

**Terms and Conditions
of MetLife MultiProtect
policies with a start date
between 08/02/2018 and
17/10/2021 (inclusive).**

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Welcome to MetLife

Thank you for choosing MultiProtect. Please read this document carefully as it explains how your policy works. Please let us know if you need a copy of this document in large print or braille, or you have any other specific needs.

You can contact us if you have any questions about your policy, if you need to make any changes, or you are having financial difficulty paying for your policy.

Our contact details

✉ email us at **customerservice@metlife.uk.com**

☎ call us on **0800 917 0100**

Our phones are open Monday to Friday 9am to 5pm excluding bank holidays.
Calls may be monitored or recorded for training and quality control purposes.

✉ write to us at: **PO Box 1411, MetLife, Sunderland SR5 9RB**

Icons and colours used in this document

We've used icons or colours throughout this document to highlight certain information:

Where words or terms used in this document are shown in **Purple** you can find a specific definition in the table starting on **Page 4**.



This icon is used in paragraphs where we describe an additional responsibility on you, for example keeping us up to date with your contact information.



This heading is used for paragraphs where we describe what is covered by each section of your policy.



This icon is used in paragraphs where we describe something that's not covered by your policy, also known as an 'exclusion'

Our agreement with you

Your contract of insurance with MetLife is formed of:

- this document, the '**MultiProtect Terms & Conditions**';
- your application;
- your **policy schedule**;
- our **Privacy Notice**, and;
- any other statements made by you to us.

These are collectively referred to as '**your policy**'. Your **policy schedule** can be found on your **MyMetLife** portal.

You cannot transfer this policy to anyone else, even if they pay the **premiums** for your policy on your behalf. The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy. You cannot surrender this policy in return for cash.

Definitions of important words and expressions used in this document

This section sets out the meanings of key words and expressions used in this document. The following words will appear in **purple** in this document and where used shall have the meaning set out below:

Accident / accidental	means a sudden identifiable event operating by violent external and visible means, which happens by chance and could not have been expected.
Hospital	is defined as an institution based in the UK and registered as a hospital in accordance with UK law, with accommodation for resident patients and facilities for diagnosis, surgery, and treatment. This includes hospices where admittance is for terminal prognosis care. It also includes in-patient wards such as for occupational therapy or physiotherapy treatment – which may be in a separate premises, if the admission is to provide equivalent treatment that would otherwise be provided in a hospital.
Injury	means physical damage to the body due to trauma which is caused solely by accidental means and is independent of illness or previous injury. This does not include psychological (meaning mental or emotional) or other non-physical injury.
Insured event	means an event described as covered in these Terms and Conditions and your policy schedule , and for which a benefit is payable.
Insured person	means a person who is covered by your policy. For Core Cover and optional Active Lifestyle Cover, the insured person is you, the policyholder named on the policy schedule . For optional Child Cover, the insured person is any eligible child as defined in these terms and conditions.
Legal guardian	means a person appointed by a will or by a court who has legal responsibility for providing for the care and management of a child and the child's property.
Policy schedule	<p>Your policy schedule is the document that outlines the policy details that are specific to you, such as:</p> <ul style="list-style-type: none"> • your personal details, • your policy number, • your policy start date, • the number of units of cover you have, • your monthly premiums, • the benefit amounts that may be payable to you, for each type of insured event, • other important information.
Pregnancy-related complications	<p>means the insured person experiences complications relating to their pregnancy which requires them to be hospitalised. This includes but is not limited to:</p> <ul style="list-style-type: none"> • childbirth, • pregnancy, • placenta praevia, • abortion, • miscarriage, • ectopic pregnancy.
Premium	means the money you pay to MetLife for your policy.
Privacy Notice	is our company policy which sets out how we may collect, share, or process your personal data, and explains your rights regarding your personal data. Our Privacy Notice can be found on our website metlife.co.uk/privacy-policy
Qualified medical practitioner	means a medical practitioner, such as a doctor, who is registered either in the United Kingdom or in the country where the insured event happens. The medical practitioner must be appropriately specialised in general medicine, orthopaedics, trauma medicine, and/or the diagnosis and treatment of the condition for which is being claimed.

Severance	means the complete and permanent separation and dismemberment of a bodily part from the rest of the body. For example, the loss of a limb.
Sickness	means any disease, disorder, syndrome, genetic and/or congenital defect, for which the insured person has sought and/or received treatment, diagnosis, care and/or medical advice. This includes conditions diagnosed after the date of an accident , and any infirmity that does meet the definition of injury .
Stepchild	means a child whom you have some parental responsibility for and/or has some financial dependency on you, who is not your own biological offspring, but who is the biological offspring or legally adopted child of your spouse or partner.
Total Permanent Disablement - unable to look after yourself ever again	<p>means the loss of the physical ability by the insured person to do at least 3 of the 6 tasks listed below ever again due to an accidental injury.</p> <p>The relevant treating specialists must reasonably expect that the disability will last throughout the lifetime with no prospect of improvement.</p> <p>The insured person must need the help or supervision of another person to perform the task, even with the use of special equipment routinely available, and having taken any appropriate prescribed medication.</p> <p>The tasks are:</p> <ul style="list-style-type: none"> • Washing - the ability to wash in the bath or shower – including getting into and out of the bath or shower – or wash satisfactorily by other means. • Getting dressed and undressed - the ability to put on, take off, secure, and unfasten all garments, and if needed, any braces, artificial limbs, or other surgical appliances. • Feeding yourself - the ability to feed yourself when food has been prepared and made available. • Maintain personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet, or otherwise managing bowel and bladder function. • Getting between rooms - the ability to move from room to room on a level floor. • Getting in and out of bed - the ability to get in and out of bed, either out of or into, an upright chair or wheelchair. <p>Disabilities for which the relevant specialists cannot give a clear prognosis are not included in this definition so will <u>not</u> be covered.</p> <p>Assessment of young children for Total Permanent Disablement (optional Child Cover) For very young children, who would not normally be expected to be able to perform the assessment tasks even if fully healthy, Total Permanent Disablement - <i>unable to look after yourself ever again</i> means that in the opinion of a specialist Consultant Paediatrician, and subject to the agreement of our Chief Medical Officer, the child sustained bodily injury which caused the child to be, or likely to be, unable to ever perform any three of the six assessment tasks without the help of another person and even with the use of special equipment routinely available, in their lifetime.</p>
UK resident	means any person whose usual residence – meaning the place where the person's home, work and social interests are located – is in the United Kingdom of Great Britain and Northern Ireland ('UK'). You will cease to be a UK resident if you leave the UK with the intention of not returning within 6 months or are abroad for a continuous period of 6 months or more.
Units	is a measure of the amount of cover your policy provides. You can have between one and five units of cover on a policy, and no more than five units in total across all your MetLife EverydayProtect, MultiProtect and Accident Protection policies. The number of units of cover you have on this policy can be found on your policy schedule .

