

# MetLife MultiProtect Policy Terms and Conditions



# Contents

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These are the terms and conditions of **your** MetLife MultiProtect **policy** which together with **your policy schedule, our privacy notice**, any endorsements, **your** application and any other statements **you** have made to **us**, are all part of the **policy you** have with **us**.

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**You** will find **policy** terms in bold throughout this document. A full list of definitions for these **policy** terms can be found at the back.

# Policy Terms and Conditions

Please take the time to read this document as it explains how **your policy** works. If **you** do not understand any part, **you** should contact **your** adviser or **our** office in Brighton on **0800 9170100** or **01273 872456** and **we** will explain the details further.

In the back of this booklet **you** will find a list of definitions. Any words in bold can be found in the list with an explanation.

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## Your policy

**Your policy** is formed of these terms and conditions, **your policy schedule**, **our privacy notice**, any endorsements to **your policy**, **your** application and any other statements made by **you** to **us**.

**We** are MetLife Europe d.a.c. (UK Branch), Level 50, One Canada Square, Canary Wharf, London E14 5AA, a registered Life Insurer, regulated by the Central Bank of Ireland. In return for the payment of premiums, **we** will pay the **policy** benefits in accordance with and subject to the terms and conditions of this **policy**. These are described below. In particular, **you** should note the sections entitled, 'What's not covered', 'General exclusions', 'Making a claim' and 'Definitions'.

**Your policy schedule** states how many units **you** have selected and the **policy** benefit amounts payable in total if an **insured person** suffers an **insured event** during the term of the **policy**. **Your policy schedule** will also state the details of any optional covers **you** have selected. The maximum number of units for **you** across all Accident Protection and MultiProtect policies provided by **us** is five.

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## Eligibility

**You** may take out this **policy** if **you** are aged 18 or above, up to **your** 60th birthday, and **you** are a **UK resident**.

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## The policy benefit - what's covered and what's not

Subject to the **policy** exclusions, **we** will pay the **policy** benefits shown in **your policy schedule** in respect of the **insured events** below.

If a single **accident** results in a claim for any combination of multiple **policy** benefits in respect of an **insured person**, the maximum **we** will pay will be equal to the **policy** benefit for **accidental total permanent disablement**.

### 1. Broken bones

To help minimise disruption to normal life, **we** will pay the **policy** benefit shown in **your policy schedule** if, during the term of the **policy**, an **insured person** sustains **bodily injury** caused by an **accident**, which solely and independently of any other cause results in either a **major broken bone** or **minor broken bone**.

### What's not covered?

- Any **major broken bone** or **minor broken bone**, as a result of osteoporosis, brittle bone disease, or other degenerative bone disorder
- Stress fractures or bruised bones
- A broken nose

The general exclusions also apply.

## 2. Accidental permanent injuries

We will pay the **policy** benefit shown in **your policy schedule** if, during the term of the **policy**, an **insured person** sustains **bodily injury** caused by an **accident**, which solely and independently of any other cause, results in any of the following injuries within 12 months of the date of such **accident**:

- **Paralysis of limbs - total and irreversible**
- **Blindness - permanent and irreversible** in one or both eyes
- **Loss of one or more hands or feet - permanent physical severance**
- **Deafness - permanent and irreversible** in one or both ears
- **Loss of use** - of elbow, hip, shoulder, knee, ankle or wrist
- **Loss of thumb, finger or toe**
- **Loss of major organ**
- **Loss of speech - total permanent and irreversible**
- **Third degree burns - covering 20% of the body's surface**

With respect to **loss of thumb, finger or toe**, where half or more than half of the relevant finger, toe or thumb is lost as a result of **permanent physical severance**, we will 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, medical evidence or expert medical advice obtained by **us**.

### What's not covered?

With respect to **loss of use**, we will not pay any **policy** benefit where there has been a successful reconstruction or replacement of a joint resulting in function being restored.

The general exclusions also apply.

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## 3. Total permanent disablement

We will pay the **policy** benefit shown in **your policy schedule** if, during the term of the **policy**, an **insured person** sustains **bodily injury** caused by an **accident**, which solely and independently of any other cause, results in the **total permanent disablement** of the **insured person** within 24 months of the date of the **accident**. The amount of **policy** benefit payable will be reduced by any other **policy** benefit already paid in respect of that **insured person** for the **accident** that caused the **total permanent disablement**.

