



Total Mortgage Protection Plan – Policy Summary

This summary outlines cover available under our Total Mortgage Protection Plan, which is underwritten by Halifax Insurance Ireland Limited and St Andrew's Life Assurance plc. The following summary does not contain the full terms and conditions and should be read in conjunction with the plan conditions, a copy of which is available on request.

Cover
Total Mortgage Protection Plan protects your mortgage with the following types of cover:
Life Cover
Critical Illness Cover
The plan also protects your monthly mortgage payments with the following types of cover:
Disability Cover
Unemployment Cover
Carer Cover
These three covers are collectively referred to as Mortgage Repayments Cover . The plan also provides an added cover under:
Children's Critical Illness Cover *
More Information: When you receive your quote pack a Key Features booklet will be included which will provide you with further information on all aspects of this plan. Furthermore, when your plan starts you will receive a copy of the plan conditions outlining the full terms and conditions. There are words in the sections below that have special meanings; these are highlighted in bold. Full explanations of these 'Words with special meanings' and a list of the critical illnesses covered under your plan can be found in the plan conditions. Receipt of benefits under this plan may affect your entitlement to State benefits.
Please note your monthly premium for life cover is guaranteed. Your monthly premium for critical illness cover and mortgage repayments cover can be changed from time to time in line with the plan conditions. You can find full details in the Key Features booklet and the plan conditions booklet, a copy of which is available on request.
*Children's critical illness cover applies to your plan if you have been accepted for critical illness cover under a new plan or if you have added or increased critical illness cover under an existing Total Mortgage Protection Plan. If you cancel or end your critical illness cover, children's critical illness cover will also end.
ELIGIBILITY

Life Cover/Critical Illness Cover

To be eligible for cover **you** must be on the **start date**:

- a named party to a **mortgage** which is not in arrears
- over 18 and under 55 at the **start date** and aged under 70 years when the **term** ends

When **you** apply for **your plan**, **you** must confirm that:

you have never been diagnosed as having and are not currently being investigated for any of the following:

- any heart condition including angina;
- stroke;
- cancer;
- diabetes;
- kidney or liver disorders for which **you** are still under regular medical supervision;
- multiple sclerosis;
- motor neurone disease;
- paralysis;
- a positive test for HIV or Aids;
- Huntington's disease;
- alcohol misuse where reduction has been recommended by a medical advisor;
- drug misuse;
- Crohn's disease; and

before the age of 55, two or more of **your** natural parents, brothers or sisters did not suffer from the same condition from the following list:

- any heart condition including angina;
- stroke;
- breast, ovarian or bowel cancer;
- multiple sclerosis;
- Huntington's disease or polycystic kidneys; and

you had not been referred to see a GP or **specialist** medical adviser, and **you** were not waiting for any form of test or investigation or the results from a test or investigation, and were not having any ongoing treatment for any of the following reasons:

- chest pain;
- high blood pressure;
- any growth, lump or mole;
- numbness, weakness, tremor or blurred vision;
- mental illness or depression requiring one or more hospital admissions.

ELIGIBILITY Continued

Any **life cover** or **critical illness cover** is provided on the basis that this was correct immediately before the **start date**. If **we** discover that this was not correct, **we** may end **your plan** immediately without payment of any **life cover benefit**, **critical illness benefit** or **children's critical illness benefit** and without repayment of any **monthly premium**.

The maximum cover can only be up to 125% of the **mortgage** loan and cannot exceed £400,000.

You may need to review and update this cover periodically to ensure it remains adequate.

Mortgage Repayments Cover

To be eligible for cover **you** must be on the **start date**:

- a named party to a **mortgage** which is not in arrears
- over 18 and under 70 years
- not **working** regularly outside the **UK** except when on business for a **UK** based employer
- in paid **work** under a contract of employment or **self-employed** and paying the appropriate class of national insurance contributions
- not aware of impending **unemployment**

For joint applications for **mortgage repayments cover**, the percentage of the **mortgage repayments benefit** payable to the main income earner must be at least 50% of **your mortgage repayments benefits**.

If **Halifax** or **Bank of Scotland** is **your lender**, the **mortgage repayments benefit** will be 133% of **your monthly mortgage payment**. If **Halifax** or **Bank of Scotland** is not **your lender**, **your mortgage repayments benefit** will be the amount shown on **your plan schedule**. **You** may need to review and update this cover periodically to ensure it remains adequate. The maximum cover cannot exceed £3,000.

