

Protecting Your Business – Level and Renewable Protection Plan

Key features

**This is an important document.
Please read it and keep for future reference.**

Lifetime Protection for your business from Standard Life

The Financial Conduct Authority is an independent financial services regulator. It requires us, Standard Life, to give you this important information to help you decide whether our Level and Renewable Protection 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.

This Key features document is for extensions, increases, top-up or conversions to a UK protection plan and is for use by UK residents only.

Helping you decide

This key features document will give you information on the main features, benefits and risks of the Level Protection Plan and Renewable Protection Plan.

A personal illustration is also enclosed. It will show you the benefits you may get in the future.

Your key features document and personal illustration should be read together.

Our customer service teams will always be happy to answer any of your questions or give you more information but they can't give you financial advice. Our contact details can be found on page 7.

1. Its aims

- To pay the guaranteed amount (if we accept a claim) as a lump sum or regular income or a combination of the two, whichever you choose
- The plan ends if we pay out for a claim

2. Your commitment

- To make monthly or yearly payments throughout the term of the plan, or
- To make a single payment, if the term of the plan is less than five years. If the term is exactly five years, you can choose to make either a single payment or regular payments

3. Risks

The plan has no cash-in value at any time. If you stop making payments, the plan and your cover will end (after 70 days from the date of the first missed payment) and you'll get nothing back.

We will not pay out for a condition the plan excludes. For more information on our standard exclusions, please ask your financial adviser or contact us for our leaflet 'Definitions and exclusions for Critical Illness, Total Permanent Disability and Waiver of Premium' (GEN200).

4. Questions and answers

This section will help answer questions you may have. We start with some general questions and then cover payments, tax, and charges.

What is Level Protection or Renewable Protection and when does it pay out?

It's an insurance plan for a business or partnership. You can use it to cover:

- financial loss if an individual dies or is diagnosed with a terminal illness during the plan's term (Key Person insurance)
- a succession planning arrangement (Share or Partnership protection)
- a business loan

We'll pay out a guaranteed amount if during the term of the plan the person whose life the plan covers:

- dies
- is diagnosed with a terminal illness, except in the last 12 months of the plan or until the last anniversary date of the plan before the person covered's 70th birthday, whichever is earlier
- is diagnosed with one of the critical illnesses covered and you have chosen this optional cover
- suffers a total permanent disability and you have chosen this optional cover

Before the plan starts, you choose how you want the guaranteed amount to be paid if there's a claim during the plan's term. It can be paid as:

- a lump sum
- an income for three, five, or ten years, which can be paid every month, every three months, every six months or every year from the date of claim
- a combination of lump sum and income

The plan can cover:

- you only, or
- the life of another person, as long as you can prove that the business would suffer a financial loss on their death or if they are diagnosed with a terminal illness during the plan's term

The plan automatically includes free Accidental Death Benefit from your date of application until we accept or decline it (up to a maximum of 30 days). If the person covered has an accident during that time and dies within 90 days of the accident, we'll pay out the lower of:

- £250,000, and
- the amount you've asked us to pay out on death

Please be aware that:

- your plan isn't a savings plan. It has no cash-in value at any time
- a terminal illness is different from a critical illness. A terminal illness means a life expectancy of less than 12 months. A critical illness wouldn't necessarily reduce life expectancy (for example, blindness is one of the conditions covered by Critical Illness)
- age and other restrictions apply. You may be refused cover or the guaranteed amount may be restricted
- the plan ends if we pay out for a claim

For Level Protection Plan:

We won't pay out for terminal illness:

- during the last 12 months of the plan
- after the 70th birthday of the person covered. The plan won't include this cover if they're aged 69 or older when you take it out

Your payments to the plan will not increase during the term of the plan unless you exercise an option to increase the guaranteed amount or term of the plan. If terminal illness cover ends before your life cover ends, this will not affect your payments to the plan.

The guaranteed amount stays the same throughout the term of the plan unless you use an option to increase it.

For details of the options you can choose, please see 'How flexible is it?' below.

For Renewable Protection Plan:

We won't pay out for terminal illness:

- during the last 12 months of the plan

A Renewable Protection Plan has a term of exactly five years. The guaranteed amount stays the same throughout the term of the plan.

How flexible is it?

