



my family guard

Comprehensive Cancer Insurance Policy

Thank you for purchasing **your** Comprehensive Cancer policy. This policy covers **you** should **you** be diagnosed with a covered **cancer**. The full details of the cover, and the exclusions, can be found below. This policy contains technical medical terms which are necessary to describe precisely what is and is not covered. **We** have included a glossary in the appendix which is designed to give **you** more information. The glossary does not form part of this policy.

If **you** have any queries regarding **your** policy, please contact the **plan administrator** using the contact details provided in this policy.

This policy has been arranged for **you** by AIM Risk Services Ltd as intermediary. AIM Risk Services Limited is an Appointed Representative of James Hallam Limited and is authorised and regulated by the Financial Conduct Authority.

Your policy is underwritten by Antares Managing Agency Limited who are the managing agent for Antares Syndicate 1274 at Lloyd's. Antares Managing Agency Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Registration Number 06646629). Registered address is 21 Lime Street London EC3M 7HB

Important Information

This document, the **Insurance Schedule** and any **Endorsements** attached form **Your Policy**. This document sets out the conditions of the insurance between **You** and **Us**. Please read this **Policy** carefully and if the coverage or benefits provided do not meet **Your** requirements or **You** do not comply with the conditions set out in this section, please return these documents within the Cooling-Off Period to the **Plan Administrator** who arranged this **Policy** on your behalf.

It is important that:

- **You** check that the Sections of Cover that **You** have requested are included in the **Insurance Schedule**
- **You** check that the information **You** have given **Us** is accurate – please see the “Information That **You** Provide to **Us**” further below
- **You** notify **Your Plan Administrator** as soon as practicable of any inaccuracies in the information that **You** have provided to **Us**
- **You** comply with **Your** duties under each Section of Cover for which **You** are insured, and under the terms and conditions of this **Policy** as a whole

This policy has been arranged for **you** by AIM Risk Services Ltd as intermediary. AIM Risk Services Limited is an Appointed Representative of James Hallam Limited and is authorised and regulated by the Financial Conduct Authority.

Information that You Provide to Us

We are relying upon the information **You** provide to **Us**, either directly or through **Your Plan Administrator**, in deciding whether to provide **You** with this **Policy** and on what terms and at what premium.

If **You** become aware that any information **You** have given **Us** is not complete or accurate or **You** fail to notify **Your Plan Administrator** that the information **You** have provided **Us** is inaccurate or incomplete, and **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information, then **We** may treat this **Policy** as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information, then the cover and benefits under this **Policy** could be affected and **We** might, for example:

- Treat this **Policy** as if never existed and return **Your** premium paid; or
- Cancel **Your Policy** and refuse to pay any claim; or
- Revise the premium; or
- Charge an additional premium or not pay a claim in full.

We will write to **You** via **Your Plan Administrator** if **We** are going to treat this **Policy** as if it never existed or need to amend the terms of **Your Policy**.

Privacy Notice

Who We are

We are the Lloyd's Underwriter(s) identified in the contract of insurance and/or in the certificate of insurance and/or in the **Insurance Schedule**.

Basic information

We collect and use relevant information about **You** to provide **You** with **Your** insurance cover or the insurance cover that benefits **You** and to meet **Our** legal obligations. This information includes details such as **Your** name, address and contact details and any other information that **We** collect about **You** in connection with the insurance cover from which **You** benefit. This information may include more sensitive details such as information about **Your** health and any criminal convictions **You** may have.

In certain circumstances, **We** may need **Your** consent to process certain categories of information about **You** (including sensitive details such as information about **Your** health and any criminal convictions **You** may have). Where **We** need **Your** consent, **We** will ask **You** for it separately. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time. However, if **You** do not give **Your** consent, or **You** withdraw **Your** consent, this may affect **Our** ability to provide the insurance cover from which **You** benefit and may prevent **Us** from providing cover for **You** or handling **Your** claims.

The way insurance works means that **Your** information may be shared with and used by a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. **We** will only disclose **Your** personal information in connection with the insurance cover that **We** provide and to the extent required or permitted by law. **We** will never sell any personal information **You** provide us.

Other people's details you provide to us

Where **You** provide **Us** or **Your** agent or broker with details about other people, **You** must provide this notice to them.

Want more details?

