



NFU Mutual
LIFE PROTECTION

Provided by



YourLife Plan Income Protection

keyfacts®



Income Protection is designed to pay you a monthly income if you're too ill to work.

Who provides this Income Protection?

This policy is being provided by NFU Mutual Select Investment Limited's chosen partner – Aviva Protection UK Limited (Aviva for short). We specialise in insurance in the UK that helps people experiencing tough times in life – such as life insurance, critical illness and income protection cover.

NFU Mutual Select Investments Limited has chosen to partner with Aviva to provide you with this protection policy because we provide excellent service and consider all claims fairly.

Throughout this document, 'we', 'us' and 'our' means Aviva.

How to use this document

The purpose of this document is to help you decide whether our Income Protection is right for you, featuring all the key bits you need to know. We've highlighted words and sections that'll help you understand how things work.

The full terms, conditions and exclusions of this cover can be found in the Cover Details and Cover Summary. The Cover Details gives you all the terms and conditions of

the cover and the Cover Summary will be a personalised summary of your cover if you decide to take it out. We'll let you know throughout this document when you might want to take a look at these.

The Cover Details can be found on [nfumutual.co.uk](https://www.nfumutual.co.uk) and you can also ask your NFU Mutual financial adviser for a copy. You'll get a copy of the Cover Details and Cover Summary if you decide to buy from us.

Taking advice

You'll need to decide if this product meets your financial needs, so please read this document carefully and check it's right for you. You'll get expert advice from your NFU Mutual financial adviser who will look at your personal circumstances and help you make the decision that's right for you.

Giving us the right information

So that we can give you cover that matches your needs, it's really important that you provide us with information that's true, accurate and complete when you apply for your cover. If you don't, it can cause problems later on, like your policy being cancelled or a claim being rejected or reduced.



What is Income Protection?

Income Protection will help you focus on getting better and back to work, without having to worry about how to pay your bills.

It's a type of insurance which provides you with a regular monthly income - the monthly benefit - if you're unable to work because of illness or injury (we call this being incapacitated - see how we define incapacitated below).

We'll also pay a monthly benefit if you're not working and you can't carry out normal everyday activities because of illness or injury.

There are some specific features for dentists, doctors, surgeons and teachers. Take a look at page 7 to find out what these are.

What does incapacitated mean?

Incapacitated means that you're too ill or injured to work. It depends on whether you're in paid work and what kind of work you do.

It'll either be based on your ability to be able to do your own occupation (the type of job you did before you stopped work), or certain work tasks (types of things people do in everyday life, like writing, walking or bending). We sometimes refer to work tasks as daily activities.

Which of these definitions applies to you will be agreed based on your circumstances when you apply - and will be confirmed in your Cover Summary.

Who can buy Income Protection?

At the time you apply for this cover, you must be at least 17 years old and no older than 59.

You'll need a UK, Channel Islands, Isle of Man or Gibraltar bank account and be registered for at least 2 years with a UK, Channel Islands, Isle of Man or Gibraltar doctor.

At the time you apply for this cover, you must:

- Be in the UK, Channel Islands, Isle of Man or Gibraltar with a legal right to live in that jurisdiction, and
- Consider your main home as being in the UK, Channel Islands, Isle of Man or Gibraltar and have no current intention of moving anywhere else permanently.

The fundamentals - how it works

The amount of cover

You can choose the monthly benefit you'd like to be paid, but there's a maximum to how much you can have.

How we'll calculate your maximum benefit

1. If you're employed with an income, it'll be
 - 60% of the first £60,000 of your income
 - Plus 50% of anything above thatWe'll limit this to £20,833 a month.
2. If you're a house person or don't have an income, we'll limit this amount to £1,667 a month.

Here's an example in practice that shows how we calculate the monthly benefit:

Sarah was working as a management consultant, earning £80,000 a year when she took out the cover.

We calculated her maximum monthly benefit as 60% of the first £60,000 of her salary (£3,000 a month).

Plus, 50% of the remaining £20,000 (£833 a month).