The plan automatically includes our Business Assurance option. Depending on what you use this plan for, this option lets you increase the guaranteed amount within 12 weeks of an increase in:

- salary
- the value of a shareholding
- the value of a share in the partnership
- the business loan

To use this option you will have to provide financial underwriting evidence, but we don't need further health evidence. If the plan covers another person we'll still need evidence of the financial interest between you. You can use this option up until the first of these dates:

- the anniversary date of the plan before the person covered's 55th birthday
- three years before the plan's end date

Before the plan starts, you can include any of the following benefits in the plan for an additional cost:

- Critical Illness
- Total Permanent Disability
- Waiver of Premium
- Accidental Death Benefit

The options and benefits are further described in the following pages and under 'What other benefits can I choose?' on page 5.

For Level Protection Plan:

Before the plan starts you can choose options that you can use at a later date. These options, which are available for an additional cost, let you increase the guaranteed amount you're insured for or extend the term of the plan. You can use these options up until the first of these dates:

- the anniversary date of the plan before the person covered's 55th birthday
- three years before the plan's end date or, for the Mortgage Future Insurability and Term Extension option, until the plan's expiry date

Increase option: lets you increase the guaranteed amount on every fifth anniversary of the plan.

Extension option: lets you extend the term of the plan on every fifth anniversary of the plan.

Mortgage Future Insurability and Term

Extension option: if you are using this plan to cover a mortgage on your business premises, this option lets you increase the guaranteed amount and/or extend the term of the plan within six months of an associated increase in your mortgage or extension of its term. When you use this option you may need to increase the plan's term, as the new expiry date must be at least three years after the date this option is used.

To include these options the person covered must normally be under 50 when the plan starts, and other restrictions may apply. The plan schedule will confirm which options you've included in the plan and the exact date that an option ends.

For Renewable Protection Plan:

At the end of the plan's five year term you'll have the option to buy a new plan.

If the person covered is aged under 55 when this plan ends, you can buy a new Renewable Protection Plan with the option to increase your guaranteed amount by up to 25% and you won't have to provide any further health or other evidence. You can continue to renew each plan and increase the guaranteed amount each time until the person covered reaches age 55.

If the person covered is aged 55 or over when the plan ends, you can buy a new Level Protection Plan and you won't have to provide any further health or other evidence. This plan will have a further five year term, which you won't be able to renew when it ends.

Critical Illness and Total Permanent Disability cover

You can choose Critical Illness or Total Permanent Disability cover before the plan starts.

If you choose this cover the guaranteed amount will be the same as the amount payable on death.

Critical Illness pays out if the person covered is diagnosed with one of the illnesses or conditions listed on this page. It automatically includes Total Permanent Disability within the list of conditions covered.

Total Permanent Disability pays out if the person covered becomes totally and permanently disabled, and (depending on the definition shown in the plan documents) they are unable to carry out their own occupation, or they cannot perform a number of the Activities of Daily Working (ADW). For the definitions of own occupation, ADW and Total Permanent Disability, please ask your financial adviser or contact us for a copy of our leaflet 'Definitions and exclusions for Critical Illness, Total Permanent Disability and Waiver of Premium' (GEN200).

The plan may contain a combination of the own occupation and ADW definitions if, from the start of the plan to the plan's expiry date, it provides cover worth more than:

- £2 million for Critical Illness cover, or
- £250,000 for Total Permanent Disability cover (if you choose this as a separate benefit without adding Critical Illness cover)

The ADW definition may apply to plans with lower guaranteed amounts.

The whole plan will use the ADW definition if:

- the person covered doesn't have a current occupation that provides them with earnings
- their occupation or a medical condition won't allow them to have the own occupation definition

You could be refused cover or have certain conditions excluded because of your circumstances. For details of the standard exclusions please ask your financial adviser or contact us for a copy of our leaflet 'Definitions and exclusions for Critical Illness, Total Permanent Disability and Waiver of Premium' (GEN200).

What is included in the Critical Illness cover?