For more information about how **We** use **Your** personal information please see **Our** full privacy notice(s), which is available online on **Our** website or in other formats on request. Website: www.antaresunderwriting.com

Contact Details

You have rights in relation to the information **We** hold about **You**, including the right to access **Your** information. If **You** wish to exercise **Your** rights, discuss how **We** use **Your** information or request a copy of **Our** full privacy notice(s), please contact **Us** at:

Antares Managing Agency Ltd
21 Lime Street
London
EC3M 7HB

Email: Compliance2@qicglobal.com
Telephone: +44 (0) 20 7959 1900

Age and Residence Conditions

To be covered under the insurance in this **Policy**, **You** must be under the age of sixty-five (65) and a permanent resident in the **United Kingdom** at the time the **Period of Insurance** commences.

Cooling-Off Period and Cancellation

If this **Policy** does not meet **Your** requirements and **You** wish to cancel this insurance, **You** must notify **Your Plan Administrator** who arranged this **Policy** for **You** within the Cooling-Off Period, which is fourteen (14) days from the commencement of the **Period of Insurance** specified in the **Insurance Schedule** or within fourteen (14) days from receipt of the **Policy** documents from **Your Plan Administrator**, whichever time period is later.

If **You** have not made a claim during this Cooling-Off Period, **We** will refund the premium **You** have paid to **Us** in full to **You** through **Your Plan Administrator** and **We** will not charge an Administration Fee. Please contact **Your Plan Administrator** to obtain this refund. Their address and telephone number will appear on their correspondence to **You**.

Cancellation at any other time

You can cancel this policy at any time after the cooling off period by contacting the **plan administrator**. **Your** cover will terminate at the end of the monthly period that has already been paid.
Coverwell

11 Pipers Field
Uckfield
East Sussex
TN22 5SD
E-mail: info@myfamilyguard.co.uk
Tel: 0800 021 9011

We may cancel this **Policy** by giving thirty (30) days written notice to **You** at **Your** last known address and to **Your Plan Administrator**. **We** will only do this for a valid reason, for example:

- Failure to pay the premium; or
- Non-cooperation or failure to supply information or documentation upon request; or
- A change in risk occurring such that **We** are no longer able to provide **You** with insurance cover.

If this **Policy** is cancelled by **Us** then, provided **You** have not made a claim, **We** will refund the premium **You** have paid to **Us** to **You** via **Your Plan Administrator** less the amount of premium which relates to the time period under which **You** have been covered under this **Policy**.

Disputes and Complaints

We are dedicated to providing **You** with a first class service and **Our** wish is to ensure that all aspects of **Your** insurance are dealt with promptly, fairly and efficiently at all times. If **You** feel that **We** have not offered a first class service or **You** have any questions or concerns about this **Policy** or the handling of **Your** claim, please contact **Us** and **We** will do **Our** best to resolve the problem. **Our** contact details are:

Compliance Department
Antares Managing Agency Limited
21 Lime Street
London EC3M 7HB

Telephone: 020 7959 1900
Fax: 020 7959 1901
Email: Compliance2@qicglobal.com

If **Your** concerns relate to any other aspect of the **Policy** please contact the **Plan Administrator** who sold **You** this **Policy**.

If at any time **You** feel that **Your** complaint has not been resolved, **You** may refer the matter to the Complaints Department at Lloyd's. Their address is:

Complaints
Fidentia House
Walter Burke Way
Chatham Maritime
Chatham

Kent
ME4 4RN

Telephone: +44 (0)20 7327 5693

Fax: +44 (0)20 7327 5225

Email: complaints@lloyds.com

We always seek to improve our service and we therefore welcome feedback and suggestions for improvement. Should you wish to raise any comments regarding the Lloyd's complaints process you may raise those with the Lloyd's Head of Market Conduct at HeadofConduct@lloyds.com. However, we would ask that you do not use this email to notify Lloyd's of individual complaints, but please instead use the contact details above.

Details of Lloyd's complaints procedures including timescales are set out in a leaflet "Your Complaint – How We Can Help" available from the above address or on the website www.lloyds.com.

If **You** remain dissatisfied after Lloyd's has considered **Your** complaint, **You** may refer **Your** complaint to the Financial Ombudsman Service (FOS).

The contact details for the Financial Ombudsman Services is:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: 0800 023 4567 (free from "fixed lines" in the UK)

Telephone: 0300 123 9123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK).

