

keyfacts[®]

A summary of our
There-in-One Plan[®]

For Life cover
Too ill to work cover
or both

There[®]
protecting family life

Hello and
welcome to

There[®]

What's a Policy Summary?

This is the **There-in-One Plan**[®] Policy Summary. In it you'll find the key features of our Life cover and Too ill to work cover. But being a summary, it isn't the full Policy Terms and Conditions – you'll find these at there.co.uk

Please take the time to read both this Policy Summary and the Policy Terms and Conditions to make sure that you know exactly what the **There-in-One Plan**[®] is, what it does and doesn't cover, how it works, and whether it provides the right cover for you and meets your needs.

If there's anything that you don't understand or if you have a question you'd like answered, please go to there.co.uk.

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Our There-in-One Plan® – an overview

With a **There-in-One Plan**® there are two types of insurance cover to choose from.

You can choose whether to have both Life cover and Too ill to work cover or just one of these.

You decide how much cover you'd like and how long for – it's flexible so it can be increased or reduced later. The cost and availability of cover depends on your age, health, lifestyle and job when you buy or increase your cover. You can cover yourself up to a maximum age of 60.

Life cover pays a lump sum amount if you die before the Plan ends and so can help protect your family financially.

Too ill to work cover provides a monthly amount (for up to 5 years) if you're unable to do your job, due to illness or injury for more than 1 or 3 months (whichever you choose when you set up the Plan). It can help to cover the cost of your outgoings if you lose some or all of your income. The monthly amount will be paid until you're well enough to return to your job, you work 16 or more hours a week in a different job, or you have received a total of 60 months' worth of payments from the Plan, whichever happens first.

The total of 60 monthly payments can be for one claim or for a number of smaller claims, for the same or different illnesses or injuries.

To apply you must:

- be aged between 18 and 54;
- be a UK resident (this means you have lived in the UK for at least 12 months, spend the majority of your time in the UK, have a permanent UK address, and have been registered with a UK doctor for at least the previous 12 months); and
- want cover to last for at least 5 years.

If you want Too ill to work cover you must have one job in which you work for 16 hours or more a week and have an annual income of at least £4,800 from that job. There are a few specialist jobs that aren't covered by the **There-in-One Plan**.

You can only apply for a **There-in-One Plan** online. When applying, you must answer all the questions accurately and in as much detail as possible. If you are in any doubt about whether or not to disclose any information, you should disclose it.

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Life cover

Choose our Life cover and we'll pay a lump sum if you die while you have this cover in place. You decide how much of a lump sum you want between £5,000 and £500,000.

Life cover – what is and isn't covered:

You're covered

- We will pay the lump sum amount you choose if you die before the end of the Plan.
- If you die anywhere in the world.

You're not covered

- If you commit suicide within 12 months of starting a Plan.
- Life cover may not pay all or any of the lump sum if you've failed to disclose material information, or given us incorrect information in your application.

What it doesn't do

- Life cover doesn't pay out if you're diagnosed with an illness, it only pays out on death.
- Life cover doesn't automatically increase or decrease.
- Life cover doesn't pay out anything if you cancel your Plan or when your Plan ends.

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Too ill to work cover

Choose our Too ill to work cover and we'll pay the monthly claim payment if you're unable to do the job you have at the time you make a claim, due to illness or injury, for more than 1 or 3 months (whichever you choose).

Your monthly claim payments will normally continue until you're well enough to return to your job, you are working 16 or more hours a week in a different job, you die, or you have received 60 months' worth of payments, whichever happens first.

When you apply for Too ill to work cover you'll need to think about how long you'd want to wait before your first monthly claim payment will be payable after you first become unable to do your job. You can choose to wait 1 or 3 months (and once chosen you can't change it). When making your decision you need to think about other income you might receive when unable to do your job – for example from your employer. Please also bear in mind that you'll need to continue your premium payments while claiming.

Being "unable to do your job" means that due to illness or injury you are unable to do the essential things you have to do in your job – the things that cannot be left out of your job or reasonably changed. "Your job" is the job you are doing when you claim. This must be a single job in which you work 16 hours or more each week and from which you receive an annual income of at least £4,800.

When you buy your Plan online, you tell us how much you'd like your monthly claim payment to be, up to a maximum of £1,250 a month or 50% of your monthly income from a single job before tax, whichever is less. If you are an employee, your monthly income is normally your monthly pay before tax, but further details, and the definition of monthly income, can be found in the Policy Terms and Conditions.

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Too ill to work cover

continued

If you aren't claiming on your Too ill to work cover and you stop working (by which we mean you don't have a job in which you work at least 16 hours a week and from which you earn at least £4,800 per annum):

- once you haven't had a job in which you work at least 16 hours a week, and from which you earn at least £4,800 per annum, for 12 months or more; or
- if you voluntarily stopped doing the last job you had in which you worked at least 16 hours a week and from which you earned at least £4,800;

we won't pay out if you claim under your Too ill to work cover, even though you'll still be paying premiums.

