



Key facts of **Personal Menu Plan**

September 2025
Important information you should read

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See if our plan is right for you

This key facts document should help you decide if our Personal Menu Plan is right for you. Please read it carefully, along with your quote, to make sure you understand what you're buying.

It doesn't contain our full terms and conditions. You can find those in our plan details online royallondon.com/plandetails or ask us for a copy using the contact details on page 23. We'll send you a copy with your cover summary if you take out a plan. Your cover summary will tell you which version of the plan details applies to you.

We can't advise whether our plan is right for you. But a financial adviser can help you decide.

Please note that a financial adviser may charge for their services.

Depending on the type of cover you take out, our plan might be right for you if you want to:

- Have some money coming in if you're too ill to work.
- Have some money if you're diagnosed with a critical illness we cover.
- Leave your family some money if you die.
- Leave some money to help pay any inheritance tax liability (by placing the plan under a suitable trust).

The aims of our plan

Here's what our plan aims to do for you:

- Insure you and your family against the financial consequences of dying, being critically ill, or not being able to work because of illness or injury.
- Give you the flexibility to choose different types of cover for different amounts and different lengths of time. And in most instances you can change your plan when you need to without having to cancel and start again.



To keep things simple, we'll talk about 'you' throughout this document, even though sometimes it might be someone else you're insuring.

Your commitment

Here's what we need you to do:

- When you apply, answer our list of questions fully, truthfully and accurately.
- Before your plan starts, tell us if any information you gave us in your application changes.
- Pay your monthly or yearly premiums by direct debit for as long as your plan lasts.

The risks

There are some things you need to know about your plan:

- Your plan may not pay to the person you intend after your death if appropriate arrangements aren't in place. You should therefore consider whether you should tell us who you would want to benefit as part of your application or write your plan in trust. For more information please speak to your adviser.
- If any of the information you give us when you apply for your plan is incomplete, untrue or inaccurate, we might not pay the full amount if you make a claim. We might change the terms of your plan or even cancel it and not pay out at all. See pages 18 to 20.
- If any information relating to your personal circumstances changes before your plan starts and you don't let us know, we might not pay out. Or, we might change the terms of your plan or cancel it. See pages 18 to 20.
- If you leave the UK, Jersey, Guernsey or Isle of Man, this might affect your insurance, so please tell us if you change your address.
- If we pay a claim, this might affect your right to means-tested state benefits.
- If you stop paying your premiums we'll cancel your plan. This means you won't be insured anymore and you won't get any of your premiums back.
- If you choose decreasing cover, there are some circumstances when your payout might not be enough to pay off your mortgage or loan in full. For example, if you make changes to your mortgage or loan or your mortgage interest rate increases.
- If you choose reviewable premiums, the amount you pay could go up or down. If it goes up you might not be able to afford your premiums, so you may have to reduce your cover to keep your premiums lower. The total amount you pay over time may also be more than you would have paid if you'd chosen guaranteed premiums.
- If you don't choose increasing cover, you should bear in mind that your cover won't increase and inflation will reduce its value over time.
- Your plan doesn't have a cash-in value at any time so you won't get any of your premiums back if you cancel your plan.

The types of cover you can choose

We offer:

- Income Protection
- Life Cover
- Critical Illness Cover
- Life or Critical Illness Cover
- Waiver of Premium (Sickness)

You can choose a single cover, or a combination of covers, depending on your demands and needs. Further information on each cover and a statement of demands and needs is shown below.

The covers you choose will pay out during the term of the cover in the following circumstances.

Income Protection

Income Protection meets your demands and needs if you want an income if you can't work because of an illness or injury and you meet our definition of incapacitated or you're diagnosed with a terminal illness that meets our definition during your chosen term. See our plan details for our definition of incapacitated and page 8 for our definition of terminal illness.

When you take out cover, you can insure up to 65% of the first £60,000 of your earnings and 50% of the remainder of your earnings above £60,000 before tax, up to a maximum of £250,000 a year. You can also decide the amount of time between you becoming incapacitated and getting your first payment from us. This is known as the deferred period.

If you're diagnosed with a terminal illness that meets our definition we'll start making payments straight away – we won't make you wait the deferred period.

And you choose how long you want your payments to last – one year, two years, five years, or for the whole length of your cover. This is known as the cover payment period.