Fax: 020 7964 1001

E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services.

Following the complaints procedure with the FOS does not affect **Your** rights to take legal action. Further details will be provided at the appropriate stage of the complaints process.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the

Scheme if **We** are unable to meet **Our** obligations under this **Policy**. If **You** are entitled to compensation under the Scheme, the level and extent of the compensation will depend on the nature of this **Policy**.

Further information about the scheme is available from the Financial Services Compensation Scheme at the following address or website: www.fscs.org.uk

Financial Services Compensation Scheme

10th Floor

Beaufort House 15 St Botolph Street

London EC3A 7QU

Telephone: 020 7892 7300

Website: www.fscs.org.uk

Claims Procedures – How to Make a Claim

You should notify **Your** claim as soon as practicable but no later than ninety (90) days after an **Injury** to **Our** Claims Administrator, at the following address:

Roger Rich & Co
2a Marston House
Cromwell Park
Chipping Norton
Oxfordshire
OX7 5SR

Telephone: 01608 641351

Fax: 01608 641176

E-mail: enquiries@rogerrich.co.uk

Our Claims Administrator will promptly send **You** a Claim Form once contact is made. If **You** encounter any issues with this process, **You** should contact **Your Plan Administrator** who sold **You** this **Policy** (whose contact details will appear on their correspondence sent to **You**). **Your Plan Administrator** will be able to assist **You** with making the claim and any further issues that may arise.

Claims settlement conditions

1. Claimants must do the following
 - tell **Us** in writing or by telephone as soon as is reasonably possible after any event which may give rise to a claim under the policy
 - fully complete and sign a claim form
 - ensure the claim form is signed by **your medical practitioner**
 - provide at **your** own expense, any medical certificates, prescriptions, treatment plans and other reasonable evidence to support the claim.
2. If the information supplied is insufficient the **insurer** will identify what further information is required to properly assess the claim.
3. **You** must give the **insurer** permission to obtain medical reports or records needed from any **medical practitioner** who has treated **you**.

4. Should it be required, **you** must agree to a medical examination at **our** expense in connection with any claim.
5. Any benefit will be paid to **you**. Payment of any benefit is income tax free under current legislation but may be subject to inheritance tax or other taxation.

Fraudulent Claims

If **You** or any other person acting on **Your** behalf submits any claim under this **Policy** through concealment, misstatement or deliberate provision of false information, **We** shall be under no liability to make payment in respect of such claim and **You** must pay back any benefit that **We** have already paid that was subject to the concealment, misstatement or deliberate provision of false information. If this happens **We** will cancel this **Policy** and not refund any premium to **You**.

Definitions

Certain words in this policy have been given specific meanings as described below. They have this specific meaning when they appear in bold print throughout this policy and the **schedule**.

Benefit(s): The **benefits** for which **you** are entitled as an insured person under this policy subject to the terms and conditions that apply, including all exclusions.

Cancer: Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All **cancers** which are histologically classified as any of the following:
 - pre-malignant;
 - non-invasive;
 - cancer in situ;
 - having borderline malignancy;
 - having low malignant potential;
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

Child or children: Any dependent child who is related to **you** or who lives with **you** on a full or part time basis aged

between 1 and 18 years, or 23 years if in **full time education**, and named on the **schedule**.

Computer System: Any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by **You** or any other party.

Cyber Act: An unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

Cyber Incident: Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System** or any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

Day: A period of 24 consecutive hours.

Diagnosis benefit: A benefit payable on diagnosis of a **Cancer** by a **medical practitioner**

Full time education: Education undertaken in pursuit of a course, where an average of more than 12 hours per week is spent during term time receiving tuition, engaging in practical work or receiving supervised study.

Hospital: An institution which has permanent full-time facilities for caring for patients overnight as well as facilities for the diagnosis and medical & surgical treatment of patients by a **medical practitioner**. A **hospital** provides 24 hour nursing services supervised by Registered General Nurses or nurses with similar qualifications. The following institutions are not considered **hospitals** under this definition, mental institutions, nursing homes, hospices, convalescent homes or residential care homes as defined under the Registered Care Homes Act 1984.

Insured person: The person or people named in the **schedule** who is (are) resident in the **United Kingdom** or is (are) situated overseas on a secondment for up to 180 consecutive **days** and continues to be a registered **United Kingdom** citizen.

