

APRIL UK

# LIFESTYLE PROTECTOR PLAN

---

Policy Document

 [www.april-uk.com](http://www.april-uk.com)

Changing the image of insurance



# Policy Summary

## keyfacts<sup>®</sup>

This document summarises the main features, benefits and exclusions of the Lifestyle Protector Plan. It does not contain the full terms and conditions, which are set out in the Policy Document. Please also refer to your Schedule of Cover which will provide you with details of who is covered along with the benefits and options chosen.

### What is the Lifestyle Protector Plan?

The Lifestyle Protector Plan is an optional protection policy which may offer the following benefits to you (if indicated on your Schedule of Cover), subject to the policy terms:

#### Standard Cover

1. Accident or Sickness Cover
2. Hospitalisation Cover

#### Additional Cover

3. Life Insurance Cover Lump Sum
4. Critical Illness Cover Lump Sum
5. Unemployment Cover

### Who is eligible to join?

You can take out the Lifestyle Protector Plan if on the policy commencement date:

- you are aged 18 years old or over and under 65; and
- you are resident in the United Kingdom, Isle of Man or Channel Islands; and
- you are actively working, being:
  - employed for a minimum of 16 hours per week or equivalent of 70 hours per month. (i.e. not medically certified as unfit for work).
  - self-employed (i.e. not medically certified as unfit for work).

Where you have chosen the unemployment option, in addition to the above, you must have worked actively and continuously, for 12 months before the commencement date of the policy. Please note that you are not eligible for the unemployment cover if you are a self-employed person.

### Who provides this cover?

The Lifestyle Protector Plan is provided by London General Life Company Limited and London General Insurance Company Limited. This policy is administered by APRIL UK. TWG Services Limited (the Claims Handler) administers claims on this policy on behalf of the insurer.

### What are you covered for?

#### Main benefits

For full details please refer to Section 3 of the Policy Document.

#### Standard Cover

*(provided to all successful applicants)*

#### Accident or Sickness Benefit

Subject to the policy terms, this is payable if you are unable to work due to accident or sickness. You'll need to be off work for longer than your chosen waiting period before the benefit will start. Subject to the policy terms, it will be paid for as long as you are unable to work, for up to a maximum of 12 months. You can choose a monthly benefit of between £300 and £1,500. To keep it simple, cover is only available in multiples of £50. We will pay you 1/30th of your chosen monthly benefit for each eligible day you are off work. You can choose a waiting period of 14 or 30 days.

The monthly benefit amount and the waiting period that you have selected are detailed on your Schedule of Cover.

#### Hospitalisation Benefit

If you are hospitalised for more than 48 hours, subject to the policy terms, you'll receive this benefit for each additional day you remain in hospital. The benefit will be equal to 10% of your chosen Accident & Sickness monthly benefit and, subject to the policy terms, is payable for as long as you remain in hospital, for up to a maximum of 30 days each policy year.

#### Additional Cover

*(only provided if detailed on your Schedule of Cover)*

#### Life Benefit (if selected)

If you die after the commencement date and before the end date, subject to the policy terms, we will pay a lump sum of £10,000 to your next of kin or the executor of your estate.

#### Critical Illness Benefit (if selected)

If you suffer critical illness diagnosed more than 60 days after the commencement date and before the end date,

subject to the policy terms, we will pay you a lump sum of £10,000.

### **Unemployment Benefit (if selected)**

*Cover not available to self-employed*

If you become **unemployed** due to redundancy for more than your chosen waiting period, subject to the policy terms, we will pay 1/30th of your chosen monthly benefit for each continuous day you are off work due to redundancy, for up to a maximum of 12 months.

The amount you receive will be based on your chosen Accident & Sickness monthly benefit.

If you are a fixed-term contract worker, please refer to section 3.5 of the Policy Document for further details.

### **When would you not be able to claim?**

#### **Main Exclusions**

A full list of exclusions for all benefits is included in Section 3 of the Policy Document. We will not pay any benefits:

#### **Standard Cover**

##### **Accident, Sickness or Hospitalisation benefit**

- if your sickness or hospitalisation due to sickness occurs within 60 days after the policy commencement date;
- if your accident or sickness or hospitalisation results from:
  - deliberately self-inflicted injury or illness; or
  - any pre-existing medical condition; or
  - HIV or any HIV-related illness including AIDS; or
  - backache, or whiplash; or
  - any emotional or psychiatric condition, depression, stress or mental disorder.

#### **Additional Cover**

##### **For Life Benefit**

- if your death results directly or indirectly from:
  - any pre-existing medical condition; or
  - Suicide in the first 12 months from the commencement date.

##### **For Critical Illness Benefit**

- if your critical illness is diagnosed within 60 days after the commencement date; or
- if your critical illness results directly or indirectly from any deliberately self-inflicted injury or illness; or
- if your critical illness results directly or indirectly from any pre-existing medical condition.

##### **For unemployment due to redundancy**

- if it starts within 60 days of the commencement date; or
- if you have not worked continuously for 12 months before the commencement date; or
- in case of impending unemployment known to you at the commencement date; or
- if it is a regular or seasonal event that occurs in your work; or
- if it is brought about by the expiry of a fixed-term contract.

### **When does this policy end?**

This policy is for monthly periods and will end on the earliest of the following:

- the date when you become 68 years of age, or the date you retire, whichever is the sooner; or
- the date you fail to pay your premium when due; or
- the date of your death; or
- the date a critical illness benefit is paid; or
- the date the policy is cancelled or terminated.

### **Can you cancel this cover?**

**You** may cancel this cover at any time. If **you** cancel within 30 days of the policy commencement date **you** will receive a full refund of premium paid, as long as **you** have not made a claim. Cancellations can be sent in writing to: APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or by email: [enquiries@april-uk.com](mailto:enquiries@april-uk.com), or by telephone: **01454 619500**.