If **you** do not apply for **Mortgage Repayments Cover** at the same time as:

- **you** apply for **your mortgage** (or within 3 months of the completion date of **your mortgage**); or
- **you** apply for a further advance; or
- when **you** have a **mortgage review**,

then **mortgage repayments benefit** will not be payable if **your work** ends or **you** are told verbally or in writing of **your work** ending within four months of the **start date**.

If **you** apply to change **your mortgage repayments benefit** during the **term** of the **plan** and **your** application is accepted, then **your new mortgage repayments benefit** will become effective 60 days from the date of **your** application. Please see **Section 15** of the plan conditions for full details.

Note - The **term** of **your plan** cannot exceed 40 years.

LIFE COVER

Benefits: If **you** die, **we** will pay a cash sum equal to the amount of **life cover benefit** set out in **your plan schedule**. If **your plan schedule** shows that **you** have a **decreasing term assurance plan**, the amount of **life cover benefit** payable depends on when **you** die and this is shown in **your decreasing term assurance benefit table** which is provided with **your plan schedule**.

Once **life cover benefit** is payable, **we** will not accept any further claims for **life cover benefit**, **critical illness benefit** or **children's critical illness benefit** and, once the payment is made, all **life cover**, **critical illness cover** and **children's critical illness cover** under the **plan** will end.

Please see **Section 8** of the plan conditions for full details of the features and limitations.

CRITICAL ILLNESS COVER

Benefits: If **you** suffer from one of the **critical illnesses** listed in **your plan conditions** and survive for a period of 14 days or more from the date of diagnosis, **we** will pay a cash sum as set out in **your plan schedule** as long as no other life or critical illness claim is already payable. If **your plan schedule** shows that **you** have a **decreasing term assurance plan**, the amount of **critical illness cover benefit** payable depends on when **you** are diagnosed with a **critical illness** and this is shown in **your decreasing term assurance benefit table**, which is provided with **your plan schedule**.

Once **critical illness benefit** is payable, **we** will not accept any further claims for **life cover benefit**, **critical illness benefit** or **children's critical illness benefit** and, once the payment is made, all **life cover**, **critical illness cover** and **children's critical illness cover** under the **plan** will end.

Limitations:

This **plan** covers 14 **critical illness** conditions. The main illnesses covered are cancer, heart attack and stroke. Some limitations in cover apply for each of these illnesses should **you** need to submit a claim, for example, not all cancers are covered and mini strokes are not covered. Please read **our** booklet "Critical Illness Cover- A guide to the critical illness protection available under Total Mortgage Protection Plan" for full details of the critical illnesses covered.

Please see **Section 9** of the plan conditions for full details of the features and limitations.

CHILDREN'S CRITICAL ILLNESS COVER

Benefits: If **your eligible child** suffers from one of the **children's critical illnesses** listed in **your** plan conditions and survives for a period of 14 days or more from the date of diagnosis, **we** will pay the lesser of either £25,000 or half your **critical illness benefit**. An **eligible child** is defined in **your** plan conditions.
If **you** are jointly insured under the plan and **you** have differing **critical illness benefit** amounts, **we** will calculate the **children's critical illness benefit** on the highest amount.

We will pay only one claim for any **eligible child** under the **plan**. If you can make a claim for **children's critical illness benefit** for an **eligible child** under more than one Total Mortgage Protection Plan, the total amount payable under all of the **plans** will not be more than £25,000.

Children's critical illness benefit is not payable for the death of an **eligible child** (but if a valid claim has already arisen, under this cover before the death of an **eligible child**, **we** will continue with the benefit payment).

Exclusions:

- any congenital condition (a disease or condition which was present at birth); or
- any familial condition (a condition or defect which affects any of the natural parents, brothers or sisters of the **eligible child**); or
- any **pre-existing condition** that existed before the **children's critical illness cover** started; or
- any condition which existed before the child became an **eligible child**; or
- any condition brought about by intentional harm inflicted on the **eligible child** by **you**.

Please see **Section 10** of the plan conditions for full details of the features and exclusions.

DISABILITY COVER

Benefits: If **you** are unable to **work** for more than a continuous period of 30 days, **we** will pay **mortgage repayments benefit** for every day **you** are unable to **work** from the 31st day of **your disability**, up to a maximum of 12 months. In the event of a valid claim, **we** will pay **you** disability benefits up to a maximum of £3,000 a month.

Exclusions:

- **We** will not pay benefits if the **disability** is resulting from any **pre-existing condition** or **chronic condition**.
- Payment for **mechanical back pain** will be limited to 3 monthly benefits.