The critical illnesses and conditions that the plan covers are:

- Alzheimer's disease – resulting in permanent symptoms
- Aorta graft surgery – for disease
- Aplastic Anaemia – with permanent bone marrow failure
- Bacterial Meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or surgical removal
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Coma – resulting in permanent symptoms
- Coronary artery bypass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jakob disease – resulting in permanent symptoms
- Deafness – permanent and irreversible
- Dementia – resulting in permanent symptoms
- 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 occupation
- Kidney failure – requiring dialysis
- Liver Failure – of advanced stage
- Loss of speech – permanent and irreversible
- Loss of hands or feet – permanent physical severance
- Major organ transplant
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Paralysis of limbs – total and irreversible
- Parkinson's disease – resulting in permanent symptoms
- Stroke – resulting in permanent symptoms
- Third degree burns – covering 20% of the body's surface area
- Total Permanent Disability

Certain conditions may be excluded depending on your circumstances.

Please be aware that this plan is for businesses so the Critical Illness cover doesn't include the children of the person covered.

What will stop the Critical Illness or Total Permanent Disability cover paying out?

We won't pay out a Critical Illness or Total Permanent Disability claim if:

- the person covered dies within 28 days of the date of diagnosis. We would pay out the amount payable on death instead
- the illness or condition giving rise to the claim:
 - is excluded by any specific terms we apply when we accept your application. If exclusions apply, we'll list them in your terms of offer letter and plan schedule
 - relates to aviation (other than as a passenger on a commercially licensed aircraft); alcohol, drug or solvent abuse; failure to follow medical advice; self-inflicted injury; war or civil commotion; or criminal acts

What other benefits can I choose?

Before the plan starts you can add Waiver of Premium and Accidental Death Benefit.

For Level Protection Plan:

You can increase your guaranteed amount or extend the plan's term in certain circumstances as described in 'How flexible is it?' on page 3. You must choose these options before the plan starts.

Waiver of Premium

Waiver of Premium covers your regular payments to the plan if an illness or disability stops the person covered working for six months or more.

For the first six months of your claim you must continue to make payments to the plan. After that, Waiver of Premium will cover your payments until the person covered is able to return to work.

When they return to work your claim ends and you must start making payments again.

You can continue to have Waiver of Premium in the plan until the first of these dates:

- the last anniversary of the plan before the person covered's 65th birthday
- the date the plan is due to end

Any payments we are making for a claim will also continue until the first of these dates.

You cannot change your level of cover during a claim for Waiver of Premium.

We will agree to waive payments if the person covered becomes disabled and meets the definition of disability shown in the plan documents.

The three possible definitions of disability are:

- they are unable to do their own occupation
- they are unable to do any occupation for which they may be suited
- they cannot perform a number of the Activities of Daily Working

Certain conditions may be excluded and cover is not included for all occupations. For details of the definitions of disability available and standard exclusions, please ask your financial adviser or contact us for a copy of our leaflet 'Definitions and exclusions for Critical Illness, Total Permanent Disability and Waiver of Premium' (GEN200).

Accidental Death Benefit:

If the person covered dies within 90 days of an accident, we'll pay out:

- the guaranteed lump sum amount you're insured for on death, plus
- an additional amount of Accidental Death Benefit up to a maximum of £250,000, which will equal your guaranteed lump sum amount

It covers only the guaranteed amount (or part of it) payable as a lump sum. If there's a claim, it won't take account of any amount payable as an income.

How do I make a claim?

To make a claim call **0345 60 60 004** (call charges will vary) or write to:

Standard Life Assurance Limited
Standard Life House
30 Lothian Road
Edinburgh
EH1 2DH

What will my payments be?

Your personal illustration shows you the payments for the cover you've chosen.

Your payments are based on factors such as:

- the age of the person covered
- if they smoke or not
- the amount of cover you've chosen
- the term of the plan
- the options you've chosen

You can make regular payments monthly by direct debit, or yearly by direct debit or cheque. Note that:

- if the term of the plan is exactly five years, you can choose to make a single payment by cheque
- for Level Protection Plans with a term of less than five years, you must make a single payment by cheque

In the event of a change in bank where payments are being made by direct debit, a fresh direct debiting instruction is required.

What about tax?

The purpose you use the plan for will affect what tax may be payable on the guaranteed amount.

Law and tax rules may change in the future. The information here is based on our understanding at June 2022. Your own circumstances and where you live in the UK will also have an impact on tax treatment.

We recommend that you take professional advice about tax. There's likely to be a charge for this.