### How do you make a claim?

To make a claim, please contact APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH or telephone **01454 619500** to request a claim form. Please return the completed claim form to TWG Services Limited (the Claims Handler) at, The Aspen Building, Floor 2, Vantage Point Business Village, Mitcheldean, Gloucestershire, GL17 0AF or email to [creditorclaims@thewarrantygroup.com](mailto:creditorclaims@thewarrantygroup.com).

### What should you do if you have a complaint?

If **you** have any queries or complaints, please follow the procedure detailed below.

#### Complaint about the policy sale or administration

If **you** have a complaint about the sale or administration of **your** policy, please contact APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or e-mail: [enquiries@april-uk.com](mailto:enquiries@april-uk.com), or call **01454 619500**.

#### Complaint about the Terms of the Policy or Claims Handling

If **you** have a complaint relating to the terms of this contract, claims administration or claims handling under this insurance, please write to the Customer Relations Department of TWG Services Limited at The Aspen Building, Floor 2, Vantage Point Business Village, Mitcheldean, Gloucestershire, GL17 0AF, telephone **0330 100 3246**, or email: [customer.relations@thewarrantygroup.com](mailto:customer.relations@thewarrantygroup.com).

TWG Services Limited administers claims on the policy on behalf of the insurers, London General Life Company Limited and London General Insurance Company Limited.

If **your** complaint is not resolved to **your** satisfaction, **you** may within six months of a final decision contact the Financial Ombudsman Service. Please refer to 'Customer Care?' in the Policy Document for full details.

### What happens if the insurer is unable to meet its liabilities?

If we are unable to meet our liabilities under this policy, **you** may be entitled to compensation under the Financial Services Compensation Scheme (FSCS). Further details are available from the FSCS at, 10th Floor, Beaufort House, 15 Botolph Street, London, EC3A 7QU. Telephone **0800 678 1100 / 020 7741 4100**.

This compensation scheme is subject to restriction and not all policyholders are eligible.

### General information

#### Law Applicable

Unless we agree otherwise before the policy commencement date, English Law will apply.

#### Language

This policy is written in English and all communications shall be in English.

#### Insurer

The insurers are London General Life Company Limited, registered number 2443666, and London General Insurance Company Limited, registered number 1865673, whose head and registered offices are at Ground Floor, Twenty Kingston Road, Staines-upon-Thames, Surrey, TW18 4LG. The insurers are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under number FRN 202801 – (London General Life Company Limited) and number FRN 202689 – (London General Insurance Company Limited).

# Lifestyle Protector Plan Policy Document

## SECTION 1 Introduction

This Policy Document in connection with **Your Schedule of Cover** proves that **You** have chosen protection under the Lifestyle Protector Plan, and that **You** will be protected by it provided the relevant insurance **Premium(s)** are paid and **You** meet the eligibility criteria.

This insurance is an FCA regulated product.

Some words in this Document have special meanings, which are explained in Section 9, under the heading MEANING OF WORDS/DEFINITIONS. When these words are shown in **bold** text they have a special meaning, otherwise, their ordinary everyday meaning applies.

Please note also that **We**, **Us** or **Our** refer to the Insurers who are London General Life Company Limited, registered number 2443666, and London General Insurance Company Limited, registered number 1865673, which are private companies limited by shares and incorporated in England, whose head and registered offices are at Ground Floor, Twenty Kingston Road, Staines-upon-Thames, Surrey, TW18 4LG. and **You** or **Your** refers to the person named in the **Schedule of Cover** being the person who will benefit from the protection provided by the Policy.

The Policy Document shows details of the benefits provided for **You** if **You** die or **incur a Critical Illness** or suffer from an **Accident** or **Sickness** or become **Unemployed** or **Hospitalised**.

Section 3 explains the benefits of the Policy, together with circumstances when **You** cannot claim.

### Customers with additional requirements

This document and all of **Our** literature is available in large print, audio and Braille. **We** will be happy to provide **You** with a copy on written request, or **You** can text telephone **Us** on **0330 100 3330** or call **Us** on **0330 100 3400** to request a copy.

### Please note

- **you** should make sure the information **You** supplied in connection with this Policy is correct to the best of **Your** knowledge and belief.
- **you** should keep a record of all information supplied to both **Us** and/or APRIL UK for the

purpose of taking out this Policy.

A copy of any such information will be supplied by both **Us** and/or APRIL UK on request.

- if **You** make any claim, which **We** consider to be fraudulent, unfounded or exaggerated, all benefits under this Policy will be lost and **We** will seek to recover any benefits paid under a claim.
- **we** may, and **You** agree that **We** may, use video surveillance to investigate any claim that **We** have good reason to believe may be fraudulent.

## SECTION 2 Eligibility requirements

**You** can take out this Policy for **Life, Critical Illness, Accident, Sickness and Hospitalisation** benefits if on the **Commencement Date**:

- **you** are aged 18 years old or over and under 65; and
- **you** are **Resident** in the United Kingdom, Isle of Man or Channel Islands; and
- **you** are actively **Working**, being:
  - **Employed** for a minimum of 16 hours per week or equivalent of 70 hours per month. (i.e. not medically certified as unfit for work).
  - **Self-Employed** (i.e. not medically certified as unfit for work).

For the **Unemployment benefit** option (**Employed** customers only): The above criteria plus:

- **you** have **Worked** continuously for 12 months before the **commencement date** of the policy.

### IMPORTANT

Provided **You** meet the relevant requirements set out in this Section 2 **You** will be eligible for the applicable cover. There are, however, circumstances set out in Section 3 that may mean that **You** will be unable to claim benefit. Please read Section 3 of the Policy Document carefully as it may affect **Your** decision as to whether the Policy is suitable for **You**. If, at any time during the term of the Policy, **Your** circumstances change **You** should contact APRIL UK immediately. For example, a change in:

- **your** employment status (to less than 16 hours per week or equivalent of 70 hours per month being worked, if **You** are **Employed**)
- retirement
- residency

may affect **Your** entitlement to claim under the **Accident or Sickness and Unemployment** sections of the Policy.