Special conditions for NHS medical professionals

If you're a medical professional entitled to the NHS sick pay structure or a sick pay structure that matches that of the NHS and have chosen a 52 week deferred period, we'll start paying your claim sooner than this. It will start as soon as the amount you're paid reduces based on your length of service. This only applies to any earnings that are subject to the NHS sick pay structure. Any other earnings must be covered separately.

You may also be eligible for sabbatical cover, meaning that you can take a career break of up to one year and you'll remain fully covered based on your income before the sabbatical started. For more information please see our Income Protection Plan Details.

When you choose Income Protection, we'll also provide you with some additional benefits. If you make a claim for one of these additional benefits, it doesn't affect your cover – you can still make an Income Protection claim in the future if you need to.

The complete list of additional benefits we cover is set out below. These headings are only a guide to what's covered. The full terms and conditions for these additional benefits and the circumstances in which you can claim are given in section 1 of our plan details.

Fracture Cover

We'll pay a lump sum if you're diagnosed with a specified bone fracture. The amount we'll pay depends on the type of fracture you suffer and not all types of fracture are covered. We'll only pay two Fracture Cover claims within a 12 month period. If you suffer more than one fracture at the same time we'll pay for multiple fractures up to a maximum of £4,000 per claim. We'll only pay one claim per fracture.

Hospitalisation Payment

We'll pay this if you're admitted to hospital as a result of your incapacity for more than 6 consecutive nights during your deferred period. We'll pay £100 for each additional night spent in hospital during your deferred period up to a maximum of 90 nights during the term of your cover.

Additional Payment on Death

If you die before the end date of your cover we'll pay out an amount equal to your yearly premium, or 12 times your monthly premium.

Back to Work Payment

We'll pay this if you've chosen a deferred period of 13, 26 or 52 weeks and you go back to work and are no longer suffering any loss of income. We'll only pay this once we've stopped paying your monthly benefit, including any amount we're paying because you've gone back to work part time or gone back to work in a different occupation and you're earning less.

The amount of back to work payment depends on the cover payment period selected and is confirmed in our plan details. We'll pay this in months one and two after we pay the last monthly benefit under Income Protection.

If you have Income Protection, the following risks also apply:

If you're receiving state benefits

If you claim, the monthly amount we pay you may have an impact on your state benefits. We won't change the amount we pay out if you're receiving state benefits, but the benefits you're entitled to may be reduced due to your Income Protection payout. For example, payments may reduce your universal credit entitlement.

What can happen if your earnings reduce?

If your earnings reduce over the term of your policy, there are a few things you need to be aware of. If your earnings reduce we may reduce the amount we pay you when you claim if your cover amount is more than the maximum you're allowed. If your earnings reduce, we can update your cover to reflect this

but, before making changes to your cover, we recommend you speak to your Financial Adviser.

Deductions we'll make to the amount we pay you

You may continue to receive income from employment or self-employment after you stop working, which could include sick pay or an income from a business you own. You may also have other insurance that pays when you're unable to work. We deduct income like this when working out your payout.

We don't make any deduction for state benefits or income from your investments. Any payments we make to you may affect a claim on other income protection policies you or your employer have. Also, any state benefits you're entitled to may be reduced due to your Income Protection payouts. For example, payments may reduce your universal credit entitlement. State benefits can change at any time.

Life Cover

Life Cover meets your demands and needs if you want to have a lump sum or regular income paid in the event of your death or diagnosis of a terminal illness during your chosen term.

Underwrite Later

If you apply for Life Cover and we need medical evidence or other additional information to make a decision on your application, you may be able to choose our Underwrite Later option.

If you choose this option, we may be able to start your cover, before receiving the medical evidence or other additional information we may need.

We'll confirm whether we can start your plan and if so, the terms we're able to offer after our initial assessment of your application. We'll ask for all the medical evidence and any other information we need and then fully assess your application once we receive it.

If this medical evidence or further information affects our decision, we might change the terms of your plan or cancel it.

See the 'Underwrite Later' section in the plan details for more information on how this works.

Critical Illness Cover

Critical Illness Cover meets your demands and needs if you want to have a lump sum or regular income paid in the event you're diagnosed with a critical illness we cover that meets our definition, or (if you choose to include cover for total permanent disability) if you meet our definition of total permanent disability, in either case during your chosen term. You can choose whether to add Standard Children's Critical Illness Cover, Enhanced Children's Critical Illness Cover or no cover for children if it's not needed.