The maximum we'd pay Sarah is £3,833 a month.

When you claim, how much you'll be paid is based on your pre-tax annual income before you became too ill to work, not the income you had at the start of your cover.

Income replacement guarantee

How much you're paid is based on your income before you stopped work. Our income replacement guarantee is designed to help you if your income no longer supports your chosen monthly benefit when you claim.

You'll need to be employed for at least 25 hours a week (or 16 hours as self-employed) before you stopped working.

Here's how the income replacement guarantee works:

1. We'll look at your pre-tax annual income before you became too ill to work. We'll calculate your benefit as:
 - 60% of the first £60,000 of your income
 - plus 50% of anything above that
2. If your current monthly benefit is higher than £1,500 but our calculation is less than £1,500, we'll pay £1,500
3. If your current monthly benefit is below £1,500, we'll pay your current monthly benefit
4. We have a different guarantee amount for dentists, doctors and surgeons. Take a look at page 7 for this.

Here's an example in practice that shows how the income replacement guarantee can help:

Sarah's monthly benefit when she took out her cover was £3,833 a month.

Due to a change in her circumstances, Sarah's annual salary dropped from £80,000 to £28,000.

When she claimed, her monthly benefit was calculated as 60% of her salary (£28,000), totaling £1,400 a month.

As she was working more than 25 hours a week before she became ill, she received £1,500 a month through the income replacement guarantee, as she met the requirements.

For more detail about how much we'll pay, take a look at section 1.3 in the Cover Details.

Will we make any deductions?

Any income you're receiving from your employer, self-employment, other insurance benefits or pension arrangements other than State Pensions will be deducted from these amounts. Any income received from State Benefits won't affect what we pay.

For more detail about the income we'll deduct, take a look at section 4 in the Cover Details.

How long your cover lasts

You can choose how long your cover lasts – we call this 'term of the cover'. It can be between 5 and 53 years, although your policy must end before you reach your 70th birthday.

The types of cover

There are two types of cover you can choose from:

- Level – this covers you for a fixed monthly benefit
- Increasing – your monthly benefit increases each year to take inflation into account, up to a maximum annual increase of 10%. We use the Retail Prices Index (RPI).

RPI is a measure of inflation, published by the Office of National Statistics every month. It measures how the costs of goods and services change over time.

The types of cover payments

You can select from two cover payment options:

- Full payment term – for each successful claim, we'll pay you the monthly benefit for as long as you're unable to work until the end of your cover.
- Limited payment term – for each successful claim, we'll pay you the monthly benefit for a maximum of 24 months. If you're still unable to work after this point, your monthly benefit will end. You can claim for the same illness or injury again, as long as you've returned to work for at least 26 weeks before you claim again.

For more detail on the types of cover, take a look at section 1 in the Cover Details.

Paying for your policy

We'll collect monthly or annual premiums from you by direct debit until your insurance ends.

Your premiums won't change, unless you choose increasing cover.

If you've chosen an increasing monthly benefit, the amount you pay will increase each year to pay for the extra cover.

Waiver of Premium

This means you don't have to pay premiums when we're paying a monthly benefit.

When we'll pay a benefit

We'll pay a benefit in three circumstances:

1. You're incapacitated

You'll find your definition in your Cover Summary and it'll be one of:

- own occupation, or
- work tasks (also known as daily activities).

To make sure you meet our definition of incapacitated, we may ask you to be examined by a doctor or health specialist of our choice. We may also ask for any other reasonable evidence we need to consider your claim.

You'll need to be incapacitated for a continuous period that's longer than the time you chose to wait for your benefit (we call this the deferred period – see how we define deferred period below).

Waiting for your benefit – the 'deferred period'

Your monthly benefit will start being paid only once the time you chose to wait has passed. It can be either 4, 8, 13, 26 or 52 weeks.

How the deferred period works if you claim again

If you return to work after a claim, but become unable to work again, we may be able to start your monthly benefit payments again as soon as possible, with no deferred period.

For more detail on how the deferred period works, take a look at section 1.2 in the Cover Details.