### Change in residency

No benefit will be paid while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **resident** in the United Kingdom, Isle of Man or Channel Islands.

This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

## SECTION 3 Benefits and exclusions

**Standard Cover** (provided to all successful applicants)

### 3.1 ACCIDENT OR SICKNESS BENEFIT

Provided by London General Insurance Company Limited.

#### When can you claim for Accident or Sickness Benefit?

If **You** are unable to **Work** because of an **Accident** or **Sickness** for more than **Your** chosen **Waiting Period**, subject to the policy terms **We** will pay 1/30th of **Your Monthly Benefit** for each continuous day of disability resulting from **Accident** or **Sickness** from the date **you** were certified by **your** GP as unfit to **work** until the first of the following occur:

- **you** cease to be unable to **Work** due to an **Accident** or **Sickness**; or
- **you** fail to provide **Us** with proof of an **Accident** or **Sickness**; or
- **we** have paid a maximum of 12 **Monthly Benefits** in respect of any one event of **Accident** or **Sickness**; or
- the policy **End Date**.

If **You** have a job but do not meet the definition of **Work** because **You** are returning as part of a phased return to **Work** or a permitted work scheme, **You** may still be able to claim for **Accident** or **Sickness** benefits under this policy. Any payments made will be on a pro rata basis.

Periods of disability resulting from **Accident** or **Sickness** separated by less than three months will be treated as one continuous period of disability resulting from **Accident** or **Sickness**. If **We** have paid the maximum of **Monthly Benefits**, **You** must return to **Work** for a continuous period of three months before **You** are entitled to make another claim for **Accident** or **Sickness**.

#### When can you not claim for Accident or Sickness Benefit?

**We** will not pay any **Accident** or **Sickness** benefits:

- if **Your Sickness** occurs within 60 days of the **Commencement Date**;
- if **Your Accident** or **Sickness** results directly or indirectly from:
  - any **Pre-Existing Medical Condition**, unless **You** have been symptom-free and not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim;
  - any **Chronic Condition** which is existing or which **You** knew about at the **Commencement Date**, or of which **You** were exhibiting the symptoms whether specifically diagnosed or not or for which **You** were receiving medical treatment or advice during the 24 months preceding the **Commencement Date**;
  - **Normal Pregnancy/Childbirth Related Conditions**  
(Special Note: when a claim is made by **You** for a pregnancy or childbirth related condition, **We** may refer **You** to a **Doctor** or Consultant who specialises in obstetrics for an opinion of whether the condition is a **Normal Pregnancy/Childbirth Related Condition**. **We** will consider this opinion to be final).
    - for **Sickness** claims only, **You** will not be able to claim during a **Confinement Period**.
    - elective surgical procedures or surgical procedures which are not medically required;
    - **backache** or **Whiplash**, unless a **Doctor** provides medical evidence (e.g. radiological evidence, MRI scan or x-ray) showing definite symptoms of restriction of movement;
    - any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis and **you** are under the care of a Consultant Psychiatrist, Psychiatric Specialist or a Psychiatric Nurse working as part of a psychiatric team, which reports into a Psychiatric Specialist or Consultant Psychiatrist;
    - HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS. (Acquired Immune Deficiency Syndrome);
    - the taking of alcohol or drugs, unless under the specific direction of a **Doctor** and, in that case, not

for the treatment of drug addiction;  
- deliberately self-inflicted injury or illness;  
- war, riot or civil commotion.

- if **Your Accident** or **Sickness** occurs while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **resident** in the United Kingdom, Isle of Man or Channel Islands. This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

### 3.2 HOSPITALISATION BENEFIT

Provided by London General Insurance Company Limited.

#### When can you claim for Hospitalisation Benefit?

If **You** are Hospitalised for more than 48 hours, subject to the policy terms **We** will pay **You** a benefit of 10% of **Your** chosen Monthly Benefit for each subsequent 24 hours thereafter that **You** remain in Hospital for up to a maximum of 30 such payments per **Policy Year**. In addition, **You** will still be entitled to claim **Your Monthly Benefit** for **Accident** or **Sickness**.

#### When can you not claim for Hospitalisation Benefit?

**We** will not pay any **Hospitalisation** benefits:

- if **Your Hospitalisation** due to **sickness** occurs within 60 days after the policy **Commencement Date**;
- if **Your Hospitalisation** results directly or indirectly from:
  - any **Pre-Existing Medical Condition**, unless **You** have been symptom free and not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim;
  - any **Chronic Condition** which is existing or which **You** knew about at the **Commencement Date**, or of which **You** were exhibiting the symptoms whether specifically diagnosed or not or for which **You** were receiving medical treatment or advice during the 24 months preceding the **Commencement Date**;
  - **Normal Pregnancy/Childbirth Related Conditions** (Special note: when a claim is made by **You** for a pregnancy or child birth related condition, **We** may refer **You** to a **Doctor** or Consultant who specialises in obstetrics for an opinion of whether the condition is a **Normal**

**Pregnancy/Childbirth Related Condition. We** will consider this opinion to be final).

- for **Hospitalisation** claims for **Sickness** only, **You** will not be able to claim during a **Confinement Period**;

- elective surgical procedures or surgical procedures which are not medically required;
- **backache** or **Whiplash**, unless a **Doctor** provides medical evidence (e.g. radiological evidence, MRI scan or x-ray) showing definite symptoms of restriction of movement;
- any emotional or psychiatric condition, depression, stress or mental disorder, unless it is due to organic mental disease or psychosis;
- HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome);
- deliberately self-inflicted injury or illness;
- the taking of alcohol or drugs, unless under the specific direction of a **Doctor** and in that case not for the treatment of drug addiction;
- war, riot or civil commotion;
- if **your Hospitalisation** occurs while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **resident** in the United Kingdom, Isle of Man or Channel Islands. This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

**Additional Cover** (only provided if detailed on **Your Schedule of Cover** and **You** have paid the relevant **Premium**)

### 3.3 LIFE BENEFIT (if selected)

Provided by London General Life Company Limited.