Any **policy** benefit paid for **total permanent disablement** will bring cover under this **policy** to an end in respect of the **insured person** who has suffered **total permanent disablement** and no further **policy** benefit will be payable in respect of that **insured person**. If the **insured person** is **you**, we will cease to collect **premiums** from **you** and **your policy** will automatically terminate.

The general exclusions also apply.

#### 4. Accidental death

We will pay the **policy** benefit shown in **your policy schedule** if, during the term of the **policy**, an **insured person** sustains **bodily injury** caused by an **accident**, which solely and independently of any other cause, results in the death of the **insured person** within 12 months of the date of the **accident**. If the **insured person** is **you**, **your policy** will automatically terminate.

#### 5. Hospitalisation in the UK as a result of an accident or sickness

We will pay a **policy** benefit if, during the term of the **policy**, an **insured person** sustains **bodily injury** caused by an **accident** which solely and independently of any other cause results in an **insured person** being admitted to **hospital** as an inpatient for at least 24 hours.

Provided **you** have held **your policy** for at least 12 months, to help minimise disruption to normal life, **we** will pay a **policy** benefit if, during the term of the **policy**, an **insured person** is admitted to **hospital** as an inpatient for at least 24 hours caused by **sickness** and the first day of hospitalisation is after the expiry of the first 12 months of **your policy**.

##### 5.1 Duration of hospitalisation

Any **policy** benefit payable for hospitalisation is only payable for each complete and uninterrupted 24 hour period up to a maximum of 90 days per **insured event**.

If an **insured person** is admitted to **hospital** as an inpatient as a result of an **accident** or **sickness** for a period of at least 24 hours, and is then admitted again due to the same **accident** or **sickness**, this is considered to be a continuation of a previous **hospital** admittance in calculating the maximum **policy** benefit of 90 days.

Hospitalisation as a result of a voluntary organ donation by an **insured person** to one of their parents, siblings (including legally adopted siblings and step-siblings) or children (including legally adopted children and step-children), is covered from the start of **your policy**.

#### What's not covered?

- Hospitalisation resulting from **optional surgery** (other than voluntary organ donation as described above)
- Hospitalisation in a non-UK hospital
- Hospitalisation due to childbirth, abortion, pregnancy or pregnancy-related conditions, including, but not limited to, miscarriage, ectopic pregnancy and placenta praevia

The general exclusions also apply.

#### 6. Funeral Benefit

Subject to the general exclusions, **we** will pay a **policy** benefit if **you** die from any non-**accidental** cause during the term of the **policy**. The **policy** benefit will increase during the first five years as shown in **your policy schedule**. If death occurs before **you** have had **your policy** in force for at least 12 months, the **policy** benefit will be a refund of the total premiums paid under the **policy**.

Payment of the funeral benefit automatically terminates the **policy**.

#### What's not covered?

- **We** will not pay this **policy** benefit in respect of **eligible children**.

## Optional cover

If selected by **you**, as shown on the **policy schedule**, **we** will pay the following **policy** benefits in the event of any of these **insured events** occurring during the term of the **policy**:

### Child Cover (optional)

If, during the term of the **policy** an **eligible child** suffers an **insured event** or is diagnosed with **cancer - excluding less advanced cases**, **we** will pay the **policy** benefit shown on the **policy schedule**, in order to support you through the disruption to normal life.

The maximum number of units of cover in respect of an **eligible child** is ten, across all Accident Protection and MultiProtect policies provided by **us** taken out by **you** or **your** spouse or partner. Any **policy** benefit payable will be limited to that maximum. The number of units in respect of an **eligible child** must equal the number of units covered by **you**.

Child Cover can be added at any time after the **policy start date**. To add the optional Child Cover, **you** should contact **us**. **We** will issue **you** with an endorsement to the **policy** to add the cover.