Who can take out an MultiProtect policy

You can take out an MultiProtect policy if at the policy start date, you:

- are aged at least 18 and less than 65; and,
- are a **UK resident**; and,
- don't already hold the maximum 5 **units** of cover.

Making sure we have the right details



We rely on the information you give us to effectively administer your policy. Please check your **policy schedule** and if anything isn't correct, please tell us or your financial adviser as soon as possible.

If any of the information you provide to us is deliberately, recklessly, or carelessly untrue or incomplete, and would have affected our decision to provide you with a policy:

- your policy will be void and any other insurance policies you hold with us may also end;
- we will not pay any claims made under this policy;
- any claims already paid under this policy must immediately be repaid to;
- we may not return any **premiums** received; and,
- you may be unable to take out another policy with us in the future.

How your policy works

Your MultiProtect policy is made up of **Core Cover** and any **Optional Cover** you've chosen. Your **policy schedule** shows any optional cover included in your policy.

If an **insured person** suffers one of the **insured events** stated, we'll pay the applicable benefit shown in your **policy schedule** subject to these terms and conditions.

Units of cover

MultiProtect policies are structured in **units** of cover. Each policy provides up to five **units**. The amount of cover you have and the **premium** you pay each month is based on the number of **units** you've selected.

Your **policy schedule** shows the number of **units** selected, and the benefit amount payable for each **insured event** during the term of the policy.

Maximum amount of cover

The maximum number of **units** of cover you can have in total across all MetLife EverydayProtect, MultiProtect or Accident Protection policies in your name, is five **units**.

If you have more than five **units**, we have the right to cancel your policies or reduce your **units** of cover to the five oldest or longest-held **units**. In the event of a claim, the maximum amount payable will be based on the five oldest or longest-held **units**. Any overpaid **premiums** will be refunded.

When does my cover start and end?

Your cover starts on the policy start date and ends on the earliest of the following:

- your 75th birthday;
- payment of a claim for you suffering '**Total Permanent Disablement - unable to look after yourself ever again**';
- our total benefit payment(s) for a single **insured event** suffered by you reaches the maximum benefit amount (see below);
- you cease to be a **UK resident**;
- you die;
- you stop paying the **premiums**.



You must tell us if you're no longer a **UK resident** so we can end your policy and stop collecting premiums.

In the event of a claim being submitted while you are overseas, or for an **insured event** which occurs while you are overseas, we may ask you for proof of your departure date and intended return date. We may not pay a claim if you cannot provide evidence that you intended to return to the UK within six months of departing.

Maximum benefit amount payable

The maximum amount payable under Core Cover for you suffering any ONE of the following **insured events** is £50,000 per **unit** of cover:

- a single **accident**, resulting in any combination of Core Cover benefits being paid
- a single, uninterrupted **hospital** stay

If we pay the maximum benefit for a single **insured event** suffered by you, your policy will end.

The maximum amount payable under Optional Child Cover for any ONE of the following **insured events** is £5,000 per unit of cover:

- a single **accident**, resulting in any combination of Child Cover benefits being paid.
- a single, uninterrupted **hospital** stay.
- diagnosis of cancer (as defined on Page 16).

The diagnosis of cancer is a separate **insured event** from any hospital stays.

If we pay the maximum amount under Optional Child Cover for a single insured event, no further benefit may be payable for that event. However, your Child Cover will continue for other **insured events**.

Examples:

If you hold **2 units** of cover, your maximum benefit amount payable for a single **insured event** will be:

For you: £100,000

Under Optional Child Cover: £10,000

If you hold the maximum of **5 units** of cover, your maximum benefit amount payable for a single **insured event** will be:

For you: £250,000

Under Optional Child Cover: £25,000

Reduction of benefit amounts on your 70th birthday

On your 70th birthday, the policy benefits provided under Core Cover and optional Active Lifestyle Cover, will be reduced by 50% for the remainder of your policy term. The benefit amounts for optional Child Cover do not change after your 70th birthday.

If an **insured event** happens before your 70th birthday, full benefit amounts are payable, even if the claim form is sent to us after your 70th birthday.

How to pay for your policy

Your Direct Debit

Your **premiums** must be paid in pounds sterling by monthly Direct Debit from a UK bank account. **Premium** payments are due each month in advance, and you can choose your monthly payment date.