If **You** die after the **Commencement Date** and before the **End Date**, subject to the Policy terms, **We** will pay a lump sum of £10,000 to **Your** next of kin or the executor of **Your** estate.

#### When can you not claim for life benefit?

**We** will not pay any life benefits:

- if **Your** death results directly or indirectly from:
  - any **Pre-Existing Medical Condition** unless **You** have been symptom-free and have not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim;
  - any **Chronic Condition** which is existing or



which **You** knew about at the **Commencement Date**, or of which **You** were exhibiting the symptoms whether specifically diagnosed or not or for which **You** were receiving medical treatment or advice during the 24 months preceding the **Commencement Date**;

- suicide in the first 12 months from the **Commencement Date**;
- HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome);
- the taking of alcohol or drugs, unless under the specific direction of a **Doctor** and, in that case, not for the treatment of drug addiction;
- war, riot or civil commotion;

- if **You** die while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **resident** in the United Kingdom, Isle of Man or Channel Islands. This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

### 3.4 CRITICAL ILLNESS BENEFIT *(if selected)*

Provided by London General Insurance Company Limited.

#### When can you claim for Critical Illness Benefit?

If **You** suffer **Critical Illness** occurring and diagnosed more than 60 days after the **Commencement Date** and before the **End Date**, subject to the policy terms, **We** will pay £10,000 effective from the date of diagnosis subject to claim validation.

Please read Section 9 – Meaning of Words – for a detailed description of each of the **Critical Illness(es)**.

All diagnoses and medical opinions must be given by a medical specialist who:

- is a **resident** and practising qualified **Doctor** in any member country of the European Union, Australia, Canada, Channel Islands, Cyprus, Gibraltar, Iceland, Isle of Man, Malta, New Zealand, Norway, Switzerland, or the United States of America;
- is acceptable to our Chief Medical Officer; and
- is a specialist in an area of medicine appropriate to the cause of the claim.

#### When can you not claim for Critical Illness Benefit?

**We** will not pay any **Critical Illness** benefits:

- if the **Critical Illness** results from:
  - deliberately self-inflicted injury or illness;
  - any **Pre-Existing Medical Condition**, unless **You** have been symptom-free and have not received treatment or advice for that condition during any consecutive period of 24 months preceding a claim;
  - any **Chronic Condition** which is existing or which **You** knew about at the **Commencement Date**, or of which **You** were exhibiting the symptoms, whether specifically diagnosed or not, or for which **You** were receiving medical treatment or advice during the 24 months preceding the **Commencement Date**;
  - **you** failing to place yourself, as early as possible, under the care of a **Doctor**, and following such medical advice as given by a **Doctor**;
  - the taking of alcohol or drugs, unless under the specific direction of a **Doctor** and not for the treatment of drug addiction.
- if the **Critical Illness** is diagnosed while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **resident** in the United Kingdom, Isle of Man or Channel Islands. This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

### 3.5 UNEMPLOYMENT BENEFIT *(if selected)*

Provided by London General Insurance Company Limited.

#### When can you claim for Unemployment Benefit?

If **You** become **Unemployed** due to **Redundancy** for more than **Your** chosen **Waiting Period**, subject to the policy terms **We** will pay 1/30th of **Your Monthly Benefit** for each continuous day of **Unemployment** until the first of the following occurs:

- **you** cease to be **Unemployed** or **You** fail to provide **Us** with proof of unemployment;
- **we** have paid a maximum of 12 **Monthly Benefits** in respect of any one event of **Unemployment**;
- the policy **End Date**.



If **You** are not in receipt of National Insurance Credits, please let **Us** know why. **You** must then provide **Us** with other evidence that **We** may reasonably request to show that **You** are currently **Unemployed** and seeking employment, for example job applications, rejections and registrations with job agencies.

Where **You** are made **Redundant** from one job, but have at least one other job in which **You** still work **You** are still able to make a claim for **Unemployment** Benefit where **You** register with the Department for Work and Pensions and are in receipt of National Insurance Credits, or where **You** can provide alternative evidence of **Working** less than 16 hours a week, but **You** are ineligible for National Insurance Credits.

Throughout the Policy term **You** must have been at **Work** for at least three consecutive months before any period of **Unemployment** and not be in receipt of any **Payment in Lieu of Notice**.

Periods of **Unemployment** separated by less than three months will be treated as one continuous period of **Unemployment**. If **We** have paid the maximum of 12 **Monthly Benefits**, **You** must return to **Work** for a continuous period of six months before **You** are entitled to make another claim for **Unemployment**.

#### **When can you not claim for Unemployment Benefit?**

**We** will not pay any **Unemployment** Benefits:

- if it starts within 60 days of the **Commencement Date**;
- if at the **Commencement Date** **You** knew **You** were to become **Unemployed**, or it is reasonable for **Us** to conclude that **You** knew that it was likely to happen;
- if it is a regular or seasonal event that occurs in **Your Work**;
- if it is brought about by the expiry of a fixed-term contract, other than where:
  - 1) **You** have **Worked** continuously for the same employer for at least 24 months; or
  - 2) **You** have been on a single contract for at least 12 months and have had that contract renewed at least once; or
  - 3) **You** were originally **Employed** on a permanent basis by the same employer but were transferred to a fixed-term contract by **Your** employer without a break in **Employment**. Unless **You** meet one of the above criteria for fixed-term contracts any claim in respect

of **Unemployment** following the expiry of a fixed-term contract before its natural expiry date will be restricted to the earlier of:

- the natural expiry date of the fixed-term contract from which **You** were made **Unemployed**, or
  - the date when 12 **Monthly Benefits** have been paid, or
  - the policy **End Date**.
- for **Unemployment** claims only **You** will not be able to claim during the **Confinement Period**;
  - if **Your Redundancy** is in any manner voluntary, unless **You** have suffered **Short-time** or been **Laid Off** for four or more consecutive weeks or for a series of six or more weeks within a period of 13 weeks and have given the appropriate notice in writing to **Your** employer in accordance with Section 148 of 1996 Employment Rights Act;
  - if it is a result of **Your** wilful misconduct, dishonesty or fraud;
  - if **You** do not make a genuine and continuing effort to get **Work**;
  - in respect of any period for which **You** have received any **Payment in Lieu of Notice**, or in respect of any period after **You** have stopped **Working** and before the effective date of **Redundancy** given by **Your** employer;
  - if before **Your Redundancy** **You** were **Employed** by a limited liability partnership or a company of which **You** or **Your** husband, wife, partner, parent, child, brother or sister, was a Director and/or Shareholder (other than by way of bona fide investment in a company quoted on a recognised stock exchange) unless that company ceases totally and permanently to trade as a direct result of an inability to pay its debts as they were due, as a direct consequence of which, and immediately after which, **You** suffer **Redundancy**;
  - if **Your Unemployment** results directly or indirectly from a strike, labour dispute or lockout;
  - if **You** refuse any offer of reasonable alternative **Employment** by **Your** employer, which by reason of **Your** qualifications and previous experience and the location of such **Employment** it would have been reasonable

for **You** to accept;

- if **Your Unemployment** results from the taking of alcohol or drugs, unless under the specific direction of a **Doctor** and not for the treatment of drug addiction.
- if **You** are made **Redundant** while **You** are outside the EU for a period intended by **You** to be more than 90 days, or if **You** cease to be **Resident** in the United Kingdom, Isle of Man or Channel Islands. This clause will not apply if **Your** reason for leaving the EU is because **You** are a member of the British Armed Forces or as a civil servant in a British Embassy or Consulate.

#### IMPORTANT

In the event that **You** are offered a temporary position during a period when **You** are claiming for **Unemployment**, **We** will suspend **Your Unemployment** claim for a maximum period of six months, during which time **We** will require evidence of **Your** continued search for **Work**.

If **You** are **Unemployed** due solely to **You** becoming a **Carer** and **You** are in receipt of Carer's Allowance **You** may be entitled to claim **Unemployment** Benefit. Please contact APRIL UK on 01454 619500 for further details and a claim form. If at the **Commencement Date** **You** knew **You** were to become a **Carer**, or it is reasonable for **Us** to conclude that **You** knew that it was likely to happen then no benefit will be payable in this respect.

#### SECTION 4

##### When your protection starts and ends

**Your** contract with **Us** starts from the date confirmed on **Your Schedule of Cover** (for **Unemployment** Benefit, protection starts if **You** become **Unemployed** more than 60 days after the **Commencement Date** and for **Sickness**, **Critical Illness** and **Hospitalisation** resulting from **Sickness** or **Critical illness** benefit protection starts if it is diagnosed more than 60 days after the **Commencement Date**) and ends on the earliest of the following:

- the date of **Your** death;
- the date a **Critical Illness** Benefit is paid;
- the date when **You** become 68 years of age, or the date **You** retire, whichever is the sooner;
- the date **You** fail to pay **Your Premium** when due;
- the date **Your** Policy is cancelled by **You** or terminated by **Us**.

#### IMPORTANT

This Policy is for monthly periods, and **We** do not guarantee that this Policy will be available indefinitely. **We** reserve the right to withdraw this Policy at any time, by providing 60 days notice, in writing, to **You**. This will only occur where it is a result of a serious breach of contract by **You** or where **We** are not authorised or otherwise unable to continue to provide cover.

**Your Premium** and the benefit provided under this Policy is based on the historical performance of this product.

**Your Premium** and the benefit provided under this Policy are not guaranteed to remain at the same level throughout the life of **Your** Policy. **We** reserve the right to amend the **Premium** and/or benefit(s) provided under this Policy at any time, by providing 30 days notice, in writing, to **You**. **We** cannot foresee every circumstance under which **Your Premium** and/or benefit provided will change; however, a few reasons are listed below.

The **Premium** and/or benefit provided may change if:

- the level of claims costs are significantly different to the level **We** had expected;
- our administration and/or distribution costs change;
- the level of benefit provided or amount of **Premium** charged for this Policy is significantly different than the projected costs of the Policy;
- there are changes in tax or other government or regulatory charges which affect **Your** Policy.

**We** will notify **You** in advance of any **Premium** and/or Policy benefit(s) changes. Upon notification, **You** are under no obligation to continue **Your** Policy at the revised **Premium** and/or benefit levels but the previous **Premium** and/or benefit levels will no longer be available to **You**. If **You** do not wish to continue with **Your** cover **You** can cancel **Your** Policy by following the details in Section 7.

Any change in **Your Premium** will not depend upon **Your** individual circumstances; for example, **Your** health or the number of claims that **You** make. The assessment of future **Premiums** and/or benefit provided under this Policy is based upon the premium being charged for everyone insured under this Policy, and not **You** personally.

#### SECTION 5

##### How to claim

- **You** or **Your** representative should contact

APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, telephone **01454 619500**.

- The claim form must be completed, ensuring any sections to be completed by others are filled in.
- Send the completed form to the **Claims Handler**, TWG Services Limited at The Aspen Building, Floor 2, Vantage Point Business Village, Mitcheldean, Gloucestershire, GL17 0AF or email to **creditorclaims@thewarrantygroup.com**.

**Please note** – We must receive a completed claim form, together with any other information We may reasonably require. A delay in returning the completed claim form and information may make it more difficult to assess and settle the claim.

- We will ask You to complete a continuation claim form in respect of any further months of **Accident** or **Sickness** or **Unemployment** and these forms must be sent back completed. A delay in returning the completed continuation claim form may make it more difficult to assess and settle the claim.
- If further supporting evidence of **Your** entitlement to claim is required, **You** must provide it at **Your** own expense. **You** must also allow **Us** to have **You** medically examined at **Our** expense if **We** wish.