So, after not working for 12 months, or if you voluntarily stop working, you will need to decide whether or not to cancel your Too ill to work cover. Your decision may be influenced by whether or not you intend to return to work and will want cover again.

Too ill to work cover – what is and isn't covered:

You're covered

- If you're unable to do your job due to illness or injury for more than 1 or 3 months (whichever you choose when you take out the Plan).
- For the job you're doing at the time you become ill or injured, if your annual income from that job was at least £4,800 and you worked in that job for 16 hours a week or longer.
- For the monthly claim payment amount you choose when you take out the Plan.
- Once a claim has been agreed, payments will continue until you're well enough to return to your job, you are working 16 or more hours a week in a different job, you reach age 65, you die, or you've received a total of 60 months' worth of payments, whichever is sooner, even if this takes you past your Plan end date.
- If you're working in the UK or one of 40 other listed countries (see condition 4.3 of the Policy Terms and Conditions).

You're not covered

- If the job you cannot do due to illness or injury paid you an annual income of less than £4,800 or was for fewer than 16 hours a week.
- If you're not working for a reason other than illness or injury.
- If you are out of work and voluntarily stopped doing the last job you had in which you worked 16 hours or more each week and from which you received an annual income of at least £4,800.
- If you've been out of work for 12 months or more.
- If you are retired.
- If you've failed to disclose material information, or given us incorrect information in your application; in these circumstances Too ill to work cover may not pay all or some of the monthly claim payment
- If you don't continue to pay premiums while claiming.

What it doesn't do

- Too ill to work cover doesn't pay out if you're suffering from an illness or injury but are still able to do your job.
- Too ill to work cover doesn't pay out if you die.
- Too ill to work cover doesn't automatically increase or decrease.
- Too ill to work cover doesn't pay out anything if you cancel your Plan or when your Plan ends.

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Your premium payments

Your monthly premium – the amount you pay us for your Plan – is fixed, so it stays the same unless you choose to increase, reduce or extend your cover.

There-in-One Plan monthly premiums are paid by direct debit from your bank account. You choose the day of the month you want your payment to be made.

To keep your cover in place your monthly premiums need to be paid, even if you're claiming on your Too ill to work cover. If you miss three consecutive premium payments we'll cancel your Plan, your cover will end and you won't get anything back.

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Changing your Plan

It's a good idea to check your Plan regularly to make sure you have enough cover, as your financial and personal circumstances might change. Inflation will mean that the amount of cover you choose now may buy less in the future.

You can review your cover and update your personal details at any time by logging in at there.co.uk

If you increase or extend your cover, the cost of your additional premium will be based on your age, health, lifestyle and job when you apply for the increase or extension. The cost of additional cover is likely to be higher than the cost of your original cover (because, aside from other changes, you'll be older than you were when you originally took out a Plan and premiums are, in part, driven by age). You can only change the age your cover runs to, if the age you choose is at least five years into the future, and you can only increase your cover, or add cover that's not already part of your Plan, if there are still five years until your Plan ends.

You may not be allowed to increase your cover, or extend the age it runs to, if your health has deteriorated, you choose a very unhealthy lifestyle or change job to an occupation we can't cover. So, if you do reduce your cover you may not be able to increase it again in the future.

However, even if we are unable to allow an increase in your cover, this won't have any effect on the cover you already have.

If you're currently claiming on your Too ill to work cover, you can't make any changes to any of your cover.

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Claims

Making a Life cover claim

As you'll be dealing with us mainly online or by phone we'd recommend that you let your family know that you're covered with **There**[®]. Should you die, your legal personal representative(s) should contact us as soon as they can.

Unless you've placed your Life cover in trust, or it's assigned by deed of assignment or to a Trustee in Bankruptcy, the Life cover amount will form part of your estate and may be liable for Inheritance Tax.

Making a Too ill to work claim

If you need to claim, please let us know right away. Our contact details are included at the end of this document.

You should not wait until the end of the period of 1 or 3 months (whichever you chose) to tell us that you are ill or injured. This period starts on the first day that you let your employer know that you're unable to do your job, or, if you're self-employed, the first day that you seek medical assistance

The tables below show what happens if you delay telling us about your illness or injury:

Table A

If your Plan makes you eligible to receive monthly claim payments 1 month after becoming unable to do your job due to illness or injury.

After you first become unable to do your job, if you tell us...			
	Within 2 months	Within 6 months (but more than 2 months)	After 6 months
Payments are payable to you	1 month after you became unable to do your job	when you first tell us	we won't pay your claim

Table B

If your Plan makes you eligible to receive monthly claim payments 3 months after becoming unable to do your job due to illness or injury.

