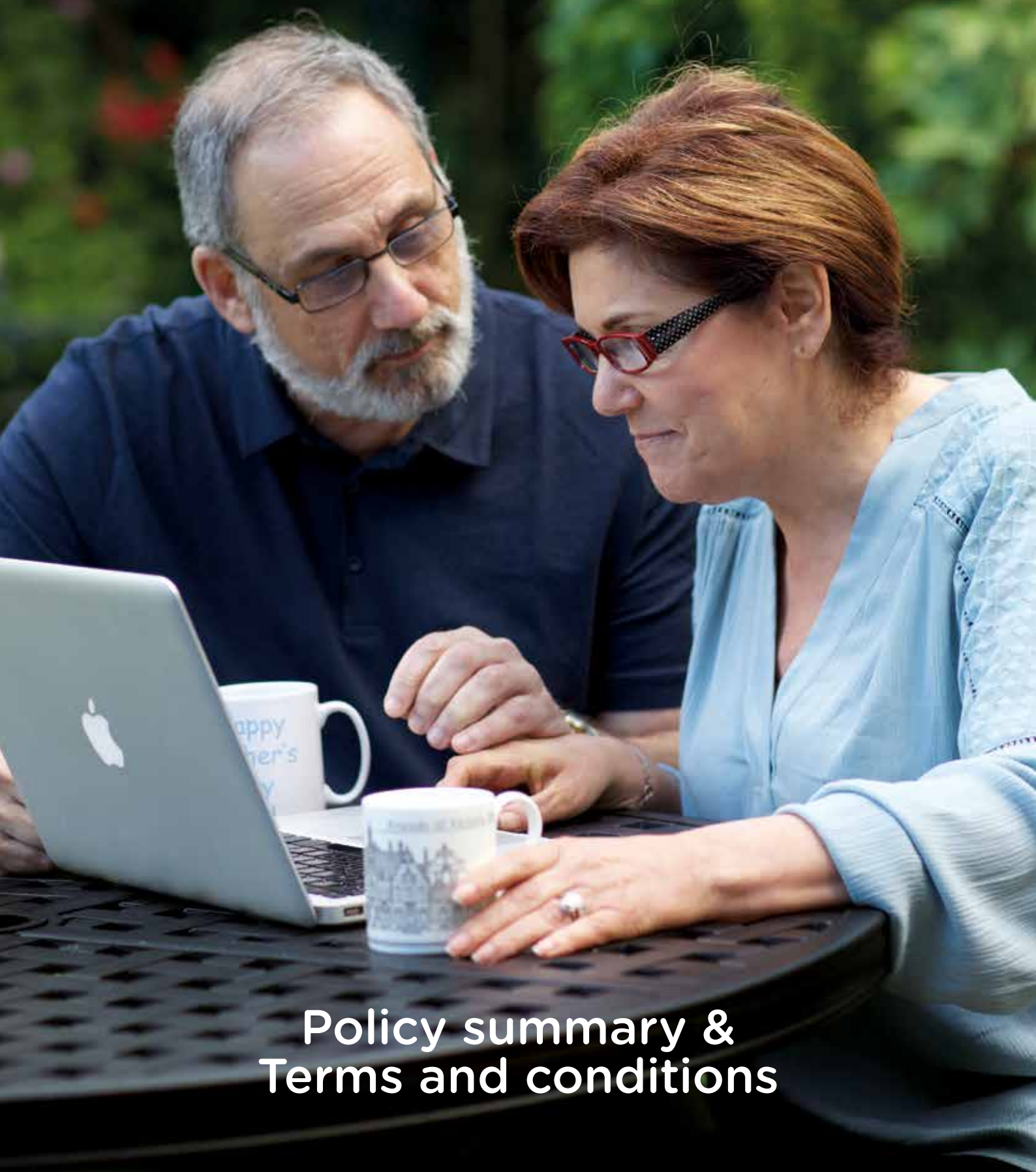


keyfacts®

OneFamily



GUARANTEED 50 PLUS LIFE COVER



Policy summary &
Terms and conditions

Important information

This is an important document which you should keep along with your Policy Schedule. The Financial Conduct Authority is a financial services regulator. It requires us, OneFamily, to give you this important information to help you to decide whether our Guaranteed 50 Plus Life Cover 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.

