

MetLife ChildShield Policy Terms and Conditions

Contents

Welcome to MetLife	3	How to Make a Claim	15
Our agreement with you	3	How to contact us	15
Who can take out a ChildShield Policy	3	What medical evidence do you need?	15
Definition of an eligible child	4	Who do we pay the claim to?	15
Making sure we have the right details	4	How we pay the claim	16
		Will claims payments be taxed?	16
Important words and expressions	5		
How your policy works	7	Making changes to your policy	16
What ChildShield Covers	7	Can I increase or decrease my cover?	16
Level of cover	7	Updating my details	16
Maximum amount of cover	7	Can MetLife change my policy?	16
When does cover start and end for each eligible child?	7		
How long does your policy last?	8	Ending your policy once you are no longer eligible for cover	17
Protection of children	8		
How to pay for your policy	8	How to cancel your policy	17
Your Direct Debit			
Missed payments	8	Making a complaint	18
		How to make a complaint	18
What your policy covers	9	Our complaints process	18
Section 1 - Broken Bones	9	What happens if you are not happy with our response	19
Section 2 - Hospitalisation	10		
Section 3 - Diagnosis of a serious condition	12	How we use your personal information	19
What your policy doesn't cover	14	Financial Services Compensation Scheme	19

Welcome to MetLife

Thank you for choosing ChildShield. Please read this document very carefully as it explains how your policy works.




Where you see this icon in this document, it indicates an additional responsibility on you, such as keeping us up to date with your contact information.



Where you see this icon in this document, it indicates a paragraph that describes something that is not covered by your policy.

Please contact us if you have any questions about your policy.

 email us at customerservice@metlife.uk.com

 call us on 0800 917 0100.

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

Please let us know if you require a copy of this document in large print or braille.

Our agreement with you

Your contract of insurance with MetLife is formed of this document, your application, your **Policy Schedule**, our **Privacy Notice** and any other statements made by you to us, which must be read together with these terms and conditions.

These are together referred to as 'your policy' throughout this document.

Your **Policy Schedule** sets out the details that are specific to you, such as:

- your personal details,
- the level of cover you have chosen,
- your monthly **premiums**,
- the benefit amounts that may be payable to you, for each type of **insured event**.

This policy is owned by you and you cannot transfer the ownership of the policy to anyone else.

The Contracts (Rights of Third Parties) Act 1999 does not apply to this policy and the policy has no cash surrender value at any time.

We shall not be deemed to provide cover and we 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 us 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.

Who can take out a ChildShield Policy

You can take out a ChildShield policy if, at the **policy start date**:

- you are aged between 18 and 93,
- you are a **UK resident**; and
- you have at least one child who is aged 17 or under AND who meets the definition below of an eligible child.

Definition of an eligible child

An eligible child is someone who:

- is your child which means they are any of the following:
 - your biological offspring;
 - a child legally adopted by you;
 - a child for whom you are the **legal guardian**; or
 - your **stepchild**.
- is aged under 23; and
- is a **UK resident**.

The child does not need to live with you to be eligible.

Making sure we have the right details

We rely on the information you give us which must be accurate and complete. Please check your policy Schedule and if anything is not correct, please tell us or your broker as soon as possible.

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

- your policy will be treated as if it never existed and any other insurance policies you hold with us may also be ended;
- we will not pay any claims made under this policy;
- any claims already paid under this policy must immediately be repaid to us and we may not return any **premiums** received; and
- you may not be able to take out another policy with us in the future.

If any of the information you provide to us is carelessly or innocently untrue or incomplete:

- your policy may be treated as if it never existed and any other insurance policies you hold with us may also be ended;
- we may not pay any claims made under this policy; and
- we may ask you to return any claims payment already paid under this policy and we may not return any **premiums** received.