Standard Children's Critical Illness Cover meets your demands and needs if you want a lump sum paid if, during your chosen term, your child is diagnosed with a critical illness we cover that meets our definition or meets our definition of terminal illness or children's total permanent disability.

Enhanced Children's Critical Illness Cover meets your demands and needs if you want a lump sum paid if, during your chosen term, your child is diagnosed with:

- an additional condition;
- a critical illness we cover; or

- a children's critical illness condition that meets our definition or meets our definition of terminal illness or children's total permanent disability.

If you choose Enhanced Children's Critical Illness Cover you'll automatically have cover for pregnancy complications as an additional condition.

Life or Critical Illness Cover

Life or Critical Illness Cover meets your demands and needs if you want to have a lump sum or regular income paid in the event you:

- die;
- are diagnosed with a critical illness we cover that meets our definition;
- meet our definition of terminal illness; or
- meet our definition of total permanent disability (if you choose to include cover for total permanent disability),

in each case during your chosen term.

Your cover will only pay out once (not including payments for additional conditions during the term that you are covered for).

That means if we pay a critical illness claim, we won't pay out for a death, terminal illness or total permanent disability claim too.

You can choose whether to add Standard Children's Critical Illness Cover, Enhanced Children's Critical Illness Cover or no cover for children if it's not needed.

Standard Children's Critical Illness Cover meets your demands and needs if you want a lump sum paid if, during your chosen term, your child is diagnosed with a critical illness we cover that meets our definition or meets our definition of terminal illness or children's total permanent disability.

Enhanced Children's Critical Illness Cover meets your demands and needs if you want a lump sum paid if, during your chosen term, your child is diagnosed with:

- an additional condition
- a critical illness we cover; or
- a children's critical illness condition that meets our definition or meets our definition of terminal illness or children's total permanent disability.

If you choose Enhanced Children's Critical Illness Cover you'll automatically have cover for pregnancy complications as an additional condition.

Our definition of terminal illness

A definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured, and
- In the opinion of the attending consultant is expected to lead to death within 12 months.

We only cover the critical illnesses that are listed on pages 8 - 10.

See the 'Definitions of the words we use' section of our **plan details** for our critical illness definitions and our definition of total permanent disability.

Critical illnesses and conditions we cover

The complete list of illnesses and conditions we cover is set out below. These headings are only a guide to what's covered.

The full definitions of the illnesses covered and the circumstances in which you can claim are given in the 'Definitions of the words we use' section of our plan details. These 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.

Critical illnesses

- Aorta graft surgery – for disease or traumatic injury
- Aplastic anaemia – with bone marrow failure
- Bacterial meningitis
- Benign brain or spinal cord tumour – resulting in permanent symptoms or specified treatment
- Blindness – permanent and irreversible
- Brain injury due to trauma, anoxia or hypoxia – resulting in permanent symptoms
- Cancer – excluding less advanced cases
- Cardiac arrest – with insertion of a defibrillator
- Cardiomyopathy – of specified severity or undergoing a defined treatment
- Cauda equina syndrome – with permanent symptoms
- Chronic lung disease – of specified severity
- Coma – with associated symptoms
- Coronary artery bypass grafts
- Creutzfeldt-Jakob disease (CJD) – resulting in permanent symptoms
- Deafness – permanent and irreversible
- Dementia including Alzheimer's disease – of specified severity
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Heart failure – of specified severity
- Heart valve replacement or repair
- Intensive care – requiring mechanical ventilation for 10 consecutive days
- Kidney failure – requiring permanent dialysis
- Liver failure – irreversible
- Loss of hand or foot – permanent physical severance
- Loss of independent existence – resulting in permanent symptoms
- Loss of speech – permanent and irreversible
- Loss or removal of an eyeball – due to injury or disease
- Major organ transplant – from another donor
- Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms
- Multiple sclerosis – with past or present symptoms
- Neuromyelitis optica (Devic's disease)
- Paralysis of limbs – total and irreversible
- Parkinson plus syndromes – resulting in permanent symptoms
- Parkinson's disease – resulting in permanent symptoms
- Peripheral vascular disease – with bypass surgery
- Pneumonectomy – removal of a complete lung
- Pulmonary artery graft surgery