This Policy Summary does not contain the full Terms and Conditions of your Guaranteed 50 Plus Life Cover – these can be found in the Terms and Conditions section of this leaflet.

The insurer

The Policy is provided by Family Assurance Friendly Society Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Guaranteed 50 Plus Life Cover

- it is a policy that provides cover for the whole of life, and will only pay out for serious illness benefit, terminal illness benefit or death benefit if the policyholder is diagnosed or dies after the first two years.

Significant features and benefits

- **guaranteed acceptance without a medical** – provided you are a UK resident aged between 50-80
- **life cover** – a cash lump sum is payable where death occurs after the policy has been in force for at least two years
- **serious illness benefit (as defined in section 7 of the terms and conditions)** – 20% of the life cover where serious illness has been diagnosed after the policy has been in force for two years
- **terminal illness benefit** – 100% of the life cover, less any serious illness benefit already paid, may be claimed if you are diagnosed with a terminal illness, as long as the policy has been in force for at least two years
- **accidental death benefit** – if, within the first two years, you die as a result of an accident, the policy will pay a cash lump sum to your estate (see the Terms and Conditions section 2 and Table K (part 6) (2)).

Significant exclusions and limitations

- **non-accidental death benefit** – If you die within the first two years other than by accident, your estate will receive 150% of the premiums paid (see the Terms and Conditions section 2 and Table K (part 6) (2))
- terminal illness and serious illness benefits are not payable within the first two years (see the Terms and Conditions sections 6-8)
- serious illness and terminal illness benefits will only pay out on diagnosis after the first two years of the policy opening
- serious illness benefit can only be claimed once
- if terminal illness benefit is paid the policy will cease and there will be no payout on death
- if serious illness benefit is paid, the terminal illness benefit and life cover will be reduced by the amount of the serious illness benefit paid
- if you stop paying your premiums for any reason before your 90th birthday, your policy will be cancelled, and you will not get any money back
- inflation will, over time, reduce the value of the cash sum paid out depending on how long premiums are paid for, the total premiums paid may be greater than any benefit paid out by the policy. Premiums cease once you reach 90 but cover continues.

An example for a typical customer:

As shown in the table below if a non-smoker aged 60 pays £20 a month; this would cover them for £5,605 for the terminal illness or death benefit or £1,121 for the serious illness benefit (i.e. 20% of £5,605). Over 10 years this would cost them £2,400 (i.e. £20 monthly premium x 120 months).

Monthly premium	Death benefit	Serious illness benefit	Terminal illness benefit	Total premiums over 10 years
£20	£5,605	£1,121	£5,605	£2,400

If serious illness benefit is paid, the terminal illness benefit and death benefit will be reduced by the amount of the serious illness benefit paid.

Your right to cancel

You will have 30 days from when you receive your policy documents to change your mind and cancel your policy.

This is your legal right. You will receive a full refund of any payments made. To cancel your policy complete section (a) on the reverse of the Policy Schedule sent to you with the policy documents and return it to OneFamily, 16-17 West Street, Brighton, BN1 2RL. If you do not cancel your policy, it will stay in force and the premiums will be collected from the designated bank account.

Making a claim

Claims can be made by calling OneFamily on **0800 028 1112*** or by writing to Claims Department, OneFamily, 16-17 West Street, Brighton, BN1 2RL.

If you have a complaint

If you wish to register a complaint, please contact us:

- **In writing** – Customer Relations Team, OneFamily, 16-17 West Street, Brighton, BN1 2RL.
- **By phone** – 0800 028 1112*

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

* Lines open Monday - Friday 9am-7pm, Saturday 9am-1pm. We might record your call to help improve our training and for security purposes. We hope you don't mind. Calls are normally free from UK landlines and from mobile phones.





Additional member protection

The Society is a member of the Financial Services Compensation Scheme. This is designed to protect you as a policyholder if we can't meet our obligations to you. Compensation levels depend on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the claim, without any upper limit. Compensation is only paid for financial loss.

You can get further information on the scheme by calling us on **0800 803 0798*** or you can request it from the Financial Services Compensation Scheme at fscs.org.uk or Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU. Telephone: 0800 678 1100 or 020 7741 4100.