Important words and expressions

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

Accident / accidental	a sudden, unexpected and specific event, which happens by chance.
Bodily injury	injury during the term of the policy which is caused solely by accidental means and independently of illness or previous injury.
Diagnosis of a serious condition	a type of insured event that occurs during the term of the policy, for which a benefit may be payable. Specifically, it is when a suitable clinical diagnosis is provided by a qualified medical practitioner that the eligible child is suffering any of the serious conditions defined in these Terms and Conditions (see ' <i>Diagnosis of a serious condition</i> ' section on page twelve for definitions and exclusions). A suitable clinical diagnosis is defined as a diagnosis based on the physical examination of the eligible child and their symptoms, and in a clinical setting, by the treating qualified medical practitioner .
Illness	any disease, disorder, syndrome, genetic and/or congenital defect for which the eligible child has sought and/or received treatment, diagnosis, care and/ or medical advice, which also includes conditions diagnosed after the date of an accident .
Insured event	an event set out in your Policy Schedule (and as defined in these Terms & Conditions) which occurs during the term of the policy for which a benefit is payable.
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.
Loss of a limb	permanent physical severance of one or more hands or feet above the wrist or ankle joint, because of a single accident (or by surgical amputation due to a single clinical cause).
Loss of use of a limb	total and irreversible permanent loss of function and without permanent physical severance . This means that all function/use of the limb is lost and it is expected to remain lost for the lifetime of the eligible child. Successful reconstruction or replacement of a joint resulting in function being restored is not included within this definition.
Policy Schedule	the Policy Schedule document issued by us in respect of your policy. It is one of your policy documents and it outlines the policy details that are specific to you, such as: <ul style="list-style-type: none"> • your personal details, • your policy number, • your policy start date, • the level of cover you have chosen, • your monthly premiums, • the benefit amounts that may be payable to you, for each type of insured event, • other important information.

Policy Start date	the date on which the policy started, as detailed in your Policy Schedule .
Premium	the amount shown in your Policy Schedule which is what you pay each month to MetLife for your policy.
Privacy Notice	our Privacy Notice , available on our website (www.metlife.co.uk/privacy-policy), which sets out how we may collect, share or process your personal data, and explains your rights regarding your personal data.
Qualified medical practitioner	a medical practitioner, such as a doctor, who is registered in the United Kingdom and who is appropriately specialised in general medicine, orthopaedics, trauma medicine and/or the diagnosis and treatment of the condition which is being claimed for. Or, if the insured event occurs outside the UK, the equivalent medical practitioner in the country where the insured event occurs.
Severance	the complete separation and dismemberment of the part from the body.
Sickness	any illness or infirmity that is not a bodily injury .
Stepchild	a child who is the biological offspring of your husband, wife, or civil partner, but who is not your own biological offspring.
UK resident	any person whose usual 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 6 months.

How your policy works

What ChildShield Covers

Your ChildShield policy covers your children, it does not cover you. It will pay a fixed sum to you if, during the term of the policy, your eligible child:

- breaks a bone,
- is hospitalised in the UK as an in-patient, due to **accident, sickness** or for the treatment of self-inflicted injury, or
- is **diagnosed with a serious condition** (as defined in these Terms & Conditions).

ChildShield can cover your children from as early as birth/adoption, until they turn 23. There is no limit to the number of children you can have covered by a ChildShield policy, provided they meet the definition of eligible children on page 4.

You must have at least one eligible child at all times for the policy to remain active. You do not need to tell us if you have more eligible children after the policy has started. They will automatically be covered by the policy.



You must tell us when all your children are no longer eligible, as you will need to end your policy. This is usually on the 23rd birthday of your youngest child.

Your cover is subject to certain exclusions, limits and definitions which are explained in this document.

Level of cover

There are two levels of cover available under a ChildShield policy - *ChildShield Standard* or *ChildShield Plus*. The level of cover determines the **premium** you pay each month and the amount the policy can pay for a valid claim.

Your **Policy Schedule** shows the level of cover you have selected and the amount payable for each type of **insured event** during the term of the policy.

Maximum amount of cover

A *ChildShield Standard* policy provides 1x unit of cover.

A *ChildShield Plus* policy provides 2x units of cover.

The maximum benefit payable for any single **insured event** is based on 4x units of cover in total.

More than one parent can separately take out ChildShield policies to cover the same child and these can be in any combination of *ChildShield Standard* or *ChildShield Plus* policies. However, you should not knowingly exceed 4x units of cover in total between you and the other party(ies).