Missed payments

If you miss a **premium** payment, you have 30 days from your chosen payment date to make the payment or your policy will be cancelled. If you make a claim within the 30-day period allowed, any unpaid **premium** will be deducted from the benefit we pay. Claims for **insured events** which happen after the 30-day period will not be paid. Please contact us if you are having difficulty paying your **premiums**. Our contact details are on **Page 3**.

What your policy covers - Core Cover

If you suffer one of the **insured events** described below during the term of your policy, we'll pay the applicable benefit amount shown in your **policy schedule** (subject to any limitations or exclusions that may apply).

Broken Bones

You are covered for **injuries** which result in either a **Major** or **Minor Broken Bone**, as defined below. The broken bone must be evidenced by radiological imaging, such as an X-ray, or other clinical diagnosis based on a **qualified medical practitioner** physically examining you. More than one break to the same bone will be treated as a single claim and only one benefit may be payable.

Broken Bones - What is covered ✓	
Major Broken Bones:	Minor Broken Bones:
<ul style="list-style-type: none"> ankle arm back hip leg mandible neck pelvis shoulder skull (not including the facial bones or ear bones) wrist 	<ul style="list-style-type: none"> ear bones facial bones (other than the mandible. The nose is excluded) any other broken bone that is not a major broken bone, including rib fractures*. <p>*Rib fractures</p> <p>If a medical professional diagnoses one or more fractured ribs, but advises that no X-ray, magnetic resonance imaging (MRI) scan or computerised tomography (CT) scan is required, the amount of policy benefit payable will be limited to one Minor Broken Bone.</p>



Broken Bones - What is not covered:

- Broken nose
- Any broken bone caused by osteoporosis, brittle bone disease, or other degenerative bone disorders
- Bruised bones
- Micro-fractures
- Non-**accidental** or deliberate breaks as part of a surgical procedure
- Broken bones due to self-inflicted **injury** or attempted suicide by the policyholder

The general exclusions apply. Please see “What your policy doesn’t cover” starting at **Page 20**.

Hospitalisation

You are covered for each continuous 24-hour period that you are admitted to **hospital** in the UK, as an in-patient, as a result of:

- an **accident**,
- **sickness**,
- **pregnancy-related complications**, or
- voluntary organ donation by you.

The table below explains what you’re covered for and when from.

Hospitalisation – What is covered and when? ✓	
Minimum claim	1 day (24 continuous hours)
Hospital stays due to accident	<ul style="list-style-type: none"> • Cover begins from the policy start date
Hospital stays due to sickness	<ul style="list-style-type: none"> • Cover starts 1 year after the policy start date
Hospital stays of at least 5 consecutive days, due to pregnancy-related complications	<ul style="list-style-type: none"> • Cover starts 1 year after the policy start date
Hospital stays for voluntary organ donation	<ul style="list-style-type: none"> • Cover begins from the policy start date



Hospitalisation - What is not covered:

Any days spent in **hospital** due to **sickness** or **pregnancy-related complications** in the first 12 months of the policy are excluded from cover. However, the policy benefit may be payable for further days spent in **hospital** for the same cause, once the 12-month policy anniversary has been reached.

Hospital stays that begin before the policy start date for any reason are not covered.

Admission to any of the following are not covered by your policy:

- a long-term care nursing unit,
- a geriatric or pre-convalescent ward,
- an extended care facility for convalescence or rehabilitation which doesn’t meet our definition of **hospital** on **page 4**
- a drug, alcohol, or other addiction / substance abuse rehab unit

Stays in **hospital** located outside the UK are not covered by your policy.

The general exclusions apply. Please see “What your policy doesn’t cover” starting at **Page 20**.

Accidental Death

Core Cover – Accidental Death. What is Covered ✓

You are covered if you die due to **accidental injury**. For benefit to be payable, your death must occur within 12 months of the date of the **accident** and must have been directly caused by the **accident**.

If we pay the policy benefit due to your **accidental** death, we'll also cancel your policy, and all cover will end (including any Child Cover). No other policy benefits arising from the same **accident** which caused your death will be payable. Any previously submitted claims that are unrelated to the **accident** that caused your death will not be affected.



Accidental Death - What's not covered:

The general exclusions apply. Please see "What your policy doesn't cover" starting at **page 20**.

Non-accidental Death

Core Cover – Non-accidental Death. What is covered ✓

You are covered if you die from a cause that is not an **accident** and that is not excluded as below.

Variable benefit amount

The amount payable for 'Core Cover - Non-accidental Death' depends on how long your policy has been in force on the date of your death. Please refer to your **policy schedule** for the benefit amounts that apply to your policy. If your non-accidental death occurs within 12 months of the policy start date, the benefit will be a refund of the **premiums** you'd paid for your policy. In all cases, we will go by the date of death stated on the Death Certificate.

If we pay the policy benefit due to your non-accidental death, we will also cancel your policy and all cover will end (including any Child Cover).



Non-accidental Death - What's not covered:

- Death resulting from suicide, or deliberate or self-inflicted **injury**.
- Death due to unreasonable failure by you to seek or follow medical advice, including failure to obtain medical advice after symptoms have been noticed or **injury** has been suffered.

The general exclusions apply. Please see "What your policy doesn't cover" starting at **page 20**.

Total Permanent Disablement or Accidental Permanent Injury

Core Cover – What is covered ✓

You are covered if all the following apply:

- you suffer an **accident** during the term of the policy,
- the **accident** causes any of the **Accidental Permanent Injuries** or **Total Permanent Disablement** listed in the table below,
- the **injury** meets the applicable definition within 12 months of the date of the **accident**, unless stated otherwise,
- MetLife's Chief Medical Officer agrees that the **injury** met the definition within the applicable time period.