*Lines open Monday - Friday 9am-7pm, Saturday 9am-1pm. We might have to record your call to help improve our training and for security purposes. We hope you don't mind. Calls are normally free from UK landlines and from mobile phones.

Terms and Conditions

Your Demands and Needs

Guaranteed 50 Plus Life Cover meets some of the demands and needs of those who want to use life cover to leave a cash sum on death. This could help pay towards funeral expenses or outstanding debts, or to leave as a legacy. In addition the plan gives the extra security of an early payout for those diagnosed with a Serious or Terminal Illness. This could help pay for medical expenses, recuperation or cover household bills.

Guaranteed 50 Plus Life Cover – Policy conditions and table

1. Nature of policy

This **Policy** is a life assurance policy which provides the **Benefit** as specified in the **Schedule**.

2. Definitions and interpretation

The following words, dates and expressions used in these **Conditions** shall be in bold (other than personal terms such as 'you' and 'we') and have the following meanings:

“Accident”

This means death only as a direct result of an accident where the sole cause of death is a result of violent, accidental, external and visible cause, independent of any physical or mental illness, infirmity or any other cause. **Accidental death benefit** shall not be payable if death has resulted from any injury caused or aggravated, directly or indirectly, by any of the following:

- (a) intentionally self-inflicted injury;
- (b) injury sustained whilst under the influence of, or resulting from the effects of, alcohol, solvents or drugs or of any medication taken otherwise than under the direction of a registered medical practitioner;

- (c) participation in aviation, other than as a fare paying passenger in a fully licensed passenger carrying aircraft operated by a commercial airline or established charter company as part of a regular air service;
- (d) active participation in a riot, civil commotion or insurrection;
- (e) war, or any act of war, whether declared or not;
- (f) participation in any hazardous pursuit including any form of racing (or practice or training for the same) except athletics and swimming;
- (g) participation in any criminal act; or
- (h) failure to follow the advice of a registered medical practitioner.

“**Accidental Death Benefit**” means the amount paid if you die as a result of an **Accident** within the first two years as specified in the **Schedule**.

“**Actuary**” the actuarial function holder.

“**Benefit**” means the amount payable when you are diagnosed with a **Serious Illness**, **Terminal Illness** or on death as specified in the **Schedule**.

“**Collection Date**” means the day your **Premium** is due which we specify in the **Schedule**.

“**Conditions**” means these **Conditions** together with the **Special Conditions** (if any) incorporated herein.

“**Death Benefit**” means the amount we specify in the **Schedule**.

“**Grace Period**” means the period allowed for the payment of an unpaid **Premium**, during which the **Policy** remains in force.

“**Life Assured**” means the person we specify in the **Schedule** whose life is covered by this **Policy**.

“**Named Authority**” means an individual specified by the Life Assured who can access basic **Policy** information.

“**Policy**” means the life assurance policy hereby constituted and incorporates the application and declaration made by the **Life Assured** to us leading to the issue of such policy.

“**Premium**” means the amount you pay for the **Benefit** of this **Policy** as specified in the **Schedule**.

“**Protection Policy(s)**” means any active life assurance policy you hold with us.

“**Serious Illness**” means a condition, as defined in section 7 of these **Conditions**, diagnosed by a relevant specialist medical consultant, holding such an appointment at a major hospital in the United Kingdom or abroad.

“**Serious Illness Benefit**” means the amount we pay on diagnosis of a **Serious Illness** which we specify in the **Schedule**.

“**Schedule**” means the **Policy Schedule** to which the **Conditions** are attached.

“**Society**” means Family Assurance Friendly Society Limited.

“**Special Conditions**” means the **Conditions** (if any) specified as such and annexed to this Policy.

“**Start Date**” is the date your **Policy** starts as shown in the **Schedule**.

“**Sum Assured**” means the amount we specify in the **Schedule**.

“**Terminal Illness**” means any illness that either has no known cure or has progressed to the point where it cannot be cured; and which in the opinion of the attending specialist, holding such an appointment at a major hospital in the United Kingdom or abroad is likely to cause death within 12 months of the date of claim.

“**Terminal Illness Benefit**” means the amount we pay on diagnosis of a **Terminal Illness** which we specify in the **Schedule** as such.