When does cover start and end for each eligible child?

One ChildShield policy can provide cover for multiple eligible children:

Each eligible child's cover begins on the latter of:

- the **policy start date**;
- the eligible child's birth date or date upon which the eligible child was legally adopted by you

Each eligible child's eligibility ends on the earliest of:

- the eligible child's 23rd birthday;
- the date you and/or the eligible child cease to be a **UK resident**;
- your death, or the death of the eligible child;
- the date the policy ends.

How long does your policy last?

Your policy starts on the **policy start date** stated in your **Policy Schedule** and ends on the earliest of the following events:

- You no longer have any children who meet the definition of eligible child (for example, they have all turned 23, are no longer **UK residents**, or have passed away);
- you reach your 99th birthday;
- you cease to be a **UK resident**;
- you die;
- you stop paying the **premium** and the policy ends;
- you instruct us to end the policy.



You must tell us if any of the above events occur, so we can end your policy and stop **premiums** being collected after the cover has ended.

Protection of children



You may be required to give a declaration in support of a claim, 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**.

MetLife 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 have the right to withhold the payment of the claim until the outcome of the investigation is made known to us, and it confirms you did not cause the injury.



No claims will be payable in instances where:

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

How to pay for your policy

Your Direct Debit

The **premiums** for your policy must be paid in pounds sterling, by monthly Direct Debit from a UK bank account.

Premium payments are due each month in advance. You can choose to pay on either the monthly anniversary of the **policy start date** or a chosen payment date.

Missed payments

You have 30 days in which to pay each premium from either the monthly anniversary of the **policy start date** or, your chosen payment date. If you do not pay the premium within this 30-day period, the policy will automatically lapse as at the date on which the unpaid premium was due.

If you make a claim within the 30-day period, any missed **premiums** will be deducted from the benefit that we pay.


What your policy covers

Section 1 - Broken Bones

We will pay the ‘Broken Bones’ policy benefit if, during the term of the policy, your eligible child sustains **bodily injury** caused by an **accident**, or as a direct result of self-inflicted injury or attempted suicide, which results in either a major broken bone or minor broken bone.

Your **Policy Schedule** will show the amounts payable for your selected level of cover.

Broken Bones - What is covered	
Major broken bones:	Minor broken bones:
<ul style="list-style-type: none">• arm• ankle• back• hip• mandible• leg• 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 (nose is excluded)• any other broken bone that is not a major broken bone.

 Broken Bones - What is <u>not</u> covered:
<ul style="list-style-type: none">• Nose• Any broken bone caused by osteoporosis, brittle bone disease, or other degenerative bone disorder(s)• Bruised bones• Micro-fractures• Non-accidental or deliberate breaks as part of a surgical procedure• Broken bones because of self-inflicted injury or attempted suicide by the eligible child, which occur during the first 12 months of the policy, starting from the policy start date are <u>not</u> covered by this policy.• Please also see “What your policy doesn’t cover” at page 14.

Section 2 - Hospitalisation

We will make a payment for each complete day (24-hour period), up to a maximum of 90 days, that an eligible child is admitted into hospital as a result of an **accident, sickness** or for the treatment of a self-inflicted injury, during the term of the policy.

The amount we pay for each day's hospitalisation will differ depending on whether your eligible child is in an Intensive Care Unit (ICU) or a non-ICU ward in the hospital. The payment for each day of hospitalisation will be either the amount for being in ICU or being in a non-ICU ward, but not both. A claim for hospitalisation may include any combination of days spent in ICU or non-ICU wards up to the 90-day maximum.

- **Hospital** - means a UK hospital where your child is admitted as an in-patient for at least 24 hours and does not include stays/admissions to long-term care nursing units or rehabilitation units.
- **Intensive Care Unit/ICU** - means a special department of a UK hospital that provides intensive treatment and monitoring for people who are extremely ill. Other names for this include Intensive Therapy Unit or Intensive Treatment Unit (ITU) or Critical Care Unit (CCU), or for children and babies, a Paediatric or Neo-natal Intensive Care Unit (PICU or NICU).