2. You need services or advice to help improve your health and get you back to work

If you're incapacitated, we may pay up to three times the monthly benefit to help you pay for the services that could improve or maintain your health and help you return to work. Examples might include physiotherapy or counselling.

We need to approve these services and agree the costs before you start. We'll refund the costs as soon as we've received the receipts for the services agreed.

3. You need to stay in hospital

If you're in hospital during your deferred period, we'll pay £100 for each night you spend in hospital after six nights, up to a maximum of 90 nights.

For more details on these benefits, take a look at section 1 in the Cover Details.

What happens if you're still incapacitated but go back to work?

If your earnings are reduced because of your illness (perhaps because you're working fewer days or hours or because of restricted duties), we may continue paying your benefit, provided you still meet the incapacitated definition. The payments will be at a reduced rate in line with your reduced earnings and possibly for a limited period.

This will end once your earnings recover to the level when you took the policy out.

Whether you can continue to claim, what you're entitled to and how long we'll pay a benefit will depend on the occupation you've returned to, and the definition of incapacitated that applied to the original claim.

For more detail on what happens if you're still incapacitated and go back to work, take a look at section 1 in the Cover Details.

Changing your policy

You can change your policy to ensure that it still meets your needs.

Some of these options aren't available to everyone. This could be because, for example, you have a particular medical condition when the cover is first taken out. For more information, including limitations, take a look at section 2.3 in the Cover Details.

Life event changes

You're able to increase the amount of cover without the need to answer any more health and lifestyle questions up until and including your 60th birthday and you:

- get married or enter a civil partnership
- have a child (including adoption)
- increase your salary following a promotion or employment change
- increase or take out a new mortgage, or
- increase your rent or start renting

You can also increase the term of the cover if you increase the term of your mortgage.

All life event changes must be made within 13 weeks of the event taking place.

The limits

There are limits to how much you can increase your monthly benefit each time and in total. For more detail on the limits, take a look at section 2.3 in the Cover Details.

More ways you can change

You can also:

- reduce the monthly benefit
- reduce the term of the cover
- stop and restart annual increases if you've selected increasing cover
- change the deferred period
- change how often a premium is paid, and
- change a full payment term to a limited payment term, or vice versa.



Unemployment support

We offer some additional support if you become unemployed.

Assessing a claim as if you're in work

If you've recently become unemployed, but get ill or injured, we'll assess your claim as if you're still in work.

If within 30 days or less of becoming unemployed, a house person (someone not in paid work), or taking a career break you also suffer from an illness or injury that means you can't complete your occupation - we'll assess your claim using our own occupation definition (based on the type of job you did before you stopped work).

If you claim after 30 days of being unemployed, we'll assess your claim using our work tasks definition (based on the things people need to do in everyday life, like walking and bending).

For more details on how we'll assess a claim as if you're in work, take a look at section 1.8 in the Cover Details.

Unemployment waiver of premium

This is automatically included in the cover. This is designed to support you if you're made redundant. We'll pay your premiums for up to six months so you can keep your cover in place.

You'll need to contact us within one month of being made redundant. We won't be able to pay this benefit if you're unemployed in the first 90 days of your cover.

For more details on unemployment waiver of premium, take a look at section 1.8 in the Cover Details.

Specialised professions

We offer some additional features to dentists, doctors, surgeons and teachers, to more closely reflect their sick pay arrangements and career paths. If this isn't you, you can skip this section.

For dentists, doctors and surgeons

(who are registered with the General Medical Council or General Dental Council and licensed to practice in the UK)

Sick pay guarantee

If you're a dentist, doctor or surgeon, our sick pay guarantee is designed to complement your employer's sick pay arrangements, if they match the NHS sick pay entitlement. This means that, if you become ill, we'll start paying your monthly benefit before the end of your deferred period. When we start paying and how much we pay, will depend on how long you've been in your profession when you become incapacitated.

You'll need to choose a 52 week deferred period to be eligible for this benefit.

For more details about our sick pay guarantee, take a look at section 1.9 in the Cover Details.