“**We**”, “**Us**” or “**Our**” means Family Assurance Friendly Society Limited.

“**Written Notice**” means written confirmation satisfactory to the Society given by the **Life Assured** to the **Society** in accordance with Condition 10 in any of the circumstances required or envisaged by this **Policy**.

“**You**” means the individual who applied for and whose life is covered under this **Policy**. Where we use “**Your**” it has the same meaning.

Words and expressions denoting the masculine gender shall, where the context so requires, include the feminine gender and vice versa.

The headings to these Conditions are inserted for convenience only and shall not affect the construction of this Policy.

References herein to any statute or provision of any statute shall be deemed also to refer to any statutory modification or re-enactment thereof and shall include any orders, regulations, instruments or other subordinate legislation made under the relevant statute.

3. Payment of premiums

(i) Subject to the **Conditions** of this **Policy**, premiums are due on the date shown in the **Schedule** and you are responsible for ensuring they are paid. Premiums shall only be allowed by Direct Debit or other method approved by us.

If any **Premium** is not paid by the **Collection Date** we will allow a 60 day **Grace Period**, in each case, for payment of the outstanding **Premium**.

If any outstanding premium has not been received by the end of the **Grace Period** the **Policy** will lapse and all **Benefits** provided shall cease to be payable.

(ii) If **Death Benefit** or **Terminal Illness Benefit** is payable during any **Grace Period**, the amount payable shall be reduced by any overdue **Premium**.

(iii) A **Serious Illness Benefit** will only be payable when all premiums are up to date, or at our discretion, payment may be reduced by any overdue **Premium**.

4. Sum Assured

(i) The **Sum Assured** will be payable on the death of the **Life Assured** provided the **Policy** has reached its 2nd anniversary.

(ii) Where a **Terminal Illness Benefit** claim has been accepted only one **Benefit** will be paid.

(iii) Where a **Serious Illness Benefit** claim has been paid the amount payable in any future claim will be the remaining balance of the **Sum Assured**.

(iv) Upon payment of the **Sum Assured** the **Policy** will cease.

5. Accidental Death Benefit

Written Notice of any claim for **Accidental Death Benefit** shall be given as soon as practicable. We will require medical or other evidence to support the claim.

6. Serious Illness Benefit

(i) If you are diagnosed with a **Serious Illness** after the **Policy** has reached its 2nd anniversary, 20% of the **Sum Assured** may be claimed.

(ii) The **Serious Illness Benefit** is subject to the following:

(a) Payable only once during the life of the **Policy**.

(b) Claims must be made within 6 months of the date of diagnosis.

(c) All premiums are up to date.

(iii) Claiming **Serious Illness Benefit** will reduce the **Sum Assured** payable on death or for a **Terminal Illness Benefit** claim.

Guaranteed 50 Plus Life Cover is here to help you use your life cover to leave a cash lump sum behind for your loved ones.



7. Definitions of a Serious Illness

Condition	Definition
Cancer (Malignant)	A Malignant Tumour characterised by the uncontrolled growth of malignant cells and the invasion of tissue. Cancers classed as Non invasive, Pre-malignant and Cancer in Situ are not covered.
Heart Attack	The death of heart muscle due to inadequate blood supply. Angina and other coronary syndromes that do not involve death of heart muscle are not covered. The evidence of a Heart Attack (Acute myocardial infarction) must be definite.
Stroke	Death of brain tissue due to inadequate blood supply or a cerebral haemorrhage within the skull. Transient Ischaemic attacks ("Mini Strokes") are excluded.
Alzheimer's Disease and other Dementia	A definite diagnosis by a Consultant Neurologist of Alzheimer's Disease or other Dementia.
Aorta Graft Surgery	Excision of part of the main aorta due to disease and replacement with a graft. Surgery to branches off the aorta is not covered.
Benign Brain Tumour	A non-malignant tumour or cyst in the brain or surrounding areas within the skull.
Blindness	Permanent and irreversible loss of sight to the extent that when tested with the use of visual aids, vision is measured as less than 3/60 in one or both eyes.
Breastbone Surgery to treat Heart Disease	Surgery that divides the breastbone to correct narrowing or blockage to one or more coronary arteries with a graft or to replace or repair one or more heart valves.
Coma	A state of unconsciousness with no reaction to external stimuli and having been on Life Support systems for at least 96 hours continuously.
Deafness	Complete, permanent and irreversible loss of hearing measured at a loss of 95 decibels in one or both ears.
Kidney Failure	End stage failure of both kidneys.
Loss of speech	Complete, permanent and irreversible loss of speech due to physical injury or disease. All other causes are not covered.
Loss of a hand or foot	Complete and irreversible severance of a hand or foot at or above the wrist or ankle joints.
Major Organ Transplant	Receiving, or going on an official UK waiting list to receive a bone marrow or complete heart, kidney, liver, lung, or pancreas. Other organs are not covered.
Motor Neurone Disease	A definite diagnosis by a Consultant neurologist of Motor Neurone disease.
Multiple Sclerosis	A definite diagnosis by a Consultant neurologist of Multiple Sclerosis together with impaired motor or sensory function.
Paralysis	Complete, permanent and irreversible loss of muscle function of any limb.
Parkinson's Disease	A definite diagnosis by a Consultant Neurologist of Parkinson's Disease evidenced by tremor, muscle rigidity and postural imbalance.
Third Degree Burns	Severe facial burns or damage and destruction of the full depth of skin over at least 20% of the body.
Traumatic Head Injury	Death of brain tissue due to injury with persisting clinical symptoms.