Your **Policy Schedule** will show the amounts payable depending on your selected Level of cover.

Hospitalisation – What is covered	
Minimum claim	1 day (24 hours)
Maximum claim	<p>90 days for the same injury or illness or a directly related injury or illness.</p> <p>If an eligible child is admitted to hospital as an in-patient as a result of an accident or illness for a period of at least 24 hours, and is then admitted again for further treatment for the same or directly related accident or illness, this is considered to be a continuation of the previous hospital admittance in calculating the maximum policy benefit of 90 days.</p>

When can you claim the benefit:	
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 ✗ Any hospital admission due to sickness that started in the first 12 months is excluded from cover
Hospital stays directly connected to a valid claim under 'Diagnosis of a serious condition'.	<ul style="list-style-type: none"> • Cover begins from the Policy Start Date

<p>Hospital stays due to pregnancy-related complications (relating to the pregnancy of the eligible child), including but not limited to:</p> <ul style="list-style-type: none"> • childbirth • abortion • pregnancy • miscarriage • ectopic pregnancy • placenta praevia 	<ul style="list-style-type: none"> • Cover starts 1 year after the policy start date ❌ The first four days of hospitalisation are <u>not</u> payable. • Payment starts from the fifth consecutive day of hospitalisation, which will count as Day 1 of the claim.
<p>Hospital stays for the treatment of self-inflicted injury sustained as a direct result of self-harm or attempted suicide by the eligible child</p>	<ul style="list-style-type: none"> • Cover starts 1 year after the Policy Start Date ❌ Any admission for the treatment of self-inflicted injury in the first 12 months is excluded from cover ❌ Once the treatment of the self-inflicted injury has been completed, any further days spent in hospital to treat the underlying cause of the self-harm (or to prevent the eligible child from repeating the self-harm) are excluded from cover
<p>Hospital stays due to voluntary organ donation by the eligible child to their parents, siblings (including adopted and step sisters/ brothers) or their children</p>	<ul style="list-style-type: none"> • Cover begins from the Policy Start Date




Hospitalisation - What is not covered:

- Hospital stays for the routine care for a newborn (e.g. the eligible child being born in hospital and remaining in hospital until such time as they can be allowed home) are not covered by this policy.
- Hospital stays outside the UK
- Admissions to other care facilities that are not hospitals, such as care homes or rehabilitation units
- Please also see “What your policy doesn’t cover” at page 14.

Section 3 - Diagnosis of a serious condition

We will pay the benefit amount shown on your **Policy Schedule** if your eligible child is diagnosed during the term of the policy by a **qualified medical practitioner** with one of the following serious conditions.

Definitions of the serious conditions which are covered by your policy:	
1. Bacterial meningitis	
Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord. The diagnosis must be confirmed by a Consultant Neurologist.	
	Any other forms of meningitis, including viral meningitis, are <u>not</u> covered by this policy
2. Cancer, as defined below	
Please note: a single diagnosis which meets more than one of the definitions of cancer below, and/or which involves more than one tumour, will be treated as a single claim and only one benefit may be payable.	
2a Cancer - malignant tumour Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, including: <ul style="list-style-type: none"> • Leukaemia; • Sarcoma; • Lymphoma (except cutaneous lymphoma - lymphoma confined to the skin) • Aplastic anaemia resulting in permanent bone marrow failure with anaemia, neutropenia and thrombocythaemia • Essential thrombocythaemia • Merkel cell cancer • Polycythaemia rubra vera • Primary myelofibrosis • Pseudomyxoma peritonei 	
2b Cancer – other cancers treated by surgery Histological diagnosis of any of the following that has been treated by surgery to remove the tumour: <ul style="list-style-type: none"> • 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. 	
2c Cancer – Skin cancer (not including melanoma) - advanced stage as specified Non-melanoma skin cancer diagnosed with histological confirmation that the tumour is larger than 2 centimetres (cm) across AND has at least one of the following features: <ul style="list-style-type: none"> • Tumour thickness of at least 4 millimetres (mm), • 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. 	