Medical Practitioner: Any suitably qualified **medical practitioner** registered by the General Medical Council in the United Kingdom other than:

- **You**; or
- **Your** immediate family; or
- **Your** employee; or
- Any person with whom **You** have a contract for services.

Non-smoker: An **insured person** who has not used any tobacco products, including e-cigarettes and nicotine replacement products such as patches or chewing gum, at any time in the 12 months before their **start date** and has no intention to do so in the future.

Partner: A person aged 16 and over but under 65 who is living with the **insured person** and is named on the **schedule**.

Period of insurance: Cover will begin on the policy **start date** and will continue for as long as **you** continue to pay the premium or until any of the dates stated in the section "When cover ends" are reached.

Plan administrator: Coverwell, 11 Pipers Field, Uckfield, East Sussex, TN22 5SD. Coverwell is trading style of Aim Risk Services Ltd and an Appointed Representative of James Hallam Limited who are authorised and regulated by the Financial Conduct Authority No FRN 134435.

Policy year: The twelve (12) month period starting on the **start date** or on the anniversary of the **start date** each year.

Pre-existing Condition: Any medical condition directly or indirectly related to cancer (whether diagnosed or not) for which at any time in the 36 months prior to **your start date**, **you**:

- received medication or treatment; or
- experienced symptoms and/or had abnormal medical tests.

Premium due date: The premium is paid on a monthly basis by direct debit. Each premium buys cover for the calendar month in which it is paid.

Schedule: The document which states the details of the cover **you** have purchased.

Smoker: An **insured person** who has used tobacco products, including e-cigarettes and nicotine replacement products such as patches or chewing gum, in the 12 months before their **start date**.

Start date: The date, shown on the **schedule**, on which cover under the policy commences at 00.01, or the date that an **insured person** is added to the policy if that date is later.

Sum insured: The maximum amounts of cover up to which the **insurer** will pay as stated in the **schedule**.

United Kingdom: England, Wales, Scotland, Northern Ireland, Channels Islands and the Isle of Man.

Waiting period: The 90 **days** immediately following the **start date** in which **benefits** are not payable should **you** be diagnosed with a **cancer** during this period.

We, us, our, insurer: Antares Managing Agency Limited for and on behalf of Lloyd's Syndicate 1274.

You, your: The **insured person(s)** as named on the **schedule** who on the **start date** must be at least 1 year old and not yet have reached the age of 60.

What's covered?

This policy will pay out the **diagnosis benefit** stated in the table of benefits if **you** are diagnosed with a covered **cancer** during the **period of insurance** and after the **waiting period** has passed. This must be **your** first diagnosis of cancer in **your** lifetime. This **benefit** will be paid once only.

If **we** pay **you** a **diagnosis benefit**, **we** will also pay **you** the income **benefit** stated in the table of benefits. **We** will pay the monthly amount from the date of your diagnosis for 12 months, or until **you** die, if this happens earlier. There is no income **benefit** for **children**.

If **we** pay you a **diagnosis benefit**, **we** will also pay **you** a hospital **benefit** as stated in the table of benefits for every **day** you spend in **hospital**. This must be for treatment or surgery directly related to **your cancer**. **We** will do this during the two years following **your** diagnosis. **We** will pay the daily hospital **benefit** for up to 100 **days** in total (they do not have to be consecutive).

We will pay a surgery **benefit** as stated in the table of benefits if **you** require surgery directly related to **your cancer** during the two years following **your** diagnosis. This **benefit** will be paid once even if multiple surgeries are required.

Child benefits are paid according to the table in the table of benefits.

You must live permanently, meaning at least 185 **days** in any **policy year**, in the **United Kingdom** to receive **benefits** under this policy.

Table of benefits

1. Insured Person	
- Diagnosis benefit	£6,000
- Hospital benefit (max. 100 days)	£100 per day
- Surgery benefit	£3,000
- Income benefit (max. 12 months)	£500 per month
2. Child	
- Diagnosis benefit	£3,000
- Hospital benefit (max. 100 days)	£50 per day
- Surgery benefit	£1,500

What's not covered?