- Pulmonary hypertension – of specified severity
- Severe bowel disease
- Severe mental illness – of specified severity
- Spinal stroke – of specified severity
- Stroke – of specified severity
- Structural heart surgery – with thoracotomy or surgery to divide the breastbone
- Syringomyelia or syringobulbia – requiring surgery
- Systemic lupus erythematosus – with severe complications
- Third degree burns – covering 20% of the body's surface area or 20% loss of surface area of the face

Total permanent disability – of specified severity

When you choose Critical Illness Cover or Life or Critical Illness Cover, you can choose to include cover for total permanent disability. This pays out if you become disabled and are no longer able to do certain things. There are different definitions. We'll tell you which definition applies to you when you take out your plan. The definition we give you will depend on your health and occupation:

- Own occupation means that you're under 65 and unable to do your own occupation ever again.
- Working tasks means that you're under 65 and unable to do three specified working tasks ever again.
- Living tasks means that you're 65 or over and unable to do three specified living tasks ever again.

If we pay a claim for total permanent disability, you won't be able to make a claim for any other critical illness and your cover will stop.

Additional conditions cover

When you choose Critical Illness Cover, or Life or Critical Illness Cover, we'll also insure you for the following additional conditions. For these conditions we pay 50% of the amount you're insured for, up to £35,000.

If you make a claim for an additional condition, it doesn't affect your cover – you can still make a critical illness claim in the future if you need to.

The complete list of additional conditions we cover is set out below. These headings are only a guide to what's covered. The full set of definitions of the additional conditions and the circumstances in which you can claim are given in the 'Definitions of the words we use' section of our plan details.

- Accident hospitalisation – requiring a hospital stay for 28 consecutive days
- Aortic aneurysm – with endovascular repair
- Bowel disease – treated with intestinal resection
- Carcinoma in situ of the breast – with surgery to remove the tumour
- Carcinoma in situ of the cervix uteri – requiring trachelectomy (removal of the cervix) or hysterectomy
- Carcinoma in situ of the colon or rectum – resulting in intestinal resection
- Carcinoma in situ of the larynx – with specified treatment

- Carcinoma in situ of the renal pelvis or ureter – supported by histological evidence
- Carcinoma in situ of the testicle – requiring orchidectomy
- Carcinoma in situ of the urinary bladder – supported by histological evidence
- Carcinoma in situ of the vagina or vulva – resulting in surgery to remove the tumour
- Carcinoma in situ (other) – with surgery
- Carotid artery stenosis – of specified severity resulting in surgery
- Central retinal artery or vein occlusion – resulting in permanent visual loss
- Cerebral or spinal aneurysm – with specified surgery
- Cerebral or spinal arteriovenous malformation – with specified treatment
- Coronary angioplasty – with specified treatment
- Desmoid type fibromatosis – with specified treatment
- Diabetes mellitus type 1 – with insulin dependency
- Heartbeat abnormalities – with permanent pacemaker insertion
- Less advanced gastrointestinal stromal tumour
- Less advanced neuroendocrine tumour (WHO grade 1) – treated with surgery
- Less severe cardiomyopathy
- Less severe heart failure
- Low grade prostate cancer – of specified severity
- Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary
- Partial loss of sight – permanent and irreversible
- Pituitary gland tumour – with specified treatment
- Primary cutaneous lymphoma – early stage
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Skin cancer (not including melanoma) – advanced stage as specified
- Third degree burns – covering at least 5% but less than 20% of the body's surface area or at least 10% but less than 20% of the surface area of the face

If you choose to add Enhanced Children's Critical Illness Cover we also insure you and your spouse, civil partner or partner for pregnancy complications.

If the claim is for **pregnancy complications**, we'll pay £5,000 per pregnancy unless the claim is because of foetal death in utero or still birth.

If the claim is for **pregnancy complications** and the claim is because of foetal death in utero, we'll pay £5,000 per foetus.

If the claim is for **pregnancy complications** and the claim is because of still birth, we'll pay £10,000 per child.

Children’s Critical Illness Cover

When you choose Critical Illness Cover, or Life or Critical Illness Cover, you can choose whether to have no cover for children or insure your children by including either Standard Children’s Critical Illness Cover or Enhanced Children’s Critical Illness Cover. They’ll be covered from birth up to age 22 or 23 if in full-time education. That’s any child you have now or at any time during the life of your plan – including any child that lives with you and is financially dependent on you.