What are the charges?

There are no separate charges. All our charges and expenses are included in your payments.

Can I change my mind?

You have a legal right to cancel your contract if you change your mind. You have a 30 day period to consider if you want to change your mind. This right also applies to the exercising of options. This 30 day period starts from the day you receive your Policy Schedule and Policy Provisions (LPS62) or from the day you are advised that the option has been effected on your contract.

During this period, if you decide you want to cancel, you should call us or write to us at the address shown in the 'How to contact us' section on page 8, instructing us to cancel the contract. Please make sure that you include your plan number in any correspondence with us.

If you decide to cancel, and we have already received payment, we will refund the payment to the person who made it.

At the end of the 30 day period you will be bound by the terms and conditions of the plan and any money received by Standard Life will not be refundable under the cancellation rule.

5. Other information

How to complain

We can send you a leaflet summarising our complaint handling procedures on request.

If you ever need to complain, first write to us at the address shown in the 'How to contact us' section on page 08. If you are not satisfied with our response, you may be able to complain to:

Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9GE

Telephone: **0800 023 4567**

Fax: **020 7964 1001**

Online:

www.financial-ombudsman.org.uk/contact-us/

Complaining to the Ombudsman will not affect your legal rights.

Information leaflets

For more information about the definitions, limitations and exclusions, please ask your financial adviser or contact us for our 'Definitions and exclusions for Critical Illness, Total Permanent Disability and Waiver of Premium' (GEN200).

We can also supply specimen plan documents on request.

Plan terms and conditions

This Key Features Document only gives a summary of Standard Life's Level & Renewable Protection Plan.

The full definitions, exclusions, terms and conditions of this plan are given in the Policy Provisions booklet (LPS62) and the Policy Schedule. These will be sent to you once your plan starts (if you accept any terms offered), but you can request a copy at any time before then. If you would like a copy please ask your financial adviser or contact us.

We have the right to change some of the terms and conditions. We'll write and explain if this happens.

Law

In legal disputes, the law that applies is usually the law of the country in which you are resident when you take out the plan.

Language

The English language will be used in all documents and future correspondence.

Compensation

The Financial Services Compensation Scheme (FSCS), established under the Financial Services and Markets Act 2000, has been set up to provide protection to consumers if authorised financial services firms are unable, or likely to be unable, to meet claims against them.

Your contract is classed as a long-term contract of insurance. You will be eligible for compensation under the FSCS if Standard Life Assurance Limited becomes unable to meet its claims and the cover is 100% of the value of your claim.

For further information on the compensation available under the FSCS please check their website www.fscs.org.uk or call the FSCS on **0800 678 1100**. Please note only compensation queries should be directed to the FSCS.

If you have any further questions, you can speak to your financial adviser or contact us directly. There's likely to be a charge for this.

You can also find more information at www.standardlife.co.uk/investor-protection

The ABI Guide to Critical Illness

General information about Critical Illness cover is contained in the ABI (Association of British Insurers) 'Guide to Critical Illness'. You can see this by going online at www.abi.org.uk

Alternatively, we'll send you a copy on request, or you can get a copy by writing to the ABI at One America Square, 17 Crosswall, London, EC3N 2LB.

Solvency and financial condition report (SFCR)

The Solvency II directive is a European (EU) directive for insurance companies. Among the requirements are that companies produce a publication of a SFCR, to assist policyholders and other stakeholders to understand the capital position under Solvency II. Further information and details of the report can be found at: www.thephoenixgroup.com/investor-relations/solvency-and-financialcondition-report

6. How to contact us

Remember, your financial adviser will normally be your first point of contact.

If you have any questions or would like to make any changes to your plan, connect with us today.

Telephone: **0800 634 7471**
Call charges will vary.

You may prefer to contact us by writing to us:

Standard Life Assurance Limited
Standard Life House
30 Lothian Road
Edinburgh
EH1 2DH

You can find out more about Standard Life on our website: www.standardlife.co.uk

7. About Standard Life

Standard Life Assurance Limited's product range includes pensions and investments.

Standard Life Assurance Limited is on the Financial Services Register. The registration number is 439567.

Standard Life Assurance Limited is registered in Scotland (SC286833) at Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH.
Standard Life Assurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. www.standardlife.co.uk

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