1. **We** will not pay **benefits** for **cancer** if **you**:
 - a. knew that **you** had **cancer** before the **start date** of **your** policy;
 - b. have already been diagnosed in the past with any cancer;
 - c. have **cancer**, are diagnosed as having **cancer**, or have any tests which lead to diagnosis of **cancer**, during the **waiting period**. In these circumstances **we** will cancel **your** policy and refund any premiums **you** have paid;
 - d. are diagnosed with **cancer** where the same condition was diagnosed as benign during the three years before the **start date** of **your** policy. **We** will pay if **you** have been medically declared free of the condition for a period of three years;
 - e. are diagnosed with **cancer** histologically classified as any of the following:
 - i. pre-malignant
 - ii. non-invasive
 - iii. in-situ cancer
 - iv. having borderline malignancy
 - v. having low malignant potential
 - f. have any **pre-existing condition**;
 - g. have been diagnosed with HIV and/or AIDS;
 - h. have a dependency on and/or abuse alcohol or drugs;
 - i. have not survived a period of 30 **days** from the medical diagnosis of **cancer**;
 - j. have lived outside the **United Kingdom** for more than 180 **days** in any **policy year**, unless **we** have agreed cover;
 - k. fail to fulfil any obligation required by this policy;
 - l. are diagnosed with **cancer** after **your** 65th birthday;
 - m. are diagnosed with **cancer** as a result of:
 - i. war, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
 - ii. ionising radiation or radioactive contamination from nuclear waste or the radioactive, toxic, explosive or other dangerous properties of explosive nuclear equipment, nor accidents connected with chemical or biological materials in any form.

General Policy Conditions

Age Limit

You must be under the age of sixty-five (65) years at the time the **Period of Insurance** commences.

Residency

You must be a permanent resident in the **United Kingdom** at the time the **Period of Insurance** commences. If **You** change **Your** permanent residence

to a country outside of the **United Kingdom** during the **Period of Insurance**, **You** must notify **Us** as soon as practicable.

Contracts (Rights of Third Parties) Act 1999

A person who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance contract but this does not affect any right or remedy of a third party which exists or is available apart from this Act.

Claims Co-operation and Access to Records

You shall co-operate with **Us** in the review of a claim and provide **Us** and **Our** designated representatives with all information, documentation and medical information **We** may require as may be necessary for the purpose of reviewing the claim and **You** shall provide upon **Our** request all authorisations necessary to obtain **Your** medical records that **We** may require as may be necessary for the purpose of reviewing the claim.

Cyber Clarification Clause

We will pay for any covered loss, damage, liability, cost or expense caused by a **Cyber Act** or **Cyber Incident**, subject always to the Policy's full terms, conditions, limitations and exclusions.

Right to Medical Examination

We have the right to have **You** examined by a physician or vocational expert of **Our** choice and at **Our** expense as often as may be necessary for the purpose of reviewing the claim.

Interest

No sum payable under this **Policy** shall carry interest.

Limitation of Liability

In no case shall **Our** liability in respect of any claim by **You** exceed the largest sum insured stated in the Schedule of Benefits to be read in conjunction with **Your Insurance Schedule**.

Premium Adjustment

If the premium is calculated on a declaration basis **You** shall within one (1) month of the expiry of this **Policy** provide the premium adjustment information required by **Us**.

The GDPR and Data Protection Act 2018

For the purpose of providing this insurance and handling of claims or complaints, **We** may need to transfer certain information which **You** have provided to **Us** to other parties. Any information **You** have provided will be dealt with by **Us** in compliance with the provisions of the **GDPR** and Data Protection Act 2018.

Sanctions, Export and Exchange Control Clause

We shall not be deemed to provide cover and shall not be liable to pay any **Claim** or provide any benefit hereunder to the extent that the provision of the cover, payment of the **Claim** or provision of the benefit would expose **Us** to any sanction, prohibition or restriction under United Nations, resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America and Australia.

Duty to comply

The **insurer** will only be liable to make any payment under this policy if **you** have at all times complied with the terms and conditions of this policy.

Jurisdiction

The law applicable to this contract is the law of England and Wales. Each party agrees that the Courts of England and Wales shall have exclusive jurisdiction in respect of any dispute which may arise out of, or in connection with, this policy or any claim.