Standard Children’s Critical Illness

If you choose Standard Children’s Critical Illness Cover, they’ll be covered for the same list of critical illnesses as you, including terminal illness, but a different definition

of total permanent disability will apply and we’ll pay 50% of the amount you’re insured for, up to £30,000. We’ll also make a payment of £5,000 if they die. Additional Conditions Cover isn’t included in Standard Children’s Critical Illness Cover.

Enhanced Children’s Critical Illness

If you choose Enhanced Children’s Critical Illness Cover, they’ll be covered for the same additional conditions, and critical illnesses as you but a different definition of total permanent disability will apply. They’ll also be covered for the 13 children’s critical illness conditions listed on page 13. We’ll also make a payment if they die or are diagnosed with a terminal illness. The amount we’ll pay in each case is set out in the table below.

Benefits of Enhanced Children’s Critical Illness

Reason for the claim	Amount we’ll pay
Diagnosis of an additional condition other than pregnancy complications	50% of the amount you’re insured for, up to £35,000
Diagnosis of a pregnancy complication	If the claim is because of foetal death in utero, £5,000 per foetus. If the claim is because of still birth, £10,000 per child . If the claim is not because of foetal death in utero or still birth, £5,000 per pregnancy.
Diagnosis of a children’s critical illness, critical illness, terminal illness or total permanent disability	50% of the amount you’re insured for, up to £50,000.
Death of a child	£10,000

If you make a claim for your child, it doesn’t affect your own cover.

Children's critical illness conditions

The following is the list of conditions covered if you choose to add Enhanced Children's Critical Illness Cover to either Critical Illness Cover or Life or Critical Illness Cover.

- Cerebral palsy
- Child diabetes mellitus type 1 – with insulin dependency
- Child intensive care benefit – requiring mechanical ventilation for 7 days
- Craniosynostosis – requiring surgery
- Cystic fibrosis
- Down's syndrome
- Edwards' syndrome
- Hydrocephalus – treated with the insertion of a shunt
- Muscular dystrophy
- Osteogenesis imperfecta
- Patau syndrome
- Spina bifida
- Surgical repair of an atrial or ventricular septal defect

Waiver of Premium (Sickness)

Waiver of Premium (Sickness) meets your demands and needs if you want to have the monthly premiums for your policy paid for you in the following situations.

If:

- you have an accident or illness that leaves you unable to work or unable to carry out a number of living tasks and you meet our definition of incapacitated, or
- you're diagnosed with a terminal illness that meets our definition.

We'll pay your plan premiums for you.

You can decide the amount of time between you becoming incapacitated and us paying your premiums for you. The choices are 4, 8, 13, 26 or 52 weeks. This is known as the deferred period. If you're diagnosed with a terminal illness that meets our definition we'll start making payments straightaway – we won't make you wait the deferred period. We automatically include it if you choose Income Protection.

Additional support included

A Helping Hand with your day-to-day

With our Personal Menu Plan, you'll have access to our Helping Hand support service.

Helping Hand includes a wellbeing support service, designed to help you maintain a healthy lifestyle. It gives the plan owners online access to a range of hand-picked early care medical services, so you have the help and advice you need to stay fit and healthy and help stop small health issues becoming a big problem.

Helping Hand is there for you, whichever stage in life you're at, and as a plan owner it doesn't cost anything extra to use.

A Helping Hand with recovery

If you (the plan owner), or your partner and children, are going through a difficult time, such as a serious illness, injury or bereavement, Helping Hand will also be there to offer support – even if you don't make a claim.

You can contact RedArc, who'll give you access to a dedicated nurse. They'll provide tailored and personal support whenever it's needed, for as long as it's needed. Your dedicated nurse can also give you relevant literature, help to find useful organisations, and can organise additional services such as therapies, counselling or a second medical opinion, if it's needed.

Helping Hand is a package of support services and each service is provided by third parties that aren't regulated by either the Financial Conduct Authority or the Prudential Regulation Authority. These services aren't part of our terms and conditions and don't form part of your insurance contract with us, so can be amended or withdrawn at any time. This means that you or your family's access to these services could be amended or withdrawn by us in the future.

For more about this, please ask us for a copy of our Helping Hand guide, using the contact details on page 23.

Additional cover included

Free Cover

If you apply for Life Cover, Critical Illness Cover, Life or Critical Illness Cover, or Income Protection, we may be able to give you Free Cover before your plan starts. If you'd like to know more about this, please see our Free Cover leaflet or ask us for a copy using the contact details on page 23.