For the **injury** or disablement to meet any of the definitions below, it must be permanent and irreversible. This means there must be a complete loss of, or function of, the applicable part of the body that cannot be materially improved upon by medical treatment and/or any surgical procedures or other treatments that are reasonably available at the time of claim. The **injury** or disablement must be expected to naturally last the entirety of your lifetime.

Total Permanent Disablement – *unable to look after yourself ever again. What is covered* ✓

Definition:

You sustain bodily **injury** caused by an **accident**, which results in your total permanent disablement, such that:

- you are unable to look after yourself ever again, as defined on **Page 5**, and,
- in the opinion of MetLife's Chief Medical Officer your disablement meets the applicable definition within **24 months** of the date of the **accident**.

Significant limitations

The amount of policy benefit payable for your total permanent disablement will be reduced by any other benefit amount already paid relating to you for the same **accident**.

If we pay the policy benefit for you suffering Total Permanent Disablement, we will automatically end your policy and the cover will end, including any optional Child Cover, and no further claims will be admitted.

Accidental Permanent Injury. What is covered ✓

Definitions:

Paralysis of limbs – total and irreversible loss of muscle function in any two or more limbs.

Blindness in both eyes – permanent and irreversible loss of sight in both eyes.

Loss of sight means that when tested with the use of visual aids, vision is measured at 3/60 or worse using a Snellen eye chart.

Loss of both hands or both feet – permanent severance

Loss of both hands above the wrist, or both feet above the ankle joint, because of the same **accident**.

Deafness in both ears – permanent and irreversible

Loss of hearing, to the extent that the loss is greater than 95 decibels across all frequencies using a pure tone audiogram.

Loss of use of an elbow, hip, shoulder, knee, ankle or wrist

Total, irreversible, and permanent loss of function of an elbow, hip, shoulder, knee, ankle, or wrist without permanent physical severance.

Loss of one hand or foot – permanent severance

Loss of one hand above the wrist, or one foot above the ankle joint.

Loss of a thumb – permanent severance

Loss of an entire thumb from above the first and largest knuckle on the hand.

Where half or more than half of the thumb is lost due to permanent severance, we'll pay a proportionate amount of policy benefit that's consistent with the extent of the loss in the opinion of our Chief Medical Officer, based on any medical reports, evidence, or expert medical advice obtained by MetLife.

Loss of major organ; kidney, spleen, lung, pancreas, urinary bladder, or stomach.

Total and permanent removal of a kidney, spleen, lung, pancreas, urinary bladder, or stomach, due to **injury**.

Blindness in one eye – permanent and irreversible

Loss of sight in one eye, which means that when tested with the use of visual aids, vision is measured at 3/60 or worse using a Snellen eye chart.

Loss of speech – total, permanent, and irreversible

Loss of the ability to speak due to an **accident**.

Third-degree burns – covering 20% of the body's surface

One or more burns that involve damage or destruction of the skin to its full depth through to the underlying tissue, and covering at least 20% of the total bodily surface area (TBSA).

- The depth and % TBSA coverage of the burn(s) needs to be confirmed by a qualified medical practitioner.
- Note – Under optional Child Cover, the definition of Burns is different. **See page 15.**

Loss of a finger (not thumb) or a toe – permanent severance

Loss of any finger from above the first and largest knuckle on the hand; or loss of any toe entirely from the joint at the base of the toe.

! Where half or more than half of the finger or toe is lost, we'll pay a proportionate amount of policy benefit, which is consistent with the extent of the loss in the opinion of our Chief Medical Officer and any medical reports, evidence, or expert medical advice obtained by MetLife.

Deafness in one ear – permanent and irreversible

Loss of hearing in one ear, to the extent that the loss is greater than 95 decibels across all frequencies using a pure tone audiogram.



Accidental permanent injury or total permanent disablement – what's not covered

- Non-**accidental** disablements, including but not limited to, those caused by a medical condition or congenital disorder.
- **Injuries** resulting from **accidents** which occurred before the policy start date.
- **Loss of use of an elbow, hip, shoulder, knee, ankle or wrist** - We will not pay any policy benefit where there has been a successful reconstruction or replacement of the joint resulting in function being restored.
- **Loss of speech** – total, permanent, and irreversible - Inability, or loss of the ability, to speak due to any sickness, degenerative condition, congenital disorder, intellectual disability, or mental illness, is not covered.
- The general exclusions apply. Please see "What your policy doesn't cover" starting at **page 20**.

What your policy covers - Optional Cover

In addition to Core Cover, MultiProtect policies may also include the following optional add-ons at an additional cost:

- **Child Cover**
- **Active Lifestyle Cover**

Your **policy schedule** confirms any optional cover you've selected. The number of **units** of optional cover on your policy is the same as the number of **units** of Core Cover.

Any optional cover selected will start from the date the cover is added, or from the policy start date, if added at the start of the policy.

If optional cover is added or removed, your **premium** will be adjusted accordingly. If your MultiProtect policy ends, any optional cover will end too.

Child Cover

If you've added Child Cover, we'll pay the applicable policy benefit if **your child** suffers one of the **insured events** described below, while Child Cover is in place, subject to the following terms and conditions in this section.

Child Cover can be added to your policy at any time, provided you have at least one child who is **aged under 18** at the date you add it to your policy, **and** who meets the eligibility criteria below. The child does not need to live with you.

Child Cover covers your children only, it does not cover you. Child Cover will start from the latter of the policy start date or the date the Child Cover was added to the policy.