8. Terminal Illness Benefit

- (i) After the **Policy** has reached its 2nd anniversary if you are diagnosed with a **Terminal Illness** 100% of the **Sum Assured** may be claimed.
- (ii) The **Terminal Illness Benefit** is subject to the following:
 - (a) The amount payable is specified in the **Schedule** less any unpaid premiums and any previous **Serious Illness Benefit** claims.
 - (b) The **Terminal Illness Benefit** will only be payable on one occasion.
 - (c) Claims must be made within 6 months of the date of being diagnosed as terminal.
- (iii) Upon payment of the Terminal Illness Benefit the **Policy** will cease.

9. Payment of Benefit

- (i) If a claim is made in respect of your death, we shall pay the **Death Benefit** in accordance with the **Schedule**, upon receipt of:
 - (a) A form of discharge supplied for the purpose by us duly completed and signed by the administrators, executors or assigns;
 - (b) **Written Notice** and evidence satisfactory to us of the death of the **Life Assured**;
 - (c) The **Schedule**; and
 - (d) Any other documents, including documents of title, which it may require.
- (ii) Payment of a **Serious Illness Benefit** or **Terminal Illness Benefit** will be payable upon receipt of:
 - (a) A relevant completed claim form from your doctor or a relevant specialist consultant.
 - (b) Any evidence we may reasonably require in support of the claim (e.g. medical certificates, results of medical examinations and/or tests).

It is your responsibility to cover any costs incurred in obtaining the above.

10. Named Authority

Subject to the **Conditions** of this **Policy**, it is possible to appoint an individual to support you in administering your **Policy**.

- (i) You may, at any time, name an individual who may access basic **Policy** information, in accordance with the following:
 - (a) They may only access **Protection Policies**.
 - (b) There may only be one **Named Authority** at any one time.
 - (c) Benefit will only be paid to you, your Estate or an identified beneficiary.

The **Named Authority** may not change a stated beneficiary, endorsement or nomination, or Legal Charge during the life of the **Policy**.

11. Written Notice to the society

Any **Written Notice** we require shall be sent to OneFamily, 16-17 West Street, Brighton, BN1 2RL or to any other address we notify to you. **Written Notice** shall be deemed to have been given when it is received by us.

12. Assignments (Policies of assurance act 1867)

In accordance with the Policies of Assurance Act 1867, the **Policy** may be assigned. We will require **Written Notice** of the original documentation or an appropriate certified copy. We shall not charge you for assigning this **Policy** or for giving you any reasonable information you require in regards to this **Policy**.

13. Mis-statement of personal details

If any information regarding your personal details is mis-stated, this **Policy** may not necessarily be invalidated but we may, at our discretion, taking into account the correct information and any Premiums already received adjust the amount of **benefit** payable (provided that in no event shall the amount of the **benefit** exceed that previously stated).

If your correct age was not, at the time the **Policy** was issued, within the range of permitted ages, we shall decide what (if any) benefit is to be payable under the **Policy**.