Income replacement guarantee

Our income replacement guarantee for dentists, doctors and surgeons will support you if your income has fallen below your monthly benefit when you claim (as long as you're working at least 32 hours a week).

We'll look at your pre-tax annual income before you became incapacitated, and:

- if your current monthly benefit is higher than £3,000 but our benefit calculation is less than £3,000, we'll pay £3,000
- if your current monthly benefit is below £3,000, we'll pay your current monthly benefit.

For more detail on our income replacement guarantee, take a look at section 1.9 in the Cover Details.

Sabbatical break cover

If you go on a sabbatical break, after the first 12 months of the start of your cover, we'll treat you as if you're in paid work for up to two years.

So, if you have an accident or become sick during your sabbatical meaning you can't work, how much we'll pay will be based on your income in the 12 months before you went on your break.

For more detail on sabbatical break cover, take a look at section 1.9 in the Cover Details.

For teachers

Sick pay guarantee

If you're a public sector teacher, our sick pay guarantee is designed to complement your employer's sick pay arrangements. This means that, if you become ill, we'll start paying your monthly benefit before the end of your deferred period. When we start paying and how much we pay, will depend on how long you've been in your profession and what part of the UK you work in when you become incapacitated.

Your sick pay arrangements will need to match one of the following categories:

- England and Wales: The Conditions of Service for School Teachers in England and Wales – known as the Burgundy Book
- Northern Ireland: The Department of Education, Teachers Terms and Conditions
- Scotland: The Scottish Negotiating Committee for Teachers (SNCT) handbook of Conditions of Service for School Teachers in Scotland

You'll also need to choose a 52 week deferred period to be eligible for this benefit.

For more details about our sick pay guarantee, take a look at section 1.9 in the Cover Details.

Important information about your cover

When you're covered

Income Protection only protects you against events that happen to you during the term of your cover. If something happens outside that term, you won't be covered.

The Cover Summary will show you what's covered and for how long.

Reviewing your cover

Make sure you review your policy in line with your earnings and lifestyle. If you don't, you may find you have more or less cover than you actually need.

Protecting your cover against inflation

Inflation will reduce the spending power of any benefit you're paid in the future. To help protect your cover against this effect, you can choose to increase your monthly benefit in line with the Retail Prices Index (RPI), by 10% each year (head to page 4 to find out what RPI is).

This means that the amount you pay will increase each year to pay for the extra cover. It'll increase by a higher percentage than that of the benefit, because you're more likely to claim as you get older.

You can stop the annual increase and your premium will stay at the point it was when you stopped.

If you miss a premium

If any premium remains unpaid for more than 30 days from the date it was due to be collected, we'll cancel your policy and you'll no longer be covered. You may be able to reinstate your cover by paying any outstanding premiums up to six months after missing a premium.

Things you need to know

Making a claim

If you need to claim, you should get in touch as soon as you can using the contact details provided.

If you'd like to know more about how to claim, you can find this in the Cover Details or visit our website [protection.aviva.com](https://www.protection.aviva.com).

We'll pay the benefit to the person legally entitled to receive it. This will be confirmed when a claim is made. It'll depend on the nature and circumstances of the claim.

When we won't pay a claim

More insurance claims are paid than aren't. Here are the reasons why we won't pay a claim:

- you don't meet the definition of incapacity
- you've stopped paying regular premiums throughout the term of your policy
- you provided inaccurate information when you applied for the cover
- you don't give us medical or other evidence that we ask for, or
- you didn't tell us if any of the information in the Cover Summary or Application Details we send you is wrong.

It's important to be accurate and thorough when applying. If you don't take sufficient care and give us information that's untrue, incomplete or inaccurate, we may need to cancel or change your cover so that it fits what we should have been told about. So if you later spot an error in your documents, contact us as soon as possible to change it.

More information about when we won't pay a claim, or when we're entitled to cancel or amend your insurance, is available in section 1.6 in the Cover Details.

Where a claim can be made

If you're living in an eligible country when you became incapacitated, we'll pay your benefit after your deferred period.