Cover for an **eligible child** starts on the **policy start date**, and will continue until the earliest of the following:

- the **eligible child**'s 18th birthday (or 23rd birthday if in full time education, which does not include apprenticeships);
- payment of **total permanent disablement policy** benefit in respect of **you** or the **eligible child**;
- **you** or the **eligible child** ceasing to be a **UK resident**;
- **your** 70th birthday;
- **your** death; or the **eligible child**'s death;
- non-payment of the **premium**.

**You** must notify **us** promptly in writing if, during the term of the **policy**, an **eligible child**:

1. attains the age of 18 (or 23 if in full time education, which does not include apprenticeships);
2. ceases to be a **UK resident**;
3. dies from a non-**accidental** cause.

## What's not covered?

**Policy** benefit for **cancer - excluding less advanced cases** will not be payable if the **eligible child**:

- has previously been diagnosed as having any form of **cancer - excluding less advanced cases** prior to the **policy start date**;
- is diagnosed as having **cancer - excluding less advanced cases** during the first 90 days from the **policy start date**;
- has any medical tests or investigations during the first 90 days from the **policy start date** which subsequently lead to the diagnosis of **cancer - excluding less advanced cases**;
- had any medical tests or investigations prior to the **policy start date** which subsequently lead to the diagnosis of **cancer - excluding less advanced cases** after the **policy start date**.

The general exclusions also apply to this cover.

**Eligible children** are not covered under Active Lifestyle Cover or Healthcare Cover.

### Active Lifestyle Cover (optional)

At the point of taking out **your policy** you can select Active Lifestyle Cover. **You** cannot select this cover at a later date. The number of **units** for Active Lifestyle Cover must equal the number of **units you** have under **your policy**.

If **you** select Active Lifestyle Cover, **we** will pay the **policy** benefit shown on **your policy schedule** in any given **policy year** to help **you** get back on track in the event of **you** sustaining **bodily injury** caused by an **accident**, which solely and independently of any other cause results in:

- a **dislocation**; and/or
- either a **tendon rupture** or a **ligament tear**.

In each **policy year** **you** can only make one claim for the **policy** benefits shown above. So, for example, **you** will only be covered for one **dislocation** and/or one **tendon rupture** or **ligament tear**.

#### What's not covered?

- Soft tissue injuries
- **Dislocation** of bones of the fingers, thumbs and toes
- **Dislocations** and **tendon ruptures** that do not require corrective surgery

The general exclusions also apply.

**Eligible children** are not covered under Active Lifestyle Cover.

### Healthcare Cover (optional)

At the point of taking out **your policy** you can select Healthcare Cover. **You** cannot select this cover at a later date. If **you** select Healthcare Cover at the point of taking out **your policy**, **we** will pay **policy** benefit as shown on the **policy schedule**, to help support you through the disruption to normal life, if **you** have been diagnosed as having one of the infectious illnesses listed below, as evidenced by a consultant and agreed by **our** Chief Medical Officer.

- 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**

Payment of the optional Healthcare Cover will automatically terminate the optional cover.

#### What's not covered?

- Claims where an infectious illness listed above is contracted before the **policy start date**, or where **you** have been referred for tests or investigations relating to the infectious illness.
- Latent tuberculosis.

The general exclusions also apply.

**Eligible children** are not covered under Healthcare Cover.

# General Exclusions

This **policy** does not cover any claim caused or resulting directly or indirectly in whole or in part by or from any of the following:

- Psychiatric illness, depression, mental or anxiety disorders, or stress-related conditions;
- Unreasonable failure to seek or follow medical advice, including failure to obtain medical advice after symptoms have been noticed or **bodily injury** has been suffered;
- Actual or attempted suicide;
- Self-inflicted injury;
- Active participation in an actual or attempted illegal act, which includes road traffic offences;
- War, invasion, act of foreign enemy, hostility (whether war has been declared or not), civil war, rebellion, revolution, insurrection, or coup;
- Any form of **aerial flight**, other than as a fare paying passenger of a licenced airline or charter service;
- The **insured person** drinking alcohol which results in the **insured person** suffering physical or mental impairment which causes the **accident** or **bodily injury**, including, but not limited to, problems with balance, mobility, coordination, poor judgment or loss of inhibitions leading to actions the **insured person** might not otherwise have taken without the influence of alcohol;
- Alcoholism, the excessive consumption of alcohol over a prolonged period or periods, solvent abuse, or drug taking (unless taken as prescribed by a registered medical practitioner and not for the treatment of drug addiction);
- Participation in a **contest of speed**, mountaineering, outdoor cliff or rock climbing, potholing or **professional sport**;
- Working with, or engagement with, the following materials, equipment or activities at the time of the **bodily injury** or **sickness or disease** within **your** occupation, or employment or self-employment:
  - the use of, contact with, or exposure to any form of explosive substances or materials, asbestos, pneumatic drilling or tunnelling equipment;
  - motorcycle couriership, diving, demolition, underground or open cast mining, or quarrying;
  - if you are on an oil or gas rig or platform and involved with the collection of oil or gas including the operation and maintenance of any equipment used in connection with the collection of oil or gas.
- Any form of military, army, naval or air force service.



