

ChildShield Policy Summary

Insurer: MetLife Europe d.a.c. Product: ChildShield

This is a summary of the MetLife insurance policy called ChildShield. It includes information on the benefits provided by the policy and explains the main exclusions and restrictions. This summary does not contain the full terms of your policy – you should also read the ChildShield Policy Terms and Conditions and policy documentation for full details.

When you take out ChildShield, you will also receive a personalised Policy Schedule showing details of your policy, including the level of cover you selected and the amount of benefit that may be payable.

What is ChildShield?

ChildShield can help you cope financially and minimise disruption to normal family life by paying you a lump sum, if your child suffers a broken bone, is admitted to hospital or is diagnosed with a serious condition defined in the Policy Terms & Conditions.

Who can take out ChildShield?

You may take out ChildShield if, at the policy start date:

- you are aged between 18 (minimum) and 93 (maximum);
- you are a UK resident;
- you have at least one child who is aged 17 or under AND who meets the definition of eligible child (see below).

Who is covered?

Your ChildShield policy covers all your children who meet the definition of eligible child and for as long as they meet that definition. ChildShield can cover your children from their date of birth or adoption, until their 23rd birthday. There is no limit to the number of eligible children you can have covered by a ChildShield policy. The policy does not cover you.

The policy pays out a lump sum to you if, during the term of the policy, your eligible child suffers any of the following (which we refer to as insured events):

- breaks a bone,
- is hospitalised in the UK as an in-patient, due to accident, sickness, treatment for pregnancy-related complications, or for the treatment of self-inflicted injury, or
- is diagnosed with a serious condition, as defined in the ChildShield Policy Terms & Conditions

Definition of an eligible child

An eligible child is someone who:

- is **your child***
- is aged **under 23**;
- is a **UK resident**.

***'Your child'** means 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.



You must notify us when all of your children are no longer eligible, to avoid paying premiums when your children are no longer covered (this is likely to be on your youngest child's 23rd birthday). Your policy will not end automatically (unless in certain cases such as reaching your 99th birthday)

Section 1. Broken Bones

What is covered?	How much does the policy pay out?		When does the cover start?	What is <u>not</u> covered?	Significant notes or limitations
	ChildShield Standard	ChildShield Plus			
<p>Broken major bone –</p> <ul style="list-style-type: none"> ✓ arm ✓ ankle ✓ back ✓ hip ✓ mandible ✓ leg ✓ neck ✓ pelvis ✓ shoulder ✓ skull (not including the facial bones or ear bones) 	£300	£600	<p>Broken bones resulting from an accidental cause: cover begins from the policy start date.</p> <p>Broken bones as a result of self-inflicted injury (or attempted suicide) by the eligible child: cover begins after 12 months from the policy start date.</p>	<ul style="list-style-type: none"> X Broken nose X Any broken bone, resulting from non-accidental cause is not covered (apart from as a direct result of self-inflicted injury or attempted suicide by the eligible child) X Any broken bone, resulting from an accident which was itself caused by an underlying illness X Any broken bone, resulting from a cause which is linked to a previous injury X Any broken bone caused by osteoporosis, brittle bone disease, or other degenerative bone disorder(s) X Bruised bones or micro-fractures X Deliberate breaks as part of a surgical procedure 	<p>! Multiple breaks to the same bone, as a result of a single accident, will be treated as a single claim and a single payout applies.</p>
<p>Broken minor bone –</p> <ul style="list-style-type: none"> ✓ ear bones ✓ facial bones other than the mandible, not including the nose ✓ any other broken bone that is not a major broken bone 	£100	£200			