Special Conditions:

- If **you** suffer from back pain that is not considered to be 'mechanical', payment beyond 3 months will only be considered if **you** have been referred to and remain under the care of a **back specialist**.
- If **you** are diagnosed with a **psychological illness**, payment will be limited to 3 months, unless **you** have been referred to and remain under the care of an appropriate **specialist**.

Please see **Section 3** of the plan conditions for full details of the benefits and exclusions.

UNEMPLOYMENT COVER

Benefits: If **you** become **unemployed** for more than a continuous period of 30 days, **we** will pay **mortgage repayments benefit** for every day **you** are **unemployed** from the 31st day of **your unemployment**, up to a maximum of 12 months. In the event of a valid claim, **we** will pay **you** **unemployment** benefits up to a maximum of £3,000 a month.

Exclusions: **We** will not pay **unemployment** benefits if:

- **you** were not in 6 months continuous employment immediately before the date of **your** claim
- **your unemployment** results from **your** misconduct

Please see **Section 4** of the plan conditions for full details of the benefits and exclusions.

CARER COVER

Benefits: If **you** become a **carer** for a partner, parent or child between the **start date** and the **end date**, **we** will pay the lesser of either the amount **you** owe under **your mortgage** at the date **you** become a **carer** or an amount equal to 12 **mortgage repayment benefits**, up to a maximum of £36,000.

Exclusions: **We** will not pay **carer** benefit if:

- **your work** ceases for any other reason not associated with the need to become a **carer** for a partner, parent or child or **you** are currently receiving benefits under the **disability** or **unemployment** section of the **plan**
- the sickness or injury of the person being cared for is pre-existing.
- **your** resignation is from employment which is of a temporary or casual nature.

Once benefit has been paid, the **carer** cover under this **plan** will cease. The benefit is payable only once. Please see **Section 5** of the plan conditions for full details of the benefits and exclusions.

PLAN AMENDMENTS, DURATION & TERMINATION

The **plan** will cover **you** provided that you keep paying **your monthly premiums**. If **you** apply to change **your** cover, please see **Section 15** of **your** plan conditions for further details.

Life Cover/Critical Illness Cover/Children's Critical Illness Cover

Your cover will terminate at the earliest of the following:

- **your** death (unless **you** have no **life cover benefit**, are jointly insured under the **plan** with another person and die within 14 days of the date of the diagnosis of a **critical illness**)
- the **term** ends
- **we** pay **life cover benefit** or **we** pay **critical illness benefit**
- **you** cancel or end **your life cover** or **critical illness cover** or **your plan**
- **you** fail to pay two **monthly premiums** in a row.

Mortgage Repayments Cover

Your cover will terminate at the earliest of the following:

- **your** death
- **you** **permanently retire**
- the **term** ends
- **you** cancel **your** cover or **your plan**
- **we** cancel **your** cover or **your plan** (this will not affect an existing claim)
- **you** fail to pay two **monthly premiums** in a row.

COMPLAINTS

Full details of our complaints procedure are set out in the plan conditions. However, if you have a complaint you should in the first instance contact: Claims & Administration Department, PO Box 534, Uxbridge UB8 1WF or by telephoning 0845 600 6007, Fax 0845 600 1197. If you are not happy or the problem has not been resolved to your satisfaction you may refer it to our Customer Relations Department at the address given above. If you are still not happy or the problem has not been resolved to your satisfaction you may refer your complaint to the Financial Ombudsman Service. The complaints procedure does not affect your legal rights.

HOW TO MAKE A CLAIM

If you wish to make a claim, you should telephone the Claims & Administration Department on 0845 600 1751 to request a claim form.

CANCELLATION RIGHTS

If you are not satisfied with your cover, please contact us within 30 days of the start date of your plan. Your cover will then be cancelled from the start date without charge as long as you have not made a claim. After the first 30 days, your cover may be cancelled by giving us 30 days notice in writing to the Administration Department, PO Box 534, Uxbridge, UB8 1WF or phoning us on 0845 600 1194, but you will not be entitled to a refund of premiums.

COMPENSATION RIGHTS

Halifax Insurance Ireland Limited and St Andrew's Life Assurance plc are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. The maximum level of compensation you can receive for general non-compulsory insurance is 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Further information about compensation scheme arrangements is available from the FSCS on 020 7892 7300 or { [HYPERLINK "mailto:enquiries@fscs.org.uk"](mailto:enquiries@fscs.org.uk) }

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St Andrew's Life Assurance plc Registered No: 3104670. Registered Office: St Andrews House, Portsmouth Road, Esher, Surrey KT10 9SA, United Kingdom.

Choice of Law: It is agreed that this plan is governed by English Law. It is agreed that any disputes will be settled in the English courts.