**Please note** – **You** must continue to make Premium payments during any claim if **You** wish to be protected by the Policy. If **You** fail to pay **Your** Premium when due, **Your** Policy and the protection provided by it will end. **You** will continue to receive benefit for the current incident but no new claims will be accepted.

## SECTION 6 General terms and conditions

- Both **You** and **We** are free to choose the law applicable to this Policy. Unless specifically agreed to the contrary prior to the Policy **Commencement Date**, this Policy shall be subject to English Law. The EEA State for the purposes of the Policy is the United Kingdom.
- The maximum Monthly Benefit payable for **Accident** or **Sickness** or **Unemployment** is £1,500 per month.
- The maximum daily benefit payable for **Hospitalisation** is £150 per day.

- The maximum benefit payable for Life or **Critical Illness** is a single payment of £10,000.
- An insured customer may only have a maximum of one Lifestyle Protector Plan at any one time.
- Whilst any **Monthly Benefit** is being paid in respect of **Accident** or **Sickness** no **Monthly Benefit** shall be paid in respect of **Unemployment** and vice versa.
- If **You** increase the **Monthly Benefit**, the increase in benefit is not payable for **Sickness**, **Unemployment** or **Hospitalisation** due to **Sickness** claims until the increased cover has been in place for 60 days. The increased **Monthly Benefit** is payable immediately in the event of an **Accident** and **Hospitalisation** due to an **Accident** occurred after the date of increase of the **Monthly Benefit**.
- Any benefit due under this Policy will be paid to **You** except for life payments which will be to **Your** next of kin or the executor of **Your** estate.
- Currently for UK policyholders all benefits under this Policy are non-taxable, although this may change in line with any amendments to legislation.
- It shall not be possible for **You** to assign or charge the benefits of this Policy in any way whatsoever.
- When applying for or varying **Your** insurance, or submitting a claim, **You** or anyone acting on **Your** behalf must take reasonable care to answer all questions honestly and to the best of **Your** knowledge. Failure to do so may affect the validity of **Your** Policy or the payment of **Your** claim.
- The companies which provide the products and services related to this Policy are members of the Financial Services Compensation Scheme (FSCS). It is a duty of the FSCS to ensure that a percentage of sums owed to policyholders by an insurance company in liquidation is paid to those policyholders if the company itself is unable to meet its liabilities in full. Under the Scheme General Insurance is covered for 90% of the entire claim, with no upper limit. This compensation system is subject to restrictions and not all policyholders are eligible. Further details are available by contacting the FSCS by telephone on 0800 678 1100 or 020 7741 4100, or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 Botolph Street, London, EC3A 7QU.
- In the event of an insurance claim, any

information that **You** provide to **Us** may be put onto a register of claims through which insurers share information to prevent fraudulent claims. A list of participants and the name and address of the operator are available from **Us**.

### **Demands and needs**

The Lifestyle Protector Plan meets the demands and needs of those who wish to protect against the inability to meet regular expenses in the event of death, **Critical Illness, Accident, Sickness, Hospitalisation or Unemployment**. The levels of cover available with this Policy are detailed in the Summary of Cover, including the main benefits, main exclusions and limitations.

If **You** wish to reconsider **Your** decision, **You** have a period of 30 days after the Policy **Commencement Date** to cancel this cover with a full refund of any **Premiums** paid, providing no successful claims have been made.

In applying for the Lifestyle Protector Plan **You** have confirmed that **You** meet the eligibility criteria detailed in the Summary of Cover.

When applying for or varying **Your** insurance, or submitting a claim, **You** or anyone acting on **Your** behalf must take reasonable care to answer all questions honestly and to the best of **Your** knowledge. Failure to do so may affect the validity of **Your** Policy or the payment of **Your** claim.

**Your** Summary of Cover details a summary of the benefits and exclusions. Please read **Your** Policy Document for full details of **Your** cover within 30 days of receipt to ensure that it meets **Your** requirements.

### **Premium collections and refunds**

All **Premium** payments from **You** due to the Insurer for this Policy, or **Premium** refunds due to **You** from the Insurer for this Policy, will be held by APRIL UK on behalf of the Insurer. In this capacity APRIL UK acts as an authorised agent of the Insurer. This means that once a **Premium** is paid to APRIL UK it is deemed to have been received by the Insurer and any **Premium** held by APRIL UK will not be deemed as paid until it has been received by the customer.

### **Reviewing your cover**

From time to time **Your** personal circumstances may change. **You** should review **Your** cover regularly to ensure that the Policy and benefits are still suitable for **You**.

## **SECTION 7**

### **Cancellation rights**

**You** may cancel this Policy at any time. If **You** cancel this Policy within 30 days of the **Commencement Date**, as detailed on **Your Schedule of Cover**, any **Premium** that **You** have paid will be refunded, subject to no successful claim being made. If cancellation is made after 30 days, there will be no refund of **Premium** paid. To cancel this Policy write to APRIL UK Customer Services, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or e-mail: [cancellations@april-uk.com](mailto:cancellations@april-uk.com), or call **01454 619500** quoting **Your** name and Policy number.

**We** may cancel this Policy if **You** fail to pay **Your Premium** when due. However, **We** will continue to pay any valid claim accepted by **Us**, until the end of the valid claim period. **We** may also cancel **Your** Policy due to fraudulent activity.

## **SECTION 8**

### **Customer care**

#### **1. Policy Sale or Administration**

If **You** have a complaint about the sale or administration of **Your** Policy, please contact APRIL UK, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH, or e-mail: [enquiries@april-uk.com](mailto:enquiries@april-uk.com), or call **01454 619500** and **You** will be provided with details of their complaints procedure. APRIL UK is authorised and regulated by the Financial Conduct Authority, Registration Number 308655.