Section 2. Hospitalisation

What is covered?	How much does the policy pay out? (per 24-hour period spent as an in-patient)		When does the cover start?	What is <u>not</u> covered?	Significant notes or limitations
	ChildShield Standard	ChildShield Plus			
<p>Hospitalisation as an in-patient in a non-ICU ward, for one day or more, as a result of:</p> <ul style="list-style-type: none"> ✓ accident ✓ sickness ✓ for the treatment of self-inflicted injury <p>or for five days or more due to:</p> <ul style="list-style-type: none"> ✓ pregnancy-related complications 	£50	£100	<p>Hospital admission due to accident: cover begins from the policy start date.</p> <p>Hospital admission due to sickness: cover begins after 12 months from the policy start date.</p> <p>Hospital admission due to pregnancy-related complications (relating to the pregnancy of the eligible child): cover begins after 12 months from the policy start date.</p>	<ul style="list-style-type: none"> ✗ 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 are not covered. ✗ Admissions to other care facilities that are not hospitals, such as care homes or rehabilitation units, are not covered. ✗ 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 are not covered. 	<ul style="list-style-type: none"> ! Hospitalisation benefit (for all causes) is limited to a maximum of 90 days for the same or related cause of admission per child. ! Hospital admission due to pregnancy-related complications (relating to the pregnancy of the eligible child): the first four days of hospitalisation are not payable. Payment starts from the fifth consecutive day of hospitalisation, which will count as Day 1 of the claim out of the maximum 90 days. ! 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.
<p>Hospitalisation as an in-patient in an Intensive Care Unit (ICU) or equivalent, for one day or more, as a result of:</p> <ul style="list-style-type: none"> ✓ accident ✓ sickness ✓ for the treatment of self-inflicted injury <p>or for five days or more due to:</p> <ul style="list-style-type: none"> ✓ pregnancy-related complications 	£150	£300	<p>cover begins after 12 months from the policy start date.</p> <p>Hospital admission for the treatment of self-inflicted injury (sustained as a direct result of self-harm or attempted suicide by the eligible child): cover begins after 12 months from the policy start date.</p>	<ul style="list-style-type: none"> ✗ 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 are not covered. ✗ Admissions to other care facilities that are not hospitals, such as care homes or rehabilitation units, are not covered. ✗ 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 are not covered. 	<ul style="list-style-type: none"> ! Hospitalisation benefit (for all causes) is limited to a maximum of 90 days for the same or related cause of admission per child. ! Hospital admission due to pregnancy-related complications (relating to the pregnancy of the eligible child): the first four days of hospitalisation are not payable. Payment starts from the fifth consecutive day of hospitalisation, which will count as Day 1 of the claim out of the maximum 90 days. ! 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.

Section 3. Diagnosis of a serious condition as defined in the policy

What is covered? Please see the ChildShield Policy Terms & Conditions for full definitions and details.	How much does the policy pay out?		When does the cover start?	What is <u>not</u> covered?	Significant notes or limitations				
	ChildShield Standard	ChildShield Plus							
<p>✓ Bacterial meningitis</p>	<p>£5,000</p>	<p>£10,000</p>	<p>For a claim to be valid, the date of the diagnosis of the serious condition must be at least 90 days after the policy start date.</p> <p>For a claim to be valid, the date of any tests or investigations which led to the diagnosis of the serious condition must be at least 90 days after the policy start date.</p>	<p>X All other forms of meningitis, including viral meningitis, are not covered by this policy</p>					
<p>✓ Cancer</p> <ul style="list-style-type: none"> – malignant tumour – skin cancer (not including melanoma) <ul style="list-style-type: none"> - advanced stage as specified – other cancers treated by surgery 						<p>X All other forms of tumour or cancer which do not meet one of the definitions in the ChildShield Policy Terms & Conditions, are not covered by this policy</p>	<p>! A single diagnosis which meets more than one of the definitions of cancer in the policy Terms & Conditions, and/ or which involves more than one tumour, will be treated as a single claim and only one benefit may be payable.</p>		
<p>✓ Benign brain tumour resulting in neurological deficit or specified treatment</p>				<p>X Tumours in the pituitary gland, and Angioma are not covered by this policy.</p>					
<p>✓ Paralysis. Loss of / loss of use of a limb (or limbs)</p>								<p>! Loss of, or loss of the use of more than one limb, as a result of the same accident or clinical cause will be treated as a single claim and only one benefit would be payable.</p>	
<p>✓ Diabetes mellitus Type 1 requiring insulin injections</p>								<p>X Gestational diabetes, and Type 2 diabetes (including Type 2 diabetes treated with insulin) are not covered by this policy.</p>	
<p>✓ Rheumatic fever</p>									
<p>✓ Burns (of specified severity)</p>									

X**General exclusions**

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:

- X** 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);
- X** 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;
- X** Assault or fighting (except in genuine self-defence or participation by the eligible child in organised sport, such as boxing or martial arts);
- X** Active participation in an actual or attempted illegal act, which includes road traffic offences;
- X** War, invasion, act of foreign enemy, hostility (whether war has been declared or not), civil war, rebellion, revolution, insurrection, or coup;
- X** Any form of travel to a country where the Foreign, Commonwealth & Development Office (FCDO) advises against all travel.
- X** 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);
- X** The eligible child drinking alcohol which results in them suffering physical or mental impairment which causes the accident or bodily injury, or loss of inhibitions leading to actions the eligible child might not otherwise have taken without the influence of alcohol;
- X** Solvent abuse, or drug taking (unless taken as prescribed by a qualified medical practitioner and not for the treatment of drug addiction);
- X** Participation in a contest of speed, mountaineering, outdoor cliff or rock climbing, or potholing; or
- X** Any form of military, army, naval or air force service.