Questions and answers

The cost of your plan

How much will my premiums cost?

The cost will depend on things like your age, your medical history, and whether you smoke. Your occupation and your state of health might also affect the cost.

We'll show the total cost on your quote and cover summary. In general, the more cover you have and the longer the term, the higher your premiums will be.

Will my premiums change?

For some covers you can choose between guaranteed and reviewable premiums. Your quote and cover summary will show you the choice you've made.

If you choose guaranteed premiums, they'll stay the same unless you make changes to your plan.

Reviewable premiums under Critical Illness Cover, or Life or Critical Illness Cover, won't change for the first five years of the plan. They'll be reviewed every five years after that and could go up or down.

For some covers you can choose a renewable term. If you choose this option, your premiums will increase each time you renew your cover. See 'How long can my cover last?' for more information.

We'll always tell you before we make any changes to your premiums.

Your options explained

What are the options for setting up my cover?

You can set up your cover on a single life, joint life (first or second event), dual life, or life of another basis.

Single life means just one person is insured.

Joint life first event means that two people are insured and we'll pay out when the first person dies or meets our definition of terminal illness.

Joint life second event means that two people are insured and we'll pay out after both people have died or have met our definition of terminal illness.

Dual life means that two people are insured, each by separate covers. When there is a claim for one person the other will still be protected.

Life of another means you can take out insurance to cover someone else's life. This could be your spouse or partner, for example.

You can only take out Income Protection on a single life or dual life basis.

How long can my cover last?

You can choose a fixed or renewable term for Life Cover, Critical Illness Cover, or Life or Critical Illness Cover. However, if your cover is on a decreasing or joint life (second event) basis, or your cover is Income Protection, only a fixed term is available.

Fixed term means that your cover will end after a certain number of years. If you want to take out more cover when it comes to an end, you'll need to apply again.

If you take out the renewable option, you'll still have an end date for your plan, but just before the end date we'll ask you if you want to renew your cover for a further five or ten years depending on the term you chose when your cover started.

How can I have my claim paid?

For Life Cover (excluding joint life second event), Critical Illness Cover, or Life or Critical Illness Cover, you can choose to have your claim paid as a level lump sum, increasing lump sum, decreasing lump sum, level monthly income or increasing monthly income.

For Life Cover on a joint life second event basis you can choose to have your claim paid as a level lump sum or an increasing lump sum.

For Income Protection you can choose to have your claim paid as a level monthly income or increasing monthly income.

Level lump sum

We'll pay you a single lump sum of a fixed amount.

Increasing lump sum

We'll pay you a single lump sum that will go up over the life of your plan.

Decreasing lump sum

We'll pay you a single lump sum that will go down over the life of your plan.

- You can choose your cover to decrease in line with a repayment mortgage with the same interest rate as your mortgage (between 0% and 15%). If your mortgage interest rate changes, the amount we pay if you claim may not be enough to pay off your mortgage.

See the 'How your cover works' section of our **plan details** for more information about decreasing lump sum

Level monthly income

We'll pay you a monthly income. This income will always be the same amount every month, for the whole of your plan.

Increasing monthly income

We'll pay you a monthly income that will go up over the life of your plan.

Why would I choose increasing cover?

You might choose this option if you want to protect the value of your insurance against the effects of inflation (the rising costs of goods and services over time). When you take out your plan you choose how much it goes up by. This means your premiums will also increase.

Why would I choose decreasing cover?

You might choose this option if you want your insurance to go down in line with a repayment mortgage. When you take out your plan you choose the interest rate used to work out how your cover goes down.

How much will my plan pay out?

This depends on how much cover you've chosen. We'll show this on your quote and cover summary.

If you choose an increasing or decreasing cover, we'll pay the amount your cover has gone up or down to at the time you make a claim.

See the 'How your cover works' section of our **plan details** for more information about how your plan works.

Changing your plan

Once my plan starts, can I change it?

Yes, but there might be certain conditions you'll need to meet before we can add, remove or change covers for you. But if you contact us we'll tell you what these are and explain the process to you. For example, if you have Critical Illness Cover, you can choose to either add or remove either Standard or Enhanced Children's Critical Illness Cover, or change between Standard or Enhanced Children's Critical Illness Cover.

Can I increase the amount I'm insured for?