3. Benign brain tumour resulting in neurological deficit or specified treatment

Diagnosis of a non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in one or more of the following:

- Neurological deficit,
- Undergoing invasive surgery to remove part or all the tumours,
- Undergoing either stereotactic radiotherapy or chemotherapy to destroy tumour cells.



Tumours in the pituitary gland, and Angioma are not covered by this policy.

4. Paralysis. Loss of, or loss of use of, a limb (or limbs)

Permanent loss of, or loss of the use of, one or more limbs due to:

- total and irreversible loss of muscle function to the whole arm or leg,
- physical **severance** of a hand or foot at or above the wrist or ankle joint.

NOTE: loss of, or loss of the use of, more than one limb because of the same **accident** or clinical cause will be treated as a single claim and only one benefit would be payable.

5. Diabetes mellitus Type 1 requiring insulin injections

A definite diagnosis of Type 1 diabetes mellitus, requiring the use of insulin injections.



Gestational diabetes, and Type 2 diabetes (including Type 2 diabetes treated with insulin) are not covered by this policy.

6. Rheumatic fever

Acute Rheumatic Fever, as diagnosed by a relevant medical specialist in accordance with the 'Jones Criteria' method, associated with a proven previous infection with a member of the Group A Streptococcus (strep) bacteria.

7. Burns (of specified severity)

Any burn, including sunburn, which was:

- referred to a specialist burns unit; AND
- confirmed by the burns unit / specialist medical practitioner as being at least 5% of the total body surface area.



Diagnosis of a serious condition – What is not covered:

No claim will be payable under 'Diagnosis of a serious condition' if the eligible child:

- has previously been diagnosed with any form of the serious condition
 - prior to the **policy start date**, or
 - within 90 days after your policy started
- had tests or investigations which led to the diagnosis of the serious condition
 - prior to the **policy start date**, or
 - within 90 days after your policy started

Please also see "What your policy doesn't cover" on Page 14.

What your policy doesn't cover



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

- Psychiatric **illness**, depression, mental or anxiety disorders, or stress-related conditions (except for hospitalisation in the UK for the treatment of self-inflicted injury, broken bones as a result of self-inflicted injury, burns or paralysis as a result of self-inflicted injury),
- 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,



Where the eligible child is aged under 18, the requirement to follow medical advice applies to you; where the eligible 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 eligible child in organised sport, such as boxing or martial arts),
- 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 travel to a country where the Foreign, Commonwealth & Development Office (FCDO) advises against all travel. Please refer to the 'foreign travel advice' section on the FCDO website for confirmation of these locations,
- Any form of travel to a country where the Foreign, Commonwealth & Development Office (FCDO) advises against travel (including all but essential travel), following the declaration of a pandemic from the World Health Organisation (WHO). Please refer to the 'foreign travel advice' section on the FCDO website for confirmation of these locations,
- The eligible child drinking alcohol which results in them 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 eligible child might not otherwise have taken without the influence of alcohol,
- Solvent abuse, or drug taking (unless taken as prescribed by a **qualified medical practitioner** and not for the treatment of drug addiction),
- Participation in a contest of speed, mountaineering, outdoor cliff or rock climbing, or potholing. (A contest of speed means the eligible child taking part in sprints, racing, speed or time trials involving the following: any type of car or truck or motorised kart; any type of motorcycle or motorised bike including a quad bike; any motor or wind powered boat including a jet ski; a horse (other than for dressage, show jumping, team chasing and cross country)),
- Any form of military, army, naval or air force service.

How to Make a Claim

How to contact us

To make a claim please contact us as soon as possible.

 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 will send you a claim form to complete and return to us as soon as you can.



In support of your claim, you may be required to give a declaration 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**.

What medical evidence do you need?



Your claim needs to be supported by satisfactory, dated evidence from a **qualified medical practitioner**.

We may require copies of medical records, statements or medical reports from your eligible child's **qualified medical practitioner**, and we will pay any costs of obtaining these records.

We may also require your eligible child to undergo a medical examination or to attend any rehabilitation courses deemed appropriate by us. Any attendance at a medical exam or rehabilitation course will be paid for by us.