# General Conditions

## Term of the policy

The cover provided by the **policy** commences on the **policy start date** and will continue until the earliest of the following, upon which the **policy** terminates:

- **you** reach **your** 70th birthday;
  - payment of **total permanent disablement policy** benefit to **you**;
  - **you** cease to be a **UK resident**;
  - **you** die;
  - **you** stop paying the **premium**.
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## Payment of premiums

**You** must pay the **premium** monthly in advance throughout the **policy** from a UK bank account. **You** are allowed 30 days in which to pay each **premium** from either the monthly anniversary of the **start date** or, if **you** chose one, a selected payment date. If **you** do not pay the **premium** within this 30 day period the **policy** will automatically end without value as at the date on which the unpaid **premium** was due. If **you** make a claim within any 30 day period, any unpaid **premium** will be deducted from the **policy** benefit that is payable by **us**.

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## Policy value

This **policy** only provides the **policy** benefits described in this document. There is no cash surrender value at any time.

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## Changes to the policy or premium

**We** monitor the **premium** needed to provide the **policy benefits**. **We** may increase or decrease the **premium** for **policies** no more than every 5 years.

Any increase or decrease of the **premium** is assessed fairly, to reflect unexpected changes in **our** actual and expected 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 **your policy** terms and conditions if:

- 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** will write to **you**, at **your** last known postal or email address, giving 30 days' notice of any change. If **you** are not happy with the changes or amendments, **you** have the right to cancel the **policy** (see the section headed Cancellation).

**You** may reduce the number of **units** covered under **your policy** at any time by contacting **us**. **We** will issue **you** with an amended policy schedule stating the amount of cover **you** have selected. **You** cannot increase the number of **units** under this **policy**, but **you** may be able to take out a further **policy**.

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## Completeness and accuracy of information you provide to us

It is important that the information **you** provide to **us** is accurate and complete. If any of the information **you** provide to **us** is fraudulent, misleading or deliberately untrue or inaccurate:

- **your policy** will be void;
- **we** will not pay any **policy** benefit to **you**; and
- any **policy** benefit that has already been paid under this policy must immediately be repaid to us.

No **premiums** will be returned.

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## Notification

**You** must notify **us** if **you**:

- change **your** address;
  - change **your** bank account details;
  - cease to be a **UK resident**;
  - where **you** select Child Cover, **you** must notify **us** promptly in writing if, during the term of the **policy**, **your** child ceases to be an **eligible child**.
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## Contracts (Rights of Third Parties) Act 1999

The Contracts (Rights of Third Parties) Act 1999 does not apply to the **policy**. A person who is not a party to this contract has no right to enforce any term of the contract. No consent of any third party shall be required under the Contracts (Rights of Third Parties) Act 1999 to any cancellation or termination or change or variation or alteration of the terms and conditions of this **policy**.

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## Assignment

This **policy** is personal to **you**, which means **you** cannot transfer the ownership of the **policy** to another person or company.

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## Payments

All **premiums** and **policy** benefits are payable in Pounds Sterling from and to a UK bank account.

## Data protection

**We** are the data controller in respect of any personal data **you** provide to **us**, whether at the time **you** take out **your policy** or in the future when **you** make a claim. 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, [www.metlife.co.uk](http://www.metlife.co.uk).

Should **you** have any questions or concerns, please contact the MetLife Data Protection Officer at [DataProtectionUK@MetLife.com](mailto:DataProtectionUK@MetLife.com).