Yes, you can usually increase your cover without having to answer any questions about your health if;

For personal cover:

- You get married or divorced,
- You enter or dissolve a civil partnership,
- You have or adopt a child,
- You have an increase in rent,
- You take out your first mortgage,
- You increase your existing mortgage, or
- You get a salary rise.

For Inheritance tax (IHT) planning:

- Your expected IHT liability increases,
- There's an increase in the IHT rate, or
- There's a reduction in the IHT tax rate bands, exemptions or reliefs.

In other situations we may need to ask you further medical questions and depending on your answers you might not be able to increase your cover. But if you contact us we'll explain the process to you.

See the 'Changing your cover' section of our **plan details** for more information about changing your plan.

Can my child take out their own plan?

Yes. If you have chosen to include Enhanced Children's Critical Illness Cover with your Life or Critical Illness Cover or Critical Illness Cover, then we automatically include Children's Critical Illness Cover Conversion Option.

This means that when a child of the person covered reaches the age of 22, or 23 if they are in full-time education, they can take out their own plan, without giving us any medical information, within six months of when they are no longer covered under your plan. The child's plan would have the same type of cover as your plan. For example if your plan includes Life or Critical Illness Cover, the child's plan would also include Life or Critical Illness Cover.

This option isn't available if we've already paid a life or critical illness claim for the child.

See the 'Children's Critical Illness Cover Conversion Option' section in the **plan details** for more information on how this works

Cancelling your plan

What if I change my mind and want to cancel my plan?

You can cancel your plan any time. If you cancel during the first 30 days of receiving your cover summary and plan details booklet that we'll send you when your plan starts, we'll refund any premiums you've paid. If you cancel after the first 30 days, we won't refund any of the premiums you've paid.

Can you cancel my plan without me asking you to?

We'll cancel your plan if you don't pay your premiums. We might also cancel it if, when you make a claim, we find that you haven't told us about something that affects your cover.

By applying for cover you're giving your consent for us to ask for medical information within six months of the start of your plan. If any of the information you give us when you apply isn't right and this affects how we assess your application, we might change the terms of your plan, or cancel it.

See the 'General terms and conditions' section of our **plan details** for more information on cancelling your plan.

When won't the cover pay out?

We won't pay a claim for Life Cover if:

- The cause of your claim is the result of intentional self-inflicted injury within 12 months of the date your cover started or restarts;
- it's the result of a condition that is specifically excluded on your cover summary; or
- You don't meet our definition of terminal illness.

We won't pay a claim for Critical Illness Cover including Additional Conditions Cover if:

- You die within 10 days of meeting one of our critical illness definitions, additional conditions definitions or our definition of total permanent disability, if you chose to include cover for total permanent disability;
- it's the result of a condition that is specifically excluded on your cover summary;
- it's the result of intentional self-inflicted injury; or
- it's a claim for pregnancy complications and the person in respect of whom the claim is being made had suffered from, or you or they were aware of an increased risk of suffering from, a pregnancy complication before the latest of:
 - the start date of your cover,
 - the date Enhanced Children's Critical Illness Cover was added to your cover, or
 - the latest restart date of your cover.

We won't pay a claim for Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover if:

- You were aware of an increased risk of your child dying or suffering from a condition that meets one of our definitions of:
 - additional conditions;
 - children's critical illness
 - critical illness;
 - terminal illness; or
 - total permanent disability,before the latest of:
 - the start date of your cover;
 - the date the child was adopted by or started to reside with and became financially dependent on the person covered;
 - the date Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover was added to your cover; or
 - the date of the latest restart.

For example, if you'd received counselling or medical advice in relation to the critical illness before the plan started.

- Symptoms relating to the:
 - additional condition;
 - children's critical illness;
 - critical illness;
 - terminal illness,
 - total permanent disability; or
 - the child dying,had arisen before whichever is the latest of:
 - the start date of the plan;

- the date the child was adopted by or started to reside with and became financially dependent on the person covered;
 - the date Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover was added to your cover; or
 - the date of the latest restart.
- Your child was born before the later of:
 - the date cover started; and
 - the date Standard Children's Critical Illness Cover or Enhanced Children's Critical Illness Cover was added to your cover,and had already suffered from a condition that meets one of our definitions of:
 - additional conditions;
 - children's critical illness
 - critical illness;
 - terminal illness; or
 - total permanent disability,unless:
 - treatment for the condition has been completed; and
 - the child has been discharged from follow-up for the condition; and
 - the child has not consulted any medical practitioner or received further treatment or advice for the condition within the last five years.
 - The claim is because the child meets one of our additional conditions, children's critical illness conditions or critical illness definitions or our definition of total permanent disability and the child dies within 10 days of meeting that definition.