14. Unrestricted policy

Subject to anything to the contrary in the **Special Conditions** (if any), this **Policy** is issued entirely free from restriction as to residence, travel and occupation.

15. Governing law

This **Policy** shall be governed in accordance with English Law. All communication will be in English.



Table K (Part 6)

Table of Contributions and Benefits relating to Homeowners Taxable Whole of Life Assurance Bonds.

- (1) Policies made pursuant to this Table will be single life only. Premiums are payable monthly in advance in order to secure a sum payable on the death of the Life Assured. Premiums are payable until the Life Assured reaches the age of 90, by Direct Debit or by any other method which the Society has approved. Premiums cease once the Life Assured reaches the age of 90.
- (2) In the event of the death of the Life Assured within the first two years of the policy, the Society will pay 150% of the premiums paid to date, except in the event of accidental death, where the Society will pay three times the Sum Assured, subject to any maximum Sum Assured specified in the policy document. Thereafter, in the event of death through any cause, the Society will pay the Sum Assured under the policy, subject to any maximum Sum Assured specified in the policy document. The value will be calculated on the day on which death is notified to the Society, but with effect from the date of death.
- (3) In the event of the Life Assured being diagnosed as suffering a Serious Illness as defined in the Policy Document, within the first two years of the policy, no benefit will be payable. Thereafter, in the event of the Life Assured being diagnosed as suffering a Serious Illness as defined in the Policy Document, the Life Assured will have an option to receive an advance on the Sum Assured equal to 20% of the Sum Assured. The balance of the Sum Assured would be payable either upon the receipt of a Terminal Illness claim or upon the death of the Life Assured.
- (4) In the event of the Life Assured being diagnosed as suffering a Terminal Illness as defined in the Policy Document, within the first two years of the policy, no benefit will be payable. Thereafter in the event that the policyholder is diagnosed as suffering a Terminal Illness, the Life Assured will have an option to receive a lump sum equal to the Sum Assured under the policy. The policy will then close and no additional sum will be payable on death. Terminal Illness is any condition that either has no known cure or has progressed to a point where it cannot be cured; and which in the opinion of the attending specialist holding such an appointment at a major hospital in the United Kingdom or abroad, is likely to cause death within 12 months of the date of claim.
- (5) The Life Assured may assign policies to which this Table applies. References in this Table to "the Life Assured" shall include, where appropriate, any person to whom the policy has been assigned.
- (6) The Society will issue to each Life Assured a policy document showing details of how the policy operates, including the amount of the Sum Assured.
- (7) The policy does not at any time acquire a surrender value.
- (8) A period of 60 days will be allowed for the payment of each premium. Any additional time allowed after the 60 day period will be at the discretion of the Society. If the Assured dies within the period allowed for payment of premiums, any unpaid premium will be deducted from the amount payable by the Society on death. If a premium is not paid within the 60 day period or any additional time allowed, the policy will be cancelled.
- (9) Transfers will be made from the Taxable Fund to the Management Fund, from time to time on the advice of the Actuary, to cover expenses of management.
- (10) Words used in this Table which are defined in the policy document issued to the Life Assured shall have the same meanings in this Table.



Any questions?



Visit us at
onefamily.com



Contact our team on
0800 085 0400*

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OneFamily, 16-17 West Street, Brighton, BN1 2RL tel: 0800 085 0400*

OneFamily is a trading name of Family Assurance Friendly Society Limited, (incorporated under the Friendly Societies Act 1992, Reg. No. 939F). Registered in England & Wales at 16-17 West Street, Brighton, BN1 2RL, United Kingdom. Family Assurance Friendly Society Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Family Assurance Friendly Society Limited's Financial Services Register number is 110067. You can check this on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by contacting the FCA on 0800 111 6768.

Engage Mutual Services Limited (EMSL)(Company Registration Number 3088162) is a non-regulated wholly owned subsidiary company of Family Assurance Friendly Society Limited. EMSL will introduce customers to Co-operative Legal Services Limited, Grace Consulting and RedArc Assured Limited, none of which are authorised or regulated by the FCA or the PRA. Co-operative Legal Services Limited are authorised and regulated by the Solicitors Regulation Authority (Registration Number 567391).