To be covered by Child Cover your child must be:

- **your child**, meaning one of the following:
 - your biological offspring;
 - a child legally adopted by you;
 - a child for whom you are the legal guardian; or,
 - your **stepchild**.
- **aged under 23**; and
- a **UK resident**



You must tell us when all of your children are no longer meet the above requirements, we will need to remove the Child Cover from your policy and adjust the **premium** accordingly. Our contact details are on **Page 3**.

Maximum benefit pay out – Child Cover

For any single **insured event** suffered by each child, the maximum we'll pay whether in one or multiple payments, during the term of your policy, will be the benefit amount shown on your **policy schedule** for *Total Permanent Disablement - unable to look after yourself ever again (Child Cover)*.

Child Cover - Protection of Children



When making a claim under Child Cover, you may be required to confirm that no actions on your part:

- deliberately caused the **injury** to the child;
- deliberately caused the child to suffer the **insured event**; or,
- wilfully exposed the child to unreasonable risk leading to them suffering the **insured event**.

We will co-operate with any investigation undertaken by the police or other agencies into the circumstances of the claim, including sharing any information you have provided to us in connection with the policy and the claim. We may withhold payment of the claim until informed of the outcome of the investigation. If any wrongdoing by you is found to have led to the child's injury, no benefit will be paid.

Child Cover - Broken Bones

What is covered ✓

Your child is covered if they sustain a **Major Broken Bone** or **Minor Broken Bone** due to **accidental injury**, or as a direct result of self-inflicted **injury** or their attempted suicide. The broken bone must be evidenced by radiological imaging or other clinical diagnosis based on a **qualified medical practitioner** physically examining your child. More than one break to the same bone will be treated as a single claim and only one benefit may be payable.

Our definitions of Major Broken Bone and Minor Broken Bone, as well as details of what is and is not covered can be found on **Page 9**.

When the cover starts

- Cover for your child suffering a broken bone due to an **accident** starts from the latter of the **policy start date**, or when Child Cover is added to your policy.
- Cover for your child suffering a broken bone caused by **self-inflicted injury** or their attempted suicide, starts **12 months after** the policy start date, or 12 months after Child Cover is added to your policy.

Child Cover - Hospitalisation

What is covered ✓

Your child is covered for each complete 24-hour period they're admitted to **hospital** in the UK, as an in-patient as a result of:

- an **accident**,
- **sickness**,
- **pregnancy-related complications**, (i.e. your child's pregnancy, not yours)
- voluntary organ donation by the child.

An explanation of what is and is not covered can be found in the Hospitalisation – What is Covered table, starting on **Page 9**.

Hospitalisation of your child for cancer treatment.

The 12-month waiting period for *Hospitalisation due to sickness* may be waived if your child is admitted to **hospital** for the treatment of cancer, and it's directly linked to a valid claim under *Child Cover – Cancer* (see **Page 16**).

Your child is covered for each complete 24-hour period they're admitted to hospital in the UK, as an in-patient for the treatment of self-inflicted injuries or for injuries resulting directly from attempted suicide.



Self-inflicted injury - what's not covered

Once the treatment of the self-inflicted **injury** has been completed, any further days spent in **hospital** to treat or investigate any psychological cause of the self-harm, or to prevent the child from repeating the self-harm, aren't covered.

Child Cover - Accidental Death

What is covered ✓

Your child is covered if they sustain an **injury** caused by an **accident** which results in their death within 12 months of the date of the **accident**.

If we pay the policy benefit for *Child Cover – Accidental Death*, we will not pay any other benefits relating to **injuries** sustained by the child in the **accident** which resulted in their death.



Non-accidental death of your child(ren)

Death of a child by any cause other than **accidental**, including by suicide, is not covered.

Child Cover – Accidental Permanent Injury or Total Permanent Disablement

What is covered ✓

Your child is covered if all the following apply:

- your child suffers an **accident**;
- the **accident** causes any of the Accidental Permanent **Injuries** or **Total Permanent Disablement** listed and defined in the *Core Cover - Accidental Permanent Injury or Total Permanent Disablement table*, starting on **Page 11**.
(Note the definition of *Burns* is different for Child Cover, see below.)
- the **injury** meets the applicable definition within 12 months of the date of the **accident**, unless stated otherwise; and,
- MetLife's Chief Medical Officer agrees that the **injury** met the definition within the applicable period.
- There must be a complete loss of, or function of, a part of the body that cannot be materially improved by medical treatment and/or any surgical procedures or other treatments that are reasonably available at the time of claim.
- The injury or disablement must be expected to naturally last the entirety of your child's lifetime.

Definition of Burns for Child Cover only:

Burns – of specified severity.

Any burn (or burns) sustained by your child which was:

- referred for treatment by a **Specialist Burns Unit** due to its severity; and,
- is confirmed by a **qualified medical practitioner** at the burns unit as being at least 5% of the child's total body surface area (TBSA).

Child Cover – Cancer

What is covered ✓

Your child is covered if they're diagnosed with Cancer by a **qualified medical practitioner**, which meets at least one of the definitions below.

A single diagnosis which meets more than one of these definitions, and/or which involves more than one tumour, will be treated as a single claim and one benefit would be payable.

Definitions ✓

Malignant tumour

A malignant tumour that's positively diagnosed with histological confirmation, and characterised by the uncontrolled growth of malignant cells and invasion of tissue, and/or any of the following:

- Leukemia;
- Sarcoma;
- Lymphoma (except cutaneous lymphoma - lymphoma confined to the skin);
- Merkel cell cancer;
- Polycythemia rubra vera;
- Aplastic anemia, resulting in permanent bone marrow failure with anemia, neutropenia, and thrombocytopenia;
- Essential thrombocythemia;
- Primary myelofibrosis;
- Pseudomyxoma peritonei.