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## Law

This **policy** and any dispute or claim arising out of or in accordance with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of England and Wales. **We** and **you** submit to the exclusive jurisdiction of the English courts to settle any dispute or claim that arises out of or in connection with this **policy** or its subject matter or formation (including non-contractual disputes or claims).

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## Cancellation

**You** can cancel this **policy** at any time. **You** should let **us** know by writing to MetLife, PO Box 1411, Sunderland, SR5 9RB or by calling **us**. **We** will then write to **you** and confirm that the **policy** has been cancelled.

If **you** cancel within 30 days of receiving the **policy schedule** at **policy** issue **you** will be entitled to a full refund of any **premiums you** have paid up to that time, providing **you** have not made a claim.

If the **policy** is cancelled after the 30 day cancellation period, there will be no refund of **premiums** paid.

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## Complaints

**We** hope that you will be very happy with our service. If for any reason **you** are not happy, **we** would like to hear from **you**. In the first instance, telephone **us** on 0800 917 0100 or 01273 872456 (9am - 5pm Monday to Friday) or write to MetLife, PO Box 1411, Sunderland SR5 9RB.

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](http://www.metlife.co.uk)

If **you** are not satisfied with **our** response to **your** complaint, **you** can ask the Financial Ombudsman Service to review the case.

**You** can contact them on 0800 023 4567 or by writing to: Financial Ombudsman Service, Exchange Tower, Harbour Exchange, London E14 9SR. Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Referring **your** complaint to the Financial Ombudsman Service will not affect **your** right to take legal proceedings.

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## Tax

Any benefits paid out from the **policy** are free from UK income tax and capital gains tax. However, inheritance tax may be due on any payment made after the death of an **insured person**. Tax is based on personal circumstances and subject to change.

## Compensation

**We** have taken steps to ensure all **our** UK customers are eligible to apply for compensation through the Financial Services Compensation Scheme (FSCS). In the event of a firm covered by the scheme being unable to meet its financial obligations, the FSCS will seek to transfer policyholders and their benefits to another provider who can.

If they are unable to do this 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](http://www.fscs.org.uk) or telephone 0800 678 1100.

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## Financial strength

If **you** would like to know more about **our** financial strength, including our Solvency and Financial Condition Report (SFCR), please visit our website at [www.metlife.eu/financial-reports](http://www.metlife.eu/financial-reports).

# Making a claim and payment of policy benefit

If **you** think **you** are entitled to claim, **you** should contact **us** as soon as possible, by writing to: Claims Department, MetLife, PO Box 1411, Sunderland, SR5 9RB or by emailing **us** at [claims@metlife.uk.com](mailto:claims@metlife.uk.com).

Alternatively, call **us** on:

**0800 917 1333** or **01273 872492**, Monday - Friday, from 9am until 5pm. Calls may be recorded for monitoring or training purposes.

**We** will send **you** a claim form for completion and return by **you** as soon as **you** can.

The claim will need to be supported by a registered medical practitioner in the United Kingdom; **we** will not pay any **policy** benefit in respect of **your** claim without satisfactory evidence from a registered medical practitioner in the United Kingdom.

**We** will pay for any statements or medical reports from the **insured person's** treating medical attendant or consultant. **We** may also require the **insured person** to undergo a medical examination at **our** expense or to attend any available rehabilitation courses deemed appropriate by **us**. Any attendance **we** require will be paid for by **us**.

**Your** claim may be reviewed by **our** Chief Medical Officer. If satisfactory evidence is not provided, **we** may decline the claim. If **we** ask the **insured person** to attend a medical examination or rehabilitation course and the **insured person** refuses or does not attend, or if **we** do not receive the necessary consent to access the **insured person's** medical records or reports, **we** may decline the claim.

No **policy** benefit shall be payable until **you** have provided proof to **our** satisfaction of:

- the eligibility of the **insured person**, including date of birth;
- the occurrence of the **insured event**, with the relevant medical evidence.

If **we** agree to a payment of **policy** benefit, **we** are not admitting liability under this **policy** in respect of any pending or future claims.

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## Payment of policy benefit

Any **policy** benefit, except **policy** benefit payable in respect of death, will be paid to **you**.