After you first become unable to do your job, if you tell us...			
	Within 4 months	Within 6 months (but more than 4 months)	After 6 months
Payments are payable to you	3 months after you become unable to do your job	when you first tell us	we won't pay your claim

The timescales for telling us about your claim outlined in the tables above will not apply if your medical condition prevents you from informing us.

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Claims

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Payments from the plan

We'll pay the monthly claim payment if we agree that you have been unable to do your job, due to illness or injury, for more than 1 or 3 months (whichever you chose). You must have been working in that job for a minimum of 16 hours each week with an annual income from that job of at least £4,800.

Your cover is for the job you're doing at the time you become ill or injured. If you're not working at that time, we'll look at whether you're able to do the last job in which you worked at least 16 hours a week and from which you earned an annual income of at least £4,800, provided that you didn't voluntarily stop doing that job and that the period since that job to the date you became ill or injured does not exceed 12 months. If the period does exceed 12 months, or you stopped working voluntarily, you won't be covered.

If you have more than one job at the time you become ill or injured, you'll only be able to claim if the job you're unable to do is a job in which you work for 16 hours or more each week and from which you have an annual income at least £4,800.

Exclusions

Some previous or existing injuries or illnesses may be excluded from cover. You will be advised of any exclusions when you apply for the Plan. If you are unable to do your job due to an excluded condition we will not pay your claim.

Assessing your claim

In most cases the only evidence we'll require, from you and your doctor, is confirmation that you're unable to do your job, the reasons why you can't work, the treatment you are receiving and the plans for future treatment; although sometimes we may need additional evidence. We'll ask you about the job you were doing immediately before you became ill or injured, how many hours you worked a week and how much you were earning from the job you are unable to do (we may ask for evidence of hours worked and/or earnings).

Maintaining your premiums

You'll need to continue your premium payments while claiming.

Reviewing your claim

After we have started paying you monthly claim payments, we will carry out regular reviews to assess your progress towards recovery.

If, after you've started receiving monthly claim payments, you recover and return to your job earning less, then we may continue to pay part of your monthly claim payment. Further details can be found in condition 8.10 of the Policy Terms and Conditions.

When your payments end

We'll pay your monthly claim payments until you're well enough to return to the job you claimed against, are working 16 or more hours a week in a different job, you die, or until you have received 60 months' worth of payments from the Plan, whichever happens first. You can make a claim on separate occasions, for the same or different illnesses or injuries, but the Plan won't pay out more than 60 months' worth of payments in total. If you're claiming when your Plan reaches its end date your monthly claim payments will continue until you're well enough to return to your job, are working 16 or more hours a week in a different job, you die, you reach age 65 or you've claimed 60 months' worth of payments in total, whichever happens first.

Tax treatment of your claim

Under current UK legislation no tax is payable on your monthly claim payments. Of course, HM Revenue and Customs could change this in the future.

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Cancelling your There-in-One Plan®

If you change your mind and you'd like to cancel your **There-in-One Plan**, you can.

If you cancel your Plan up to 30 days after your Plan's start date, we'll refund any premiums that you've paid.

You can cancel any Life cover or any Too ill to work cover independently from each other, or you can cancel both together. You can cancel either or both types of cover at any time. If you cancel just one of the covers, or if you cancel your **There-in-One Plan** more than 30 days after your Plan's start date, you won't get back the premiums you've paid for the cover you've cancelled.

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Questions and complaints

If you've a question to ask about your **There-in-One Plan**, please get in touch and we'll do all we can to help. Alternatively, you may find an answer in the Frequently Asked Questions section of our website at there.co.uk

We take complaints very seriously and deal with them quickly, fairly and in line with the Financial Conduct Authority's requirements. If you wish to make a complaint, you'll find our contact details at the end of this document.

We always hope to resolve complaints with our customers fairly. But if you complain and aren't happy with the way we handle your complaint, you can ask the Financial Ombudsman Service to investigate. Their contact details can be found on their website at www.financial-ombudsman.org.uk

You can also contact the Financial Ombudsman by completing the online form on the European Commission Online Dispute Resolution platform at <http://webgate.ec.europa.eu/odr>. This form will be sent on to the Financial Ombudsman Service.

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There for your protection

There® is a trading name of Reliance Mutual Insurance Society Limited. Reliance has been in business since 1911. If we ever got into financial trouble and couldn't honour our commitments to you, you may be entitled to compensation from the Financial Services Compensation Scheme (known as FSCS).

For the **There-in-One Plan**, the scheme covers 100% of the claim. The scheme's first responsibility is to seek a way to allow your cover to continue in full rather than pay compensation.

Further details about the FSCS can be found at www.fscs.org.uk

support@there.co.uk
there.co.uk

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