Payment of premium

The monthly premium, including Insurance Premium Tax (IPT), is shown in **your schedule**. It is determined by **your** age and whether **you** and/or the **insured person** are **smokers** or **non-smokers**. The monthly premium for the insurance contract increases as **you** get older and **you** move into the next premium age band. Premiums are to be paid monthly by **you** throughout the **period of insurance**. If **we** do not receive payment of the first premium by the **premium due date** the policy will be treated as if it had never started. If **you** pay one or more premiums but then fail to pay any premium after that on the **premium due date**, **we** have the right to cancel the policy from the date the premiums have been paid up to.

The **insurer** may alter premiums to reflect any changes in IPT (a tax levied by the UK government on the value of insurance premiums), provided **we** give **you** at least 30 days written notice of the change.

Smoker / Non-smoker status

During the application process **we** will ask **you** and/or the **insured person** about **your** smoking habits. If **you** are a **non-smoker**, as defined in this policy, the **non-smoker** premiums will apply to **your** insurance contract. Conversely if **you** are a **smoker** **you** will pay the **smoker** premiums. The **smoker** or **non-smoker** status will remain in force for the entire contractual term. If a **smoker** has stopped smoking, the **insurer**, at its own discretion, may grant **non-smoker** status upon receiving a written declaration that the **insured person** has not smoked any tobacco products, including e-cigarettes and nicotine replacement products such as patches or chewing gum, in the preceding 12 months. Should a **non-smoker** start to smoke, the **insurer** is to be notified of this fact immediately. From this point onwards **smoker** premiums

will apply. If an **insured person** inaccurately reports their **smoker** status, in the event of a claim, **we** will reduce the amount **we** pay in the proportion the premium **you** have paid bears to the premium **we** would have charged **you**.

Transferring the policy

You cannot transfer the cover or **benefits** of this policy to anyone else without the **insurer's** written consent.

Misrepresentation

In deciding to accept this policy and in setting the terms and premium, **we** have relied on the information **you** have given **us**. **You** must take care when answering any questions **we** ask by ensuring that all information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with false or misleading information **we** will treat this policy as if it never existed and decline all claims.

If **we** establish that **you** carelessly provided **us** with false or misleading information it could adversely affect **your** policy and any claim. For example, **we** may:

- treat this policy as if it had never existed and refuse to pay all claims and return the premium paid. **We** will only do this if **we** provided **you** with insurance cover which **we** would not otherwise have offered;
- amend the terms of **your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **your** carelessness;
- reduce the amount **we** pay on a claim in the proportion the premium **you** have paid bears to the premium **we** would have charged **you**; or
- cancel **your** policy in accordance with the right to cancel condition below.

If **you** become aware that information **you** have given **us** is inaccurate, **you** must inform the **plan administrator** as soon as practicable.

When cover ends

Unless this policy is cancelled earlier by **you** or by **us** cover will continue as long as **you** continue to pay the premiums.

Your cover under this policy will end automatically;

- on the first **day** of the month following **your** 65th birthday (if **you** have a family policy, the policy will remain in place for **partner/children** aged under 65);
- if **you** do not pay a premium on the **premium due date**;
- if **you** or **we** cancel the policy;
- if **you** no longer live in the **United Kingdom**;
- on the date **you** are diagnosed with a covered **cancer**. **Benefits** will continue to be paid to **you** as a result of the diagnosis but **you** no longer have to pay premiums;

- if **you** die.
- In relation to **child** cover, this will end on the **child's** 18th birthday, or their 23rd if they are in full-time education.

Glossary of medical terms

Histology/Histological: Refers to the study of the microscopic anatomy of cells and tissues.

In situ / non-invasive cancer: Cancer where cells remain in the original location rather than invading surrounding tissues.

Malignant: Refers to the ability of the cancer cells to spread to invade other parts of the body and destroy tissue.

Metastasis: Spreading of cancer cells from one organ or tissue to another. Cancer cells usually spread through the blood or the lymph system.

Oncologist: A consultant who specialises in treating people with cancer.

Pre-malignant / Pre-cancerous: Cells that have not yet turned into cancer and hence are not included under the definition of **cancer**.

TNM classification: The TNM system is a tool for doctors to stage different types of cancer based on certain standards. Each cancer is assigned a letter or number to describe the tumour, node, and metastasis.

- T stands for tumour. It's based on the size of the original (primary) tumour and whether it has grown into nearby tissues
- N stands for node. It tells whether the cancer has spread to the nearby lymph nodes
- M stands for metastasis. It tells whether the cancer has spread to distant parts of the body