**Significant limitations or restrictions**

In addition to those mentioned elsewhere in this document, the following are the significant limitations or restrictions affecting the cover under a ChildShield policy. (Please see the ChildShield Policy Terms & Conditions for full details):

- !** Maximum amount of cover.
A 'ChildShield Standard' policy provides 1x unit of cover. A 'ChildShield Plus' policy provides 2x units of cover. An eligible child can be covered by more than one ChildShield policy, however, the maximum benefit payable for any single insured event is based on 4x units of cover in total.
- !** You must have at least one eligible child at all times for the cover to remain active. You must tell us when all of your children are no longer eligible, as you will need to end your policy. This is likely to be on the 23rd birthday of your youngest child.
- !** 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.
- !** 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 a previous hospital admittance in calculating the maximum policy benefit of 90 days.
- !** Once a valid claim has been paid under 'Diagnosis of a serious condition', if the same eligible child suffers a second or subsequent occurrence of the same serious condition which can be linked to the original diagnosis, this is considered to be a continuation of the original condition, so no further claim may be payable for that condition for that child.
- !** Any claim made under a ChildShield policy needs to be supported by satisfactory, dated evidence from a qualified medical practitioner.

How much does the policy cost?

There are 2 levels of cover, called 'ChildShield Standard' and 'ChildShield Plus' respectively. You select the level of cover you want for your policy as part of the application. Your selected level of cover is shown on your Policy Schedule.

The level of cover you choose determines the amount of the monthly premium that you pay. It also determines the benefit amounts payable for a valid claim for each type of insured event, which is explained in the 'How much cover does the policy provide?' section, below.

	ChildShield Standard	ChildShield Plus
Monthly premium	£6 per month [^]	£11 per month [^]

[^]We monitor the premium needed to provide the policy benefits, and can increase or decrease the premium for existing policies no more than every 5 years under specific circumstances set out in the Policy Terms and Conditions. Any change in premium is not based on a policyholder's individual circumstances.

A ChildShield policy does not have a fixed term, so the period over which the policyholder will pay the monthly premiums will depend on their personal circumstances. The cover for each eligible child cannot extend beyond their 23rd birthday. When you take out a ChildShield policy, we ask you for the date of birth of your youngest child, so that we can give a personalised illustration of the total premium amount you would pay if the policy remained in force until the child's 23rd birthday. The total premium illustration is shown on your Policy Schedule.

As a guide, if you paid the monthly premium shown below for 5 years, 10 years, or 20 years, the total cost of premium over that period would be as detailed below.

Level of cover	Monthly cost	Illustrative total premium cost		
		5 years	10 years	20 years
ChildShield Standard	£6	£ 360	£ 720	£1,440
ChildShield Plus	£11	£ 660	£1,320	£2,640

When and how do I pay?

Premiums are payable monthly in advance.

Premiums are payable by Direct Debit from a UK bank account.

What happens if I miss a premium payment?

You are allowed 30 days in which to pay each premium from either the monthly anniversary of the policy start date or, if you chose one, your selected payment date. If you do not pay the premium within this 30-day period, the policy will automatically end 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 claim payment that we pay.

When does my policy start and end?

Your policy starts on the policy start date stated in your Policy Schedule.

Your policy can continue until the earliest of the following events, upon which the policy must end:


- 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 lapses;
- 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 avoid premiums continuing to be collected after the point that the cover has ended.


How do I end the policy once the cover has ended?

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 do I cancel the contract?

You can cancel the policy at any time by writing to us or calling us. 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.


If you cancel within 30 days of receiving your Policy Documents, 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 cover is cancelled after the first 30 days, no refund of premiums will be paid.

How do I make a claim?

If you wish to make a claim, you should contact us as soon as is reasonably practical after the event, to provide us with all the required information. To register a claim you can:

 call us on 0800 917 0100 (option 2)

 write to us at MetLife Claims Team, PO Box 1411, Sunderland SR5 9RB

 email us at claims@metlife.uk.com.

Please refer to the ChildShield Policy Terms and Conditions for more information on how to make a claim (section - Making a claim and payment of policy benefit).

How do I 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, 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

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

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

What are my obligations?

- To provide complete and accurate answers to our questions when you take out or make changes to your policy.
- To select, with your financial adviser, the level of cover you need.
- To review and update your cover periodically to ensure it remains adequate.
- To notify us if you change address, or have changed your contact details.
- To pay the premiums due.
- To let us know if you stop being a UK resident.
- To let us know when all of your children no longer meet the definition of eligible child, therefore the cover has ended and your policy needs to end. For example, your children have all turned 23, are no longer UK residents, or have passed away.



Note: The monthly collection of the premiums for your policy will continue until your 99th birthday or until you cancel the Direct Debit, or you ask us to end the policy. Please let MetLife know straight away once your children are all no longer eligible for cover, so we can ensure you don't continue to pay premiums after the cover has ended. Overpaid premiums will be refunded.

- In the event of making a 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 willfully exposed the child to unreasonable risk leading to them suffering the insured event.

Additional Important Policy Information

How is ChildShield taxed?

As at the date of publication, 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 a person covered by the policy described above. Tax is based on personal circumstances and subject to change.

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, and shall be subject to the exclusive jurisdiction of the courts of England and Wales.

Financial strength

If you'd 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.

Would I receive compensation if MetLife were unable to meet its liabilities?

MetLife has 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 compensation.

Tel: 0800 917 0100

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