Payment of any death benefit will be paid to the **executor(s)** or **administrator(s)** of the deceased **insured person's estate**.

Payment of **policy** benefit in respect of an **eligible child** will be paid to **you**, if living, or otherwise to the **eligible child's legal guardian** at the time of claim.

# Definitions

For the purpose of these **policy** terms and conditions and any other associated documents, the following expressions have the following meanings, except where the context requires otherwise:

## Accident / Accidental

a sudden identifiable event operating by violent external and visible means, which happens by chance and which could not be expected.

## Administrator

a person appointed by a court to administer an **estate** where the deceased did not make a Will before their death. The **administrator** is empowered to deal with the **estate**.

## Aerial flight

includes, but is not limited to, flying, flying by helicopter, or other aerial activities, including as a pilot or aircrew, or for the purposes of any trade or technical operation in or on the aircraft.

## Blindness - *permanent and irreversible*

loss of sight to the extent that when tested by visual aids, vision is measured at 3/60 or worse using a Snellen eye chart.

## Bodily injury

injury during the term of the **policy** which is caused solely by **accidental** means and independently of illness or any other cause.

## Cancer - *excluding less advanced cases*

(applicable to optional Child Cover only) any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma

except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition the following are not covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant;
  - non-invasive;
  - cancer in situ;
  - having either borderline malignancy; or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification T2bNOM0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2NOM0.

## Contest of speed

taking part in sprints, racing, speed or time trials involving the following: any type of car or truck, any type of motorcycle or motorised bike including a quad bike, any motor or wind powered boat including a jet ski or a horse (other than for dressage, show jumping and cross country).

**Deafness - permanent and irreversible**

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

**Dislocation**

the displacement of bone from its normal position at the joint for which you have had surgery in a **hospital** to repair the dislocation. Bones of the fingers, thumbs and toes are not included within this definition.

**Eligible child/Eligible children**

**your** children (including legally adopted children and step-children) aged from 6 months to their 18th birthday (or 23rd birthday if in full-time education, which does not include apprenticeships) who are **UK resident**. Step-children are defined as children of **your** spouse or partner by a previous union. **Eligible children** do not need to live with **you**.

**Estate**

property, which vests in or is held by the **executor** or **administrator** after death.

**Executor**

a person appointed by a Will to administer the deceased's **estate** after death. The **executor** is empowered to deal with the **estate** as directed by the Will existing at the date of the deceased's death.

**Hospital**

a UK institution, registered as a **hospital** in accordance with UK law and legislation, which has accommodation for resident patients and facilities for diagnosis, surgery and treatment including hospices where admittance is for terminal prognosis care. It does not include a long-term care nursing unit, a geriatric or pre-convalescent ward or an extended care facility for convalescence or rehabilitation.

**Insured event**

an event set out in the **policy schedule** which occurs during the term of the **policy** for which any **policy** benefit is payable.

**Insured person**

**you** and, if optional Child Cover has been selected, any **eligible children** from time to time.

**Irreversible**

cannot be materially improved upon by medical treatment and/or surgical procedures that are reasonably available at the time of claim.

**Legal guardian**

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 of the child's property.

**Ligament tear**

the complete tear of a ligament to the knee or ankle joint that is confirmed by radiological imaging.

**Loss of finger or toe - permanent physical severance**

of any finger entirely, from above the first and largest knuckle on the hand or **permanent physical severance** of any toe entirely from the joint at the base of the toe.

**Loss of major organ**

the total and **permanent** removal of a kidney, spleen, lung, pancreas, urinary bladder or stomach

**Loss of one or more hands or feet - permanent physical severance**

of one or more than one hand or foot above the wrist or ankle joint as a result of the same **accident**.

**Loss of speech - total permanent and irreversible**

loss of the ability to speak.

**Loss of thumb - permanent physical severance**

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

**Loss of use**

total and **irreversible permanent** loss of function and without **permanent** physical **severance**. Successful reconstruction or replacement of a joint resulting in function being restored is not included within this definition.