If we do not receive any records requested by us, or if you or your child refuse to attend a medical examination or rehabilitation course then we may decline your claim.

We may ask our Chief Medical Officer and/or Clinical Support Consultant to review your claim.

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

- the eligibility of you or your eligible child, including date of birth; and
- the occurrence of the **insured event**, with the relevant, dated medical evidence.

be altered to reflect any discrepancy, or your claim may be declined at our discretion.



If your information differs to that stated in your application and/or policy schedule, the claim payment may

Who do we pay the claim to?

Any claim payment in respect of an eligible child will be paid to you – i.e. the policyholder named on the **Policy Schedule**. If you pass away before the claim payment can be made, the payment will be made to the eligible child's **legal guardian** at the time of claim.

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?

Any claims 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 to the **legal guardian** of the eligible child in the event of your death. Tax is based on personal circumstances and subject to change.

Making changes to your policy

Can I increase or decrease my cover?

It is not possible to change the amount of cover you have under your ChildShield policy.

Updating my details



You must let us know if you need to make any changes to your personal details including:

- Changing your name
- Changing your address
- Changing the bank details

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,
- 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,
- 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 your policy.

Ending your policy once you are no longer eligible for cover



You must let us know as soon as possible if any of the following events occur, as your policy will need to be ended:

- you no longer have any children who meet the definition of eligible child (for example, they have all turned 23, are no longer **UK residents**, or have passed away)
- you no longer reside in the UK
- you turn 99 years old

You can:

@ email us at: customerservice@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.

How to cancel your policy

You can cancel this policy at any time. You can:

@ email us at: customerservice@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 can give you written confirmation that your policy has been cancelled, if required.


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 30 days we will not refund any **premiums** you've paid.

Making a complaint

How to make a complaint

We hope that you will be happy with our service. If for any reason you are not happy, we would like to hear from you. In the first instance, please:


 email us at: customerservice@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.

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

Our complaints process

To help us investigate and resolve your complaint as quickly as possible, please provide the following information:




- Your name and address
- Your ChildShield policy number
- A description of your concern or complaint
- Copies of any relevant documents
- Details of what you'd like us to do to resolve your complaint
- A telephone number or email address where we can contact you.

As soon as you contact us about a complaint we will:

- Promptly acknowledge receipt of your complaint, typically within three days, and immediately seek to resolve it. If we are able to do so within three days, we will write to you, independently or as part of our acknowledgement of your complaint, with a summary of the action we have taken to resolve it.
- After four weeks, if we've resolved your complaint, we'll send you a final response if we've not done so already. If we've not managed to resolve your complaint, we'll explain why we're not yet in a position to resolve the complaint and indicate when we'll make further contact.
- After eight weeks, if we've not provided you with a final response by this time, we'll give reasons for the further delay and indicate when we expect to be able to offer a final response. We'll also enclose a copy of the Financial Ombudsman Service (FOS) explanatory leaflet, as you may refer the complaint to the FOS if you are dissatisfied with the delay.
- Once we've fully investigated your complaint and come to a conclusion, we'll send you a final response letter, which will explain our final position. We'll also remind you that you may refer your complaint to the FOS within six months, if you're dissatisfied with our response.

What happens if you are not happy with our response



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:

-  by phone on 0800 023 4567
-  or by 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

We are a 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.

This includes any personally identifiable information, such as health information or medical reports or records relating to you. 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 contact the MetLife Data Protection Officer at DataProtectionUK@MetLife.com.

Financial Services Compensation Scheme

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 policy holders and their benefits to another provider who can.

If they are unable to do this policy holders 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.

Products and services are offered by MetLife Europe d.a.c. which is an affiliate of MetLife, Inc. and operates under the “MetLife” brand.

MetLife Europe d.a.c. is a private company limited by shares, registered in Ireland under company number 415123. Registered office at 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland. UK branch office at Invicta House, Trafalgar Place, Brighton BN1 4FR. Branch establishment number: BR008866. MetLife Europe d.a.c. (trading as MetLife) is authorised and regulated by Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

COMP 3026.03 DEC2024

For every moment, there's  **MetLife**