Skin cancer (not including melanoma) - advanced stage as specified

Non-melanoma skin cancer that's diagnosed with histological confirmation that the tumour is larger than two centimetres across, and has at least one of the following features:

- Tumour thickness of at least 4 millimetres;
- Invasion into subcutaneous tissue (Clark level V);
- Invasion into nerves in the skin (Perineural invasion);
- Poorly differentiated or undifferentiated (cells are very abnormal as demonstrated when seen under a microscope);
- Has re-occurred despite previous treatments.

Other cancers treated by surgery

Histological diagnosis of any of the following that's been treated by surgery to remove the tumour:

- carcinoma in situ, characterised by the uncontrolled growth of malignant cells that are confined to the epithelial linings of organs;
- a neuroendocrine tumour (NET) of low malignant potential; or,
- a gastrointestinal stromal tumour (GIST) of low malignant potential.



Child Cover – Cancer. What is not covered.

No claim will be payable for *Child Cover – Cancer* if any of the following apply:


- The child has been diagnosed previously as having any form of cancer before or within the first 90 days of, the Child Cover start date;
- The child has any medical tests or investigations within the first 90 days from the Child Cover start date which subsequently leads to the diagnosis of cancer.
- Melanoma skin cancer is diagnosed.

Active Lifestyle Cover

If you've added optional Active Lifestyle Cover to your policy, we'll pay the applicable policy benefit if you suffer one of the **insured events** described below as a result of an **accident** while the cover is in place.

Please note there are some limitations to the number of claims you can make under Active Lifestyle Cover in a policy year and the percentage of the policy benefit we pay can vary. This is explained in the table below.

A policy year is defined as a 12-month period beginning on the policy start date, and each subsequent 12-month period starting on the anniversary of the policy start date.

Active Lifestyle Cover – what is covered ✓	
You are covered if you suffer a Dislocation, Tendon Rupture or Ligament Tear that meets one of the definitions below. The policy benefit payable is shown on your policy schedule .	
Definitions	Limitations
1) Dislocation The displacement of a bone from its normal position at the joint, for which you've: a) had one or more of the following scans of the injury : <ul style="list-style-type: none"> • an X-ray, • an MRI scan • a CT scan. and b) undergone surgery or manipulation under anaesthetic to repair the dislocation.	We will pay a maximum of one policy benefit for Dislocation during a policy year. ACJ shoulder separation injuries: An acromioclavicular joint (ACJ) shoulder separation, of severity Type III treated by surgery, meets the definition of dislocation covered by this policy.  ACJ separations of severity Type I, Type II are not covered at all, and Type III ACJ not repaired by surgery is not covered.
2) Ligament tear, or Tendon rupture a) Ligament tear Complete (Grade 3) tear , of knee or ankle joint ligament, confirmed by radiological imaging.	We'll pay a maximum of one policy benefit for a Complete (Grade 3) Ligament Tear during a policy year. - We'll pay 100% of the policy benefit if no benefit has been paid for any Ligament Tear or Tendon Rupture that occurred during the same policy year. - We'll pay 50% of the policy benefit if a benefit has been paid for a Partial (Grade 2) Ligament Tear (only) that occurred during the same policy year.
Partial (Grade 2) tear , of knee or ankle joint ligament, confirmed by radiological imaging.	We'll pay a maximum of one policy benefit for a Partial (Grade 2) Ligament Tear, during a policy year.
b) Tendon rupture Rupture, confirmed by radiological imaging, of one of the following tendons: <ul style="list-style-type: none"> • Achilles; • Hamstring; • Bicep brachii (upper arm); • Quadriceps; or, • Rotator cuff. 	We will pay a maximum of one policy benefit for a Tendon Rupture, during a policy year. - We'll pay 100% of the policy benefit if no benefit has been paid for a Ligament Tear or Tendon Rupture injury that occurred during the same policy year. - We'll pay 50% of the policy benefit if a benefit has been paid for a Partial (Grade 2) Ligament Tear (only) that occurred during the same policy year.

**Active Lifestyle Cover - what is not covered**

- Analgesic painkillers, such as Morphine or Methoxyflurane, are not anaesthetics. Therefore, a dislocated limb or joint manipulated back into place while you're receiving pain relief medication but are not under anaesthetic is not covered.
- Dislocations of the fingers, thumbs, or toes.
- Mild or moderate ligament or tendon **injuries**.
- Ruptures of tendons other than those listed above.

Active Lifestyle Cover can be included in your policy from the policy start date, but it cannot be added later.

You can remove Active Lifestyle Cover from your policy at any time, but once removed it cannot be added to your policy again. Please contact us if you wish to remove it from your policy. Our contact details are on **Page 3**.

Specialist Healthcare Cover

What is covered ✓

If you have optional Specialist Healthcare Cover on your policy, you are covered if you contract one of the infectious illnesses listed below. The diagnosis and the contracted date must be evidenced by a Consultant **Qualified Medical Practitioner** and agreed by our Chief Medical Officer. We will pay the relevant policy benefit shown in your **Policy Schedule**.

- Clostridium difficile infection
- Human Immunodeficiency virus (HIV)
- Hepatitis B
- Hepatitis C
- Bacterial meningitis
- Septicaemia caused by methicillin-resistant Staphylococcus aureus (MRSA)
- Tuberculosis - *excluding latent tuberculosis*

This means an unequivocal histological diagnosis of tuberculosis - excluding latent tuberculosis made by a Consultant. This diagnosis must be confirmed by our Chief Medical Officer and by a positive culture diagnosis identifying Mycobacterium tuberculosis from a specimen.