#### **2. Terms of the Policy/Claims Handling**

For complaints relating to the terms of this contract, claims administration or claims handling under this insurance, please write to Customer Relations Department of TWG Services Limited at The Aspen Building, Floor 2, Vantage Point Business Village, Mitcheldean, Gloucestershire, GL17 0AF, telephone **0330 100 3246**, or email: [customer.relations@thewarrantygroup.com](mailto:customer.relations@thewarrantygroup.com).

TWG Services Limited administer claims on the Policy on behalf of the Insurer, London General Insurance Company Limited and London General Life Company Limited.

If **Your** complaint addressed to any of the above parties is not resolved to **Your** satisfaction, **You** may within 6 months of a final decision contact the Financial Ombudsman Service at Exchange Tower, London E14

9SR. Tel: **0800 023 4567 / 0300 123 9 123**.  
Email: **complaint.info@financial-ombudsman.org.uk**.  
Website: **www.financial-ombudsman.org.uk**

The Financial Ombudsman Service has been set up by law to help settle individual disputes between consumers and financial firms. They can decide if **We** have acted wrongly and if **You** have lost out as a result. If this is the case they will tell **Us** how to put things right and whether this involves compensation.

Their service is independent, free of charge to **You** and **We** will always abide by their decisions. The making of a complaint does not affect **Your** right to take legal proceedings.

A leaflet explaining the functions of the Financial Ombudsman Service (UK) is also available on request.

## **SECTION 9**

### **Meaning of words/definitions**

In this Policy Document the following words will have the following meanings throughout.

**Accident** – An event which is not reasonably foreseeable, intended or designed (but excluding **Sickness**). The **Accident** must be certified by a **Doctor** as preventing **You** doing **Your Work** or any **Work** that **Your** experience, education or training may reasonably qualify **You** to do.

**Backache** – Any musculo-skeletal disorders arising from abnormalities of the whole vertebral column (including the cervical spine), discs, muscles attached to the spine and those due to nerve root irritation.

**Cancer** – Excluding less advanced disease: 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, lymphoma and sarcoma. For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - Pre-malignant, for example essential thrombocythaemia and polycythaemia rubra vera;
  - Non-invasive;
  - Cancer in situ;

- Having either borderline malignancy; or
- Having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical 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).

**Carer** – A policyholder who at the **Commencement Date** was **Working** and therefore eligible to take out cover and who has subsequently become a **Carer** whereby they are required to care for a member of their immediate family and are in receipt of Carer's Allowance.

**Chronic Condition** – A condition which has symptoms that are constant or recur, or which requires long-term monitoring, treatment, consultations, check-ups, examinations or tests.

**Claims Handler** – TWG Services Limited, registered number: 1883565, registered address: Ground Floor, Twenty Kingston Road, Staines-upon-Thames, Surrey, TW18 4LG.. TWG Services are authorised and regulated by the Financial Conduct Authority, FRN 312440.

**Commencement Date** – The start date of **Your** contract with **Us**, as confirmed on **Your Schedule of Cover**.

**Confinement Period** – The period two weeks prior to and four weeks after birth.

**Coronary Artery By-Pass Grafts** – With surgery to divide the breast bone: The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

**Critical Illness** – **Cancer, Coronary Artery By-pass Grafts, Heart Attack, Kidney Failure, Major Organ Transplant, or Stroke** diagnosed by a **Doctor**.

**Doctor** – A medical practitioner, other than **You** or a



member of **Your** family, who is registered as a medical practitioner with the General Medical Council and entitled to practice as such in the United Kingdom, Channel Islands or Isle of Man.

**End Date** – The date **Your** Policy ends, as detailed in Section 4.

**Employed/Employment** – In paid employment under a contract of services under which **You** ordinarily **Work** in the United Kingdom, Channel Islands or Isle of Man for a minimum of 16 hours per week or equivalent of 70 hours per month and paying Class 1 National Insurance Contributions.

**Heart Attack** – Of specified severity: Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- Typical clinical symptoms (for example, characteristic chest pain);
- New characteristic electrocardiographic changes;
- The characteristic rise of cardiac enzymes or troponins recorded at the following levels or higher:
  - Troponin T >0.2 ng/ml;
  - AccuTnI >0.5 ng/ml or equivalent threshold with other Troponin I methods.

This evidence must show a definite acute myocardial infarction. For the above definition, the following are not covered:

- Other acute coronary syndromes
- Angina without myocardial infarction.

**Hospital** – A lawfully operated establishment (other than a convalescent, nursing or rest home, or convalescent, nursing, self-care or rest section or unit of a Hospital) which has accommodation for resident patients with organised facilities for diagnosis and major surgery and which provides a 24-hour-a-day nursing service by registered nurses.

**Hospitalisation/Hospitalised** – Being confined to **Hospital** upon the recommendation of a **Doctor** solely as a result of **Accident, Sickness or Critical Illness (except for a Pre-existing condition)** which commenced or occurred after the **Commencement Date**.

**Kidney Failure** – Requiring permanent dialysis: Chronic

and end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis is permanently required or renal transplant is initiated.

**Laid Off** – An employee shall be taken to be laid off for a week if they are employed under a contract on terms and conditions such that their remuneration under the contract depends on them being provided by the employer with work of the kind which they employed to do, but are not entitled to any remuneration under the contract in respect of the week because the employer has not provided such work for them.

**Major Organ Transplant** – The actual undergoing as a recipient of, or inclusion on an official Republic of Ireland or UK waiting list for a transplant of heart, liver, lung, kidney, pancreas or bone marrow. For the above definition, the following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells

**Monthly Benefit** – The monthly benefit stated in **Your Schedule of Cover**, which is payable by **Us** in the event of a successful claim.

**National Insurance Credits** – The credits added to **Your** National Insurance record when **You** sign on at an office of the Department for Work and Pensions.

**Normal Pregnancy/Childbirth Related Conditions**

- (i) Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or temporary nature not representing an unusual or significant hazard to mother or baby.
- (ii) Childbirth including delivery by Caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.