- Your cover includes Standard Children's Critical Illness Cover, the claim is for the death of a child and the child dies within 10 days of the day they were born.
- Your cover includes Enhanced Children's Critical Illness Cover, the claim is for pregnancy complications and the child had suffered from, or you or they were aware of an increased risk of suffering from, a pregnancy complication before the latest of:
 - the start date of your cover;
 - the date the child was adopted by or started to reside with and became financially dependent on the person covered;
 - the date Enhanced Children's Critical Illness Cover was added to your cover; or
 - the latest restart date of your cover.
- The child is over the age of 22 or 23 if in full-time education when the claim event occurs.
- The child doesn't meet the definition of the additional condition, children's critical illness condition, critical illness, terminal illness or total permanent disability.
- If it's for anything other than the death of a child and it's the result of intentional self-inflicted injury.

For all covers apart from Life Cover we won't pay a claim if:

- The cause of your claim is a result of an intentional self-inflicted injury.
- Your diagnosis doesn't meet our definition.
- You don't give us medical or other evidence we ask for.
- Your illness or injury happens while you're living abroad and you don't return to one of the countries we specify. See the 'How your cover works' section of our plan details for a list of these countries.

When you apply for your plan, we may offer you non-standard terms. This means there might be particular circumstances specific to you when we won't pay a claim. If non-standard terms apply to you, we'll show them in your decision letter and cover summary.

Please see the risks section on page 4 and the 'How your cover works' section of our **plan details** for more information on when we won't pay a claim.

How does tax affect my claim?

We'll normally pay any claim you make free of income or capital gains tax. If you die your personal representatives might have to pay inheritance tax on your claim payout. You may be able to reduce or avoid this if you nominate a beneficiary or put your plan in a suitable trust.

The Government may change the law on tax. We recommend that you get advice, especially if you don't live in the UK.

Making a claim

How do I make a claim?

If you think you have a valid claim on your plan, you should:

1. Phone us on **0345 6094 500**
Monday - Friday 8:00 to 18:00,
excluding bank holidays.
2. Provide any information and documents
we ask for.
3. Carry on paying your premiums if we
ask you to.

See the 'How your cover works' section
of our **plan details** for information on
how we'll assess a claim.

Other important information

How do I make a complaint?

We hope you'll never have reason to make a complaint, but if you do, please get in touch with us using the contact details on page 23.

If you're not happy with our response to your complaint you may have the right to refer it to the Financial Ombudsman Service – phone 0800 023 4567 or email complaint.info@financial-ombudsman.org.uk. Making a complaint won't affect your legal rights.

The law

The law of England and Wales will apply to your plan.

Language

All our communications with you now and throughout the term of your plan will be in English.

Financial Services Compensation Scheme

Your plan is covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we're unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of your claim. For more information phone 0800 678 1100 or visit the website at fscs.org.uk.

The ABI and critical illness

The Association of British Insurers (ABI) has produced a booklet called 'Consumer Guide to Critical Illness Cover'. You can ask us for a copy or you can get a copy at abi.org.uk or by writing to the ABI at One America Square, 17 Crosswall, London EC3N 2LB.

About this key facts document

This document gives the key facts about our Personal Menu Plan. It complies with the ABI guide to minimum standards for Critical Illness Cover. The ABI introduced the guide to make it easier for you to compare the different cover that providers offer.

This document is based on our understanding of current law and tax rules, which may change. We recommend you get expert advice about your own plan and personal circumstances.

Where can I find out about Royal London's financial situation?

We want to provide you with clear information about Royal London's financial position, so we have created a Solvency and Financial Condition Report. In it, you'll find more details about Royal London's business and company performance. The report is produced annually and you can access it at royallondon.com/solvency

How to contact us

**If you have any questions, please
speak to your financial adviser or
get in touch with us.**



Phone:

0345 6094 500

Monday - Friday 8:00 to 18:00,
excluding bank holidays.



Email:

protectionhelp@royallondon.com



Current address:

Royal London

22 Haymarket Yards

Edinburgh

EH12 5BH



Royal London
royallondon.com

We're happy to provide your documents in a different format, such as braille, large print or audio, just ask us when you get in touch.

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