What's not covered:

- Claims where the date you contracted the infectious illness is before the policy start date (or the date on which we added optional Specialist Healthcare Cover to your policy, if added later)
- Claims where you were referred for tests or medical investigations which led to the diagnosis of the infectious illness before the policy start date (or the date on which we added optional Specialist Healthcare Cover to your policy, if added later)
- Claims where the infectious illness was contracted after the date Specialist Healthcare Cover was removed from your policy, or after the date your policy ended
- Latent Tuberculosis
- Any other form of Meningitis other than Bacterial Meningitis
- MRSA which has not resulted in Septicaemia
- Your children are not covered under Specialist Healthcare Cover, even if you have optional Child Cover

The general exclusions also apply. See section 'What your policy doesn't cover' starting on **page 20**.

Adding or removing Specialist Healthcare Cover

Specialist Healthcare Cover cannot be added to a policy once it has started.

To keep Specialist Healthcare Cover in place, you must keep paying the monthly **premiums** for your MultiProtect policy and remain eligible, including remaining a **UK resident**. You can remove Specialist Healthcare Cover from your policy at any time, by contacting MetLife by telephone or in writing. The **premium** you pay for policy will be reduced accordingly. Once it has been removed, you have 30 days to change your mind and reinstate Specialist Healthcare Cover by contacting MetLife. After 30 days, it cannot be added to your policy again. Specialist Healthcare Cover will cease, and payment of **premium** for Specialist Healthcare Cover will automatically terminate when:

- We pay the policy benefit for a claim under Specialist Healthcare Cover
 - Specialist Healthcare Cover is removed from your policy
- or
- Your policy ends

What your policy doesn't cover



In addition to the specific exclusions listed under each section, we do not cover any claim resulting directly or indirectly in any part, from:

- Actual or attempted suicide by the policyholder;
- Self-inflicted **injury** by the policyholder;
- Psychiatric illness, depression, mental or anxiety disorders, or stress-related conditions;
For Child Cover only: hospitalisation or broken bones as a direct result of self-inflicted **injury** or attempted suicide by the child is covered, however further hospitalisation for treatment of underlying psychological (mental or emotional) condition is not covered.
- Unreasonable failure by the **insured person** to seek or follow medical advice, including failure to obtain medical advice after symptoms have been noticed or **injury** has been suffered;
For Child Cover only - where a child is aged under 18, the requirement to follow medical advice applies to the policyholder. Where the child is aged 18 or over, the requirement to follow medical advice applies to the child directly.
- Assault or fighting, except in:
 - genuine self-defence, or
 - participation by the **insured person** in organised but non-professional sport, such as boxing or martial arts;
- Active participation in an actual or attempted illegal act. This includes road traffic offences, whether in a motor vehicle or other mode of transport such as an e-scooter;
- War, invasion, act of foreign enemy, hostility (whether war has been declared or not), civil war, rebellion, revolution, insurrection, or coup;
- Any form of travel to a country where the Foreign, Commonwealth & Development Office (FCDO) advises on their 'Foreign Travel Advice' webpage, against:
 - all travel; or
 - travel, (including all but essential travel) following the declaration of a pandemic from the World Health Organisation (WHO);
- An **insured person** drinking alcohol, or consuming any other substance, that results in them suffering physical or mental impairment, which causes or contributes directly or indirectly to the **accident** or **injury**. This includes but is not limited to problems with balance, mobility, coordination, poor judgement, or loss of inhibitions leading to actions the insured person might not otherwise have taken;
- Alcoholism, meaning the excessive consumption of alcohol over a prolonged period or periods, whether recent or historic;
- Solvent abuse; or drug taking, unless taken as prescribed by a qualified medical practitioner and not for the treatment of drug addiction or substance abuse; whether recent or historic.
- Participation in a contest of speed.
A contest of speed means taking part in sprints, racing, speed trials or time trials, endurance events, or similar timed contests involving the following:
 - any type of car; truck; motorcycle; bike, including a quad bike; or kart; that's motorised or electric-powered;
 - any motor or wind powered boat, including a jet ski;
 - a horse, other than for dressage, show jumping, team chasing, or cross country;
- Participation in mountaineering, outdoor cliff or rock climbing, caving, or potholing;
- Participation in professional sport, as your main occupation and main or only source of income.

Claims from an **insured person** participating in sport while receiving a bursary or scholarship, to financially support attending a course of study are covered. Participating in sport at amateur or semi-professional level for which the **insured person** receives appearance fees or other compensation, as long as that is not their main occupation, is also covered.

- Carrying out military duties while working in any form of the armed forces;

An **insured person** who is a member of the armed forces is still covered for non military-specific, day-to-day tasks, that a civilian would perform.

The insurer shall not be deemed to provide cover and the insurer shall not be liable to pay any claim or provide any benefit to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America

How to make a claim

To make a claim please contact us as soon as possible after the event using any of the methods below.

✉ email us at: **claims@metlife.uk.com**

☎ call us on **0800 917 0100**

Our phone lines are open Monday to Friday, 9am to 5pm.

Calls to MetLife may be monitored or recorded for training and quality control purposes.

✉ write to us at: **PO Box 1411, MetLife, Sunderland SR5 9RB.**

We'll send you a claim form to complete and return to us as soon as you can.

What medical evidence do you need when you make a claim?



