that Critical Illness Benefit is not a substitute for Income Protection Insurance.

Waiver Of Premium

- If you are not in a high risk occupation you can choose to have Waiver Of Premium cover when you apply for your Plan. This pays your premiums if you are unable to work due to incapacity.
- If you choose this cover, we'll pay your premiums after six months of incapacity and continue to pay them until the first of these events:
 - you recover and are no longer incapacitated,
 - your 65th birthday,
 - your cover ends,
 - you die.

Please see page 4 for our definitions of incapacity.

- Some claims are excluded from Waiver Of Premium cover. See the '*What is not covered by Income Protection Benefit and Waiver Of Premium Cover*' section on page 5.

Increases in cover without medical evidence

- This option applies if your Plan is accepted on standard terms. It enables you to increase the amount of your cover on certain special events such as marriage, childbirth or purchase of a property, without having to provide us with additional medical information.
- There are also special events on which you can add or increase life cover when life cover you hold elsewhere expires.
- These increases and additions are subject to maximum limits and conditions. See the *Terms and Conditions* for full details.

Premium payments when claiming (Waiver Of Premium)

- You should continue to pay premiums until we accept your claim. However, we'll pay your monthly premiums after you have been incapacitated for six months.
- We will continue to pay your monthly premiums until the first of these events:
 - you recover and are no longer incapacitated,
 - your cover for this benefit ends,
 - you die.

Under current law all of the Life and Critical Illness Benefits are paid free of any Income or Capital Gains Tax. The Life Benefit may be subject to Inheritance Tax depending on the size of your estate, unless your Plan is written in trust. You should consult your legal adviser should you wish to write your Plan in trust.

Income Protection Benefit

What is Income Protection Benefit?

- It is a benefit that is designed to replace a chosen level of income if you suffer illness or injury leading to loss of earnings.
- You select the features to make sure that the cover is right for you. You decide:
 - the amount of benefit you require,
 - how soon the benefit should start,
 - how long the cover should last.
- We provide cover until the end of the term, no matter how many claims you make.
- We pay you a monthly income for as long as the claim is valid.

How do I select which features best meet my needs?

The amount of benefit which can be paid

- You choose how much benefit you'll need. Remember that tax and National Insurance are deducted from your normal earnings but not from the benefit we pay you. This means that you should not need benefit which is more than your net earnings.
- The maximum amount we will pay out is the lesser of the sum assured or the monthly equivalent of two-thirds of your pre-incapacity earnings. However, if you're neither employed nor self-employed at the start of incapacity, the maximum monthly amount we will pay out is £1,000. *See the 'Do you have other income which is likely to reduce your benefit' section on page 5.*

The earnings on which to base your cover

- When choosing your cover, remember that if you claim, we'll pay benefit based on your pre-incapacity earnings in the 12 months immediately before your period of incapacity.
 - If you're employed, these are your pre-tax earnings for PAYE assessment purposes, excluding benefits in kind.
 - If you're self-employed, these are your share of pre-tax profits from your trade, profession or vocation for the purposes of Schedule D Case 1 and 2 of Income and Corporation Taxes Act 1988.
- We will ask you for evidence of earnings.
- Income from savings and investments is not taken into account.

Automatic increases to your benefit payments

- Your benefit will automatically increase each year in line with the Retail Prices Index, subject to a maximum increase of 10% each year.

When benefit payments start

- There will be a period when you are first unable to work for which we do not pay benefit. This is known as the deferred period. You can choose between 3, 6 and 12 months. The longer the deferred period, the cheaper your Plan will be.
- Your choice should allow for any earnings which you expect to continue after you stop working, such as sick pay, or how long you're prepared to live on your savings.

How long the cover should last

- You choose for the cover to end when you think that you would no longer need the benefits. This can be up to your 65th birthday but should be no later than your planned retirement date.
- There is a minimum five-year cover period and you must be under age 60 when you start your Plan.

When will the benefit pay out?

The deadline for claiming

- Tell us as soon as possible but no later than eight weeks from when you're first diagnosed. Otherwise there may be a delay in paying benefits.

When we pay out

- When you are diagnosed as being incapacitated for a continuous period longer than the deferred period you chose.

The extent of incapacity

- Our usual definition of incapacity is any illness or injury as a result of which you're unable to follow your own occupation and you're not following any other occupation. If you're not in an occupation at the start of your illness or injury we will measure incapacity by your inability to perform at least three of the activities of daily living without the help or supervision of another person and be unable to perform the task on your own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The activities of daily living are:

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed:** the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself:** the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene:** the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms:** the ability to get from room to room on a level floor.
- **Getting in and out of bed:** the ability to get out of bed into an upright chair or wheelchair and back again.

How do we assess your claim?

- If you're employed or self-employed at the time of your claim, we'll look at the duties of your occupation and your ability to do them. You will qualify for benefit if you're unable to perform the essential duties of your occupation, resulting in a loss of earnings, and you're not doing any other work. We will ask for evidence of your loss of earnings.
- If you're neither employed nor self-employed at the time of your claim we'll assess your ability to perform the activities of daily living.
- We will ask for evidence of the date that your incapacity started.
- We will not be able to accept your claim if you do not provide us with medical or other evidence we ask for.

Your questions answered

How long is the claim paid for?