**Payment in Lieu of Notice** – Means one of the following:

- (i) any payment **You** receive that relates to the notice period **Your** employer should have given **You** under **Your** contract of employment or letter of appointment; or
- (ii) any part of a compensation payment for loss of office (including any part of a payment under a compromise agreement) that is directly or

indirectly related to the notice period **You** employer should have given **You** under **Your** contract of employment or letter of appointment.

**Policy Year** – A period of 365 days (366 for a leap year) following the **Commencement Date** or any consecutive annual anniversary date of the **Commencement Date**.

**Premium** – The amount as detailed in **Your Schedule of Cover**, which is payable by **You** in respect of this Policy.

#### **Pre-Existing Medical Condition**

A condition or related condition either:

- (i) for which **You** received treatment in the 24 months up to and including the **Commencement Date**, or
- (ii) which **You** were aware of, or in Our opinion **You** should have been aware of, during the 24 months up to and including the **Commencement Date**.

Unless **You** have been symptom-free and not consulted a **Doctor** or received treatment in the 24 months preceding the claim.

**Redundant/Redundancy** – Being entirely without **Employment** as a direct result of **Your Employment** being terminated due solely to **Your** employer ceasing or reducing the activities for which **You** were engaged at the place where **You Worked**.

**Resident/Residency** – Living in the United Kingdom, Channel Islands or Isle of Man for 40 out of 52 weeks a year.

**Schedule of Cover** – **Your** Schedule of Cover, detailing **Your** cover level, waiting period and benefit.

**Self-Employed/Self-Employment** – Being in a profession or business, alone or in association with others, paying Class 2 National Insurance contributions.

**Short-time** – An employee shall be taken to be kept on short-time for a week if by reason of a reduction in the work provided for the employee by their employer (being work of a kind which under the contract the employee is employed to do) the employee's remuneration for the week is less than half a week's pay.

**Sickness** – A medical condition or disease, after it is diagnosed and confirmed by **Your Doctor** and occurring

whilst **You** are in **Work**, which stops **You** doing **Your Work** or any **Work** that **Your** experience, education or training may reasonably qualify **You** to do. **You** must be under the continuing care of a **Doctor** throughout **Your** claim.

**Stroke** – Resulting in permanent symptoms: Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms. For the above definition, the following are not covered:

- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels.
- Death of tissue of the optic nerve or retina/eye stroke

**Unemployed/Unemployment** – **You** being without **Work** due directly to **Your Redundancy**. **You** must be registered with the Department for Work and Pensions and in receipt of National Insurance Credits and be actively seeking and available for **Work**. Those who have reached statutory retirement age will not be required to register as **Unemployed** at the Department for **Work** and Pensions, but will be asked to show continuous evidence of seeking **Work**.

**Waiting Period** – The period of time that **You** must wait since the occurrence of an insured event before any **Monthly Benefit** becomes payable if the insured event is still applicable at that time. This period is chosen by **You** and is confirmed in **Your Schedule of Cover**.

**We, Us or Our** – London General Life company Limited, registered number 2443666 and London General Insurance Company Limited, registered number 1865673, whose head and registered office are at Ground Floor, Twenty Kingston Road, Staines-upon-Thames, Surrey, TW18 4LG. The insurer is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, under number FRN 202801 – (London General Life Company Limited and number FRN 202689 – (London General Insurance Company Limited).

**Whiplash** – Whiplash, as diagnosed and confirmed by **Your Doctor**, whereby the soft tissue of the spine is placed under stress after the body is thrown in a sudden, forceful jerk.

**Work/Working** – Permanent gainful **Employment** paying the correct National Insurance contributions.

**You or Your** – The person who has been accepted for insurance and is named in the **Schedule of Cover**.



### **Data Protection Act – Information Users**

For the purposes of the Data Protection Act 1998, the Data Controller(s) in relation to any personal data **You** supply are **Us** and APRIL UK.

### **Insurance Administration**

**Your** information may be used for the purposes of insurance administration by **Us**, Our associated companies, **Our** agents, the **Claims Handler** and APRIL UK. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing **Our** compliance with any regulatory rules/codes. **Your** information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area, for any of these purposes and for systems administration. Where this happens, **We** will ensure that anyone to whom **We** pass **Your** information agrees to treat **Your** information with the same level of protection as if **We** were dealing with it. If **You** give **Us** information about another person, in doing so, **You** confirm that they have given **You** permission to provide it to **Us** and for **Us** to be able to process their personal data (including any sensitive personal data) and also that **You** have told them who **We** are and what **We** will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions and on payment of the appropriate fee, **You** have the right to access and, if necessary, to rectify information held about **You**. In assessing any claims made, **We** or **Our** agents may undertake checks against publicly available information (such as electoral roll, County Court judgements, bankruptcy orders or repossessions). Information may also be shared with other Insurers either directly or via those acting for **Us** (such as loss adjusters or investigators).

### **Sensitive Data**

In order to assess the terms of the insurance contract or administer claims that arise, **We**, **Our** associated companies, **Our** agents, the **Claims Handler** and APRIL UK may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this Policy **You** will signify **Your** consent to such information being processed by **Us** and/or APRIL UK and/or its agents.

APRIL UK registered office: April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH  
Tel: 01454 619500 - [www.april-uk.com](http://www.april-uk.com)  
London General Life Company Limited and London General Insurance Company Limited registered office:  
Ground Floor, Twenty Kingston Road, Staines-upon-Thames, Surrey, TW18 4LG.

APRIL UK is a trading name of APRIL UK (Insurance Services) Ltd (registered in England No 3179382), who is authorised and regulated by the Financial Conduct Authority, registered number 308655.  
London General Life Company Limited (registered in England No 2443666) and London General Insurance Company Limited (registered in England No 1865673) are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, registered under number FRN 202681 – (London General Life Company Limited and number FRN 202689 – (London General Insurance Company Limited).  
LPPD 0116



Changing the image of insurance