Your claim needs to be supported by satisfactory dated evidence, for example medical records, statements, or medical reports, from a **qualified medical practitioner** registered in the UK. We will pay any costs of obtaining these.

We may also require you or your child to undergo a medical examination or to attend a rehabilitation course. If we require you to do this, we will pay any costs for the examination or course. If we do not receive any records that we've requested, or if you or your child refuses to attend a medical examination or rehabilitation course, we may decline the claim.

Your claim may be reviewed by our Chief Medical Officer and/or a Clinical Support Consultant.

We will not pay any claim until you have provided evidence to our satisfaction that:

- the person you are making the claim about is eligible for cover, including by providing evidence of their date of birth; and,
- the **insured event** occurred, including by providing us with relevant, dated medical evidence.

If the information in the evidence is different to what you said in your claim application and, we may not pay the claim or we may alter the amount to reflect the differences.

Who do we pay the claim to?

Any payment of a claim on your policy will be paid to you, the policyholder named on the **Policy Schedule**, whether the **insured event** affects you or your child.

If a another person is paying the **premiums** for your policy on your behalf, they do not have any right to the claim payment. In this case, the payment of the claim will still be paid to **you**.

If you die before a claim payment can be made, the payment will be made to the executor or administrator of your estate.

How we pay the claim

All claim payments are payable in pounds sterling and must be paid to a UK bank account.

Will claims payments be taxed?

MultiProtect claim payments are free from UK income tax and capital gains tax. However, inheritance tax may be due on any payment made in the event of your death. Tax is based on personal circumstances and is subject to change.

Making changes to your policy

Can I increase or decrease my cover?

You cannot increase the cover you have on your MultiProtect policy. However, you may choose to buy an additional policy, subject to any maximum cover limits which apply. You should speak to your financial adviser to discuss your cover needs.

You can reduce the number of **units** of cover on your policy. If you wish to discuss reducing your cover, for example if you are suffering financial difficulty or are having trouble paying the **premiums** for your policy, please contact us, using the contact details on **Page 3**.

Updating my details



You must let us know of any changes to your personal details including:

- your name,
- your address,
- your bank details,
- changes to your eligibility

Our contact details are on **page 3**.

Can MetLife change my policy?

We may increase or decrease the **premium** for this policy no more than once every 5 years.

Any change to the **premium** is assessed fairly to reflect unexpected changes in our experience of:

- claims;
- expenses;
- policy lapses and new policies agreed;
- investment income we receive; or,
- the law affecting this policy or us.

We may need to vary the terms and conditions of your policy if:

- in our opinion, there are any changes or amendments in your interest or to your advantage;

- there are any obvious errors or omissions affecting your policy;
- there is a request from any regulatory authority to do so; or,
- there is a change in the law, regulation, taxation, or recommendations or decisions of a regulator or similar body affecting us or your policy – including the benefits provided by your policy.

We'll write to you at your last known postal or email address giving 30 days' notice of any change to your policy. If you're not happy with the changes or amendments, you have the right to cancel your policy.

How to cancel your policy

You can cancel this policy at any time by contacting us. We can give you written confirmation that your policy has been cancelled upon request. Our contact details are on **Page 3**.

- If you cancel your policy within the first 30 days starting from when you received your policy documents, we'll refund any **premiums** you've paid, provided you haven't made a claim in that time.
- If you cancel your policy after the first 30 days has elapsed, we will not refund any **premiums** you've paid.

Making a complaint

We hope that you'll be happy with our service, but if for any reason you're not, we'd like to hear from you. Please contact us using the contact details on **Page 3**.

We aim to resolve your complaint quickly. If we're able to resolve your complaint within three working days, we will write to you confirming this along with your rights to refer your complaint to the Financial Ombudsman Service (FOS).

If your complaint is not resolved within three working days, we will:

- Let you know that we have received your complaint, typically within five days
- Keep you updated on the progress
- Investigate your complaint fully and impartially.
- Send you a final response letter to explain our decision about your complaint.
- If we haven't resolved your complaint after eight weeks, we'll explain the delay and indicate when we expect to be able to offer a final response.

- Information regarding our internal procedures for the handling of complaints can be found in the complaints section on our website at **www.metlife.co.uk**

If we haven't resolved your complaint after eight weeks or you are not satisfied with the outcome of your complaint, you can refer your complaint to the FOS. You will need to refer your complaint to the FOS within 6 Months of receipt of our final response.

You can contact the Financial Ombudsman by:

- phone on **0800 023 4567**
- writing to: **Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR**
- Their website is: **www.financial-ombudsman.org.uk**

How we use your personal information

This includes any personally identifiable information such as your name and contact details. It also includes 'special category data' about your health, including any health information you provide us or medical reports or records relating to you that we receive.

The ways in which we may collect, share, or process your personal data are explained in our **Privacy Notice** which forms part of your policy. The **Privacy Notice** also explains your rights regarding your personal data. A copy of our **Privacy Notice** is also available on our website at **metlife.co.uk/privacy-policy**, or on request from MetLife.

- If you have any questions or concerns, please email the MetLife Data Protection Officer at **DataProtectionUK@MetLife.com**

Financial Services Compensation Scheme

We've taken steps to ensure all our UK customers can apply for compensation through the Financial Services Compensation Scheme (FSCS). In the event we're unable to meet our financial obligations, the FSCS will seek to transfer all our policyholders and their benefits to another provider who can.

If they're unable to do this, our policyholders may be eligible for lump-sum compensation of up to a maximum of 90% of the contractual benefits provided by their policy.

For more information about the FSCS:

- visit their website **www.fscs.org.uk**, or
- telephone **0800 678 1100**

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