- The benefit will be paid until the first of these events:
 - you recover and are no longer incapacitated,
 - your cover for this benefit ends,
 - you die.

Can I claim again after returning to work?

- There is no limit to the number of claims you can make. You must restart premium payments when your claim ends so your cover is maintained.
- If you need to claim again for the same cause within three months of returning to work then the deferred period will not apply.

What if I am returning to work part-time or a lower paid role?

- In addition to the money you earn we may pay you a reduced benefit, which takes account of your lost earnings.
- We will pay reduced benefit whilst you are medically unable to fully resume the duties of your occupation and can demonstrate a reduction in earnings compared to your pre-incapacity earnings.

How are the benefits paid?

- Benefits are payable on premium due dates from the end of the deferred period.

Do you have other income which is likely to reduce your benefit?

- We will reduce the benefit we pay if any of the following take you over the maximum benefit allowed:
 - continuing payments from your occupation, such as sick pay or self-employment,
 - pension payments - unless you were entitled to them while still working,
 - other income protection benefits,
 - if they arise because of your incapacity and either result in regular payments to you or regular payments made on your behalf such as mortgage payments and state benefits payable by the Department of Work and Pensions.
- If your benefit is reduced we do not refund any of your premium payments to us.

Under current law all of the Income Protection benefits are paid free of any taxes.

What is not covered by Income Protection Benefit and Waiver Of Premium Cover?

- We will not pay out if you die. Your Plan will end and no premium refund will be paid.
- We will not pay out if the cause of the claim results from alcohol or drug abuse, criminal acts, flying on a non-commercial basis, hazardous sports and pastimes, HIV/AIDS, living abroad (defined as outside of the United Kingdom, Australia, Canada, the European Union, New Zealand, Switzerland or the USA for more than 13 consecutive weeks in any 12 months), self-inflicted injury, unreasonable failure to follow medical advice, or war and civil commotion.

Will I be able to increase my cover in the future?

- You should regularly review your cover to ensure it continues to meet your needs. In particular you should consider how your earnings and living costs have changed since your last review.
- Cover for monthly benefits payable from Life Benefit and Critical Illness Benefit, is automatically increased in line with the Retail Prices Index each year. This is subject to a maximum increase of 10% each year. You do not need to do anything to qualify for these automatic increases and your premiums will not increase.
- For Life Benefit and Critical Illness Benefit you can apply to increase the amount of your cover at any time, as long as your Plan has at least five years left to run. We may need you to provide additional medical or other information. Your premium payments to us will increase.

Will I be able to reduce or stop paying my premiums?

- You can reduce your premiums and the level of your benefits at any time.
- If you stop paying premiums, your cover will end and you will not get any money back.

Does the Plan have a cash-in value?

- Your Plan has no cash-in value at any time.

Additional information

What if I change my mind?

- After we have approved your application we will send you a notice of your right to cancel. This gives you 30 days in which you can change your mind about taking out this Plan and have your premiums returned. If you wish to cancel your Plan, simply complete the cancellation notice and return it to us.
- After the initial cancellation period, you can cancel your Plan at any time by writing to us.

What if I am unhappy with the service I receive?

- We take the concerns of our customers very seriously. If you are unhappy with any aspect of the service provided by us, please write to the Customer Relations Officer, Forester Life, Foresters House, 2 Cromwell Avenue, Bromley BR2 9BF.
- If we do not deal with your complaint to your satisfaction, you can complain to: The Financial Ombudsman Service, Exchange Tower, London E14 9SR (telephone 0300 123 9123, email complaint.info@financial-ombudsman.org.uk or visit www.financial-ombudsman.org.uk). Making a complaint will not prejudice your right to take legal action.
- You can view Forester Life customer complaints procedure at foresters.com or phone 0333 600 0333 for a copy.

Are we covered by the Financial Services Compensation Scheme (FSCS)?

- We are covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the FSCS in the unlikely event that we cannot meet our obligations.
- Compensation depends on the type of business and the circumstances of the claim but our insurance plans are covered for 100% of the claim without any upper limit.
- Further information about compensation scheme arrangements is available from the FSCS at fscs.org.uk or by phone on 0800 678 1100.

Where can I find out more?

- Your Financial Adviser will be able to explain the benefits of the Forester Life Personal Protection Options Plan in more detail.
- Full details are set out in the Terms and Conditions which will be provided with your Plan Document. This will be sent to you after your application is accepted. A specimen copy is available on request.
- Alternatively, you can telephone us on 0333 600 0333, email us at service@foresters.co.uk or visit our website foresters.com
- For information about the financial planning service offered by Forester Life, and about your data protection rights, please refer to our 'Financial planning service' brochure.

Important information

All Forester Life Plans are subject to the law of England and Wales.

We will always communicate with you using the English language.

Forester Life is required to prepare and publish a Solvency and Financial Condition Report each year under the Solvency II regulations. You may view our Solvency and Financial Condition Report on our website at foresters.com/SFCR

Our Critical Illness Benefit complies with the Association of British Insurers (ABI) Guide to Minimum Standards for Critical Illness Cover.

Our Income Protection Benefit complies with the ABI Statement of Best Practice for Income Protection.

These Key Features are issued by Forester Life Limited, Foresters House, 2 Cromwell Avenue, Bromley BR2 9BF. Information is based on our current understanding of legislation, state benefits, and tax as at May 2021 which may change in the future.

How to contact us

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