If you're travelling outside an eligible country when you became incapacitated, we'll only pay you for up to 26 weeks (after your deferred period), so you'll need to return to an eligible country to continue getting your benefit.

For more details on eligible countries, take a look at section 4 of the Cover Details.

Changing your mind about your cover

If you change your mind about having cover within 30 days of receiving your policy documents, we'll refund any premiums you've paid, unless we've already paid a benefit before you cancel.

If you don't stop your policy within this time period, your policy will remain active as set out in your Cover Summary.

If you stop your policy after 30 days, your insurance will end on the day before your next premium is due and you won't get any money back. If you're paying annual premiums, your policy will end on the day before the next monthly anniversary of the policy. We'll retain the cost of any full (or partial) months of cover up to the date of cancellation and will refund any balance of the annual premium.

Your policy has no cash value.

The law

This cover is governed by the law of England and Wales.

All our standard communications with you now and throughout the term of your insurance will be in English. If you have specific communication needs, we'll do our best to support you. Just let us know.

Current tax rules

Under current legislation and HMRC practise, benefit(s) payable under this cover are normally free from Income Tax and Capital Gains Tax for UK residents.

Personal information we collect

Personal information we collect about you includes sensitive information such as your health and medical history. Where we collect this information, we'll rely either on your consent or on a combination of the following reasons: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

To give you a quicker decision about your insurance, we may make decisions about your application using an 'automated decision-making tool'. It doesn't involve human input and we sometimes use it to determine whether we're able to provide you with insurance and on what terms based on the answers you give us.

We may also use your personal information to detect, investigate and prevent crime (including fraud and money laundering).

Where permitted by applicable law, Aviva Protection UK Limited may share personal information with carefully selected third parties, for example, other insurers, reinsurers, and financial advisers.

Your personal information may be transferred outside the country in which you're located, including to countries outside of the UK.

As a data subject, you have certain rights in relation to your personal information.

More details about Aviva Protection UK Limited's use of personal information and your rights as a data subject can be found at protection.aviva.com/privacy-policy or you may request a copy using the following contact details:

The Data Protection Officer,
Aviva Protection UK Limited, PO Box 12010,
Harlow, CM20 9LG.

Or by email at:

DataProtectionOfficer@protection.aviva.com

About our business

Aviva Protection UK Limited operates in the UK, Channel Islands, Isle of Man and Gibraltar.

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report available on our website protection.aviva.com.

Making a complaint

If you have a complaint, you can get in touch with us using the contact details provided.

We'll try to resolve complaints as quickly and fairly as possible. If we can't deal with your complaint promptly, we'll send you a letter to acknowledge it and give you regular updates until it's resolved.

If you're not happy with how we deal with your complaint, you can refer it to the Financial Ombudsman Service.

You can email them at:

complaint.info@financialombudsman.org.uk

Call 0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers)

Or write to:


The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London
E14 9SR

What happens if Aviva got into financial trouble and couldn't pay out the money?

The Financial Services Compensation Scheme (FSCS) is there to protect you if we can't meet our obligations. Whilst most customers will be covered under the FSCS, whether or not you can claim and the amount you can claim depends on the specific circumstances of your claim. You can get more information from fscs.org.uk or by calling **0800 678 1100**.


How to contact us

For any questions about your cover:

 0330 123 4467


Email us at: nfumutual@protection.aviva.com

To make a complaint:

 0345 600 6813

Email us at: complaints@protection.aviva.com

To contact the Claims Team:

 0345 600 6815

Email us at: claimsteam@protection.aviva.com

Write to us at:

Aviva Protection UK Limited, PO Box 12010, Harlow CM20 9LG

We're open Monday to Thursday, 8.30am to 6pm and Friday, 8.30am to 5.30pm, except for bank holidays.

Please note these opening times are UK local time.

Calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks.

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

For more information, visit protection.aviva.com

Need this in a different format?

Please get in touch if you'd prefer this brochure (**EDCO2151**) in large font, braille, or as audio.

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aviva.co.uk