**Major broken bone**

means, a break caused by **accidental** means and solely and independently of any other cause, which can be evidenced by radiological imaging or other **suitable clinical diagnosis**, of a bone within the leg, ankle, arm, back, neck, hip, pelvis, cranium, mandible, shoulder, or wrist. More than one break to the same bone will be treated as a single claim.

**Minor broken bone**

a break, caused by **accidental** means and solely and independently of any other cause, which can be evidenced by radiological imaging or other **suitable clinical diagnosis**, of any other bone not covered under **major broken bone**. The nose is excluded. More than one break to the same bone will be treated as a single claim.

**Optional surgery**

an operation **you**, or with respect to an **eligible child**, the **eligible child's** parent(s) or **legal guardian**, choose to have done, which may not be essential to continuation, or quality, of life.

**Paralysis of limbs - total and irreversible**

loss of muscle function or sensation to the whole of any two limbs.

**Permanent**

expected to last throughout the **insured person's** life.

**Policy**

the **policy** evidencing the contract of insurance between **you** and **us** comprising of the following documents, which together are referred to as the '**policy**': these terms and conditions, your **policy schedule**, any endorsements to the **policy**, **your** application and any other statements made by **you** to **us**.

**Policy schedule**

the **policy schedule** issued by **us** in respect of the **policy**.

**Policy start date**

the date on which the application is accepted as detailed on the **policy schedule** or, with respect to the Child Cover optional cover, the date on which **we** accept inclusion of the Child Cover if later, which does not have an effect on the original **start date** of the **policy**.

**Policy year**

a 12 month period commencing on the **policy start date** and each subsequent 12 month period commencing on the anniversary of the **policy start date**.

**Premium**

the amount shown in **your policy schedule** which is payable by **you** for the cover provided by **your policy**.

**Privacy notice**

**our** privacy notice, which sets out how **we** may collect, share or process **your** personal data, and explains **your** rights regarding **your** personal data.

**Professional sport**

competitive sport undertaken on a professional, not amateur, basis as a main occupation and income.



**Severance**

the complete separation and dismemberment of the part from the body.

**Sickness or disease**

any illness or infirmity that is not a **bodily injury**.

**Suitable clinical diagnosis**

diagnosis based on the physical examination of the **insured person** and their symptoms, and in a clinical setting, by the treating medical practitioner, who is registered in the United Kingdom and who is appropriately specialised in general medicine, or orthopaedics, or trauma medicine.

**Tendon rupture**

the rupture of any of the following tendons for which **you** have had surgery in a **hospital** to repair the tendon rupture: Achilles, hamstring, bicep brachii (upper arm), quadriceps and rotator cuff.

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

burns or scalds that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

**Total permanent disablement**

loss of the physical ability caused by **bodily injury** to do at least three of the six tasks listed below ever again. The relevant treating specialists must reasonably expect that the disability will last throughout life with no prospect of improvement.

**You** must need the help or supervision of another person and be unable to perform the task on **your** own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The tasks are:

- 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 get from room to room on a level floor.
- Getting in and out of bed - the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

For very young children who would not normally be expected to be able to perform these activities even if fully healthy, **total permanent disablement** means that, in the opinion of a specialist consultant paediatrician, and subject to the agreement of **our** Chief Medical Officer, the **eligible child** sustained **bodily injury** which caused the **eligible child** to be, or likely to be, totally unable to ever perform any three of the above activities without the help of another person or the use of special devices and equipment.

**Tuberculosis - excluding latent tuberculosis**

an unequivocal histological diagnosis of **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.

**Unit**

the value of **policy** benefit or level of cover for each **insured event** as selected by **you** and as shown on **your policy schedule**.

**UK resident**

any person whose habitual residence, meaning the place where the person's centre of vital interests (economic, domestic and social) is located, is in the United Kingdom of Great Britain and Northern Ireland ('UK'). A person will cease to be a **UK resident** if they leave the UK with the intention of not returning to reside in the UK within 6 months, or if they are away from the UK for a continuous period of six months.

**We/Us/Our**

MetLife Europe d.a.c., which is the insurance company that provides **your** insurance cover, and its successors and assigns.

**You/your**

the policyholder as stated on the **policy schedule**.

**0800 917 0100****[metlife.co.uk/multiprotect](https://www.metlife.co.uk/multiprotect)**

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