



MetLife ChildShield

Fair Value Assessment

This document sets out the outcome of MetLife's Fair Value Assessment of MetLife ChildShield. It is designed to provide financial intermediaries with the information they need to understand the outcome of our fair value assessment. We have carried out this Fair Value Assessment in accordance with the Financial Conduct Authority 'FCA' Product Oversight & Governance 'PROD' rules, effective 1st October 2021 and to fulfil our Principles for Business responsibilities (PRIN 2A.4.15 R) under Consumer Duty.

This document also helps financial intermediaries understand the target market for ChildShield, and any identified groups of customers for whom the product may not provide fair value.

Characteristics of the target market

ChildShield is designed for individuals who are looking to financially protect themselves and their family, if their child suffers an accident, hospitalisation, or an insured illness. The lump sum benefits can be used by the individual in case they need to take time off to look after their child and used to help cover additional outgoings (such as travel, home improvements or help with domestic activities).

ChildShield is a stand-alone policy which does not need to be linked to or taken out with, another personal protection policy. However, it has been designed to complement customers' other protection policies and not to replace them, by providing financial support for the parents and family, for insured events.

The proposition particularly appeals to the following key target segments:

- A customer who is a natural parent, stepparent, or legal guardian to, or has legally adopted, a child or children aged under 18 years at outset, who want protection if they need to cover additional outgoings or take time off work to look after a child that has had an accident or has an illness.
- Customers who are highly dependent on a monthly income – typically those with low levels of savings compared to their outgoings.
- Self-employed customers or employed customers who don't get paid when unable to work, where protection against income shortfalls is critical.

Customers for whom the product would not provide the intended value

As well as understanding who ChildShield may be suitable for, it is just as important to understand who it may not be suitable for. The following segments are not our usual target market:

- Any customers who are not a natural parent, stepparent or legal guardian for a child or children, or whose child(ren) do not meet the definition of an eligible child per ChildShield.
- Those with enough resources to protect them should their children have an accident or an illness.
- Customers who require cover for injuries sustained through participation in a contest of speed, mountaineering, outdoor cliff/rock climbing or potholing.
- Customers that have low levels of income and are unable to demonstrate affordability; have limited savings or have other priorities. For example, those who are not working or rely on receiving state benefits.

Financial intermediaries should not automatically assume that ChildShield is appropriate just because the customer falls within the expected target market. In addition, there may be exceptions where a customer could benefit from buying the product, even if they are not part of the expected target market, for example customers who are currently not working but will be entering the employment market shortly.

We expect the financial intermediary to be in the best position to identify the customer's needs and requirements, and whether ChildShield is appropriate for their individual circumstances.

Fair Value Assessment

This section sets out what benefits are provided under ChildShield and the premiums payable, limitations to the cover, and an assessment of the remuneration paid under the distribution arrangements. We then summarise the outcome of our fair value assessment.

What benefits are provided

ChildShield is a contract between MetLife and the policyholder. The policy pays a specified benefit to the policyholder depending on the cover selected. The policy provides policyholders with a lump sum benefit if an eligible child suffers broken bones, spends time in a UK hospital due to an accident or suffers a policy- specified serious medical condition. Once cover has been held for at least 12 months, it also covers stays in UK hospitals for sickness. The customer can choose either one level or two levels of cover. If two levels of cover are selected this can be reduced to one level at any time. The benefit for each level of cover is shown below (if you have two levels of cover, the benefit level shown below is doubled):

Event	Policy benefits per level
Broken bones Major broken bone (arm, ankle, back, cranium, hip, leg, mandible, neck, pelvis, shoulder, or wrist) Minor broken bone (any other broken bone that is not a major broken bone) Nose is excluded. If a bone is broken in more than one place, the benefit is only payable once per broken bone.	£300 £100
Hospitalisation (as an in-patient, in the UK) Per complete 24-hour period in hospital because of an accident, illness, pregnancy related complications, or for the treatment of self-inflicted injury. Per complete 24-hour period in an intensive care unit because of an accident, illness, pregnancy-related complications, or for the treatment of self-inflicted injury. Cover for hospitalisation due to illness or for the treatment of self-inflicted injury, starts after the policy has been held for at least 12 months. This 12-month waiting period may be waived at MetLife's discretion for hospitalisation associated directly with a valid serious condition claim. The 90-day pre-existing condition exclusion still applies.	£50 per day £150 per day
Diagnosis of a serious condition Bacterial Meningitis, Type 1 Diabetes requiring insulin injections, Rheumatic Fever, Burns, Paralysis, Cancer, Benign brain tumour.	£5,000

Currently customers also have access to the following value-added services¹:

- **MetLife's Wellbeing Support Centre** provided by Health Assured, provides useful services which give access to qualified counsellors, advisors, and registered nurses. Access is also available for household family members which includes a spouse or partner and any brother, sister, parent, and legal dependants who live in the same household. It is also available for children or legal dependants who do not live with the policyholder but live in the UK and are in full-time education.
- **MetLife's virtual GP24 service**, provided by HealthHero, provides customers with 24-hour unlimited access to GPs by online video or phone consultations, combining digital convenience with access to experienced healthcare experts. Key elements of the service include:
 - **Flexible Consultation**
Video or telephone consultations. Customers can access an experienced GP - anytime, anywhere.
 - **Private Prescriptions and Fit Notes**

For financial intermediaries only – not for use with customers

Customers can obtain private prescriptions² for direct delivery or collection from a local pharmacy, alongside any consultation and fit note required for the workplace.

- **Second Opinions and Private Referrals**

Customers can be referred for consultation with a specialist for a second opinion on an existing diagnosis of serious medical conditions (up to two second opinion referrals per person per year).

- **Online symptom checker**

Access to a comprehensive symptom checker tool, powered by the UK's most comprehensive medical database, equipping the customer with trusted, reliable health information.

¹ The value-added services are not part of the ChildShield insurance product. MetLife reserve the right to amend or withdraw them in the future. ² Fees may apply.

What the customer pays

The premium a customer pays is based on the level of cover selected. There is no other additional cost to the customer. There are two levels of cover: ChildShield Standard is £6 per month; ChildShield Plus, which provides double the cover amount of ChildShield Standard) is £11 per month. Premiums are payable monthly by Direct Debit, with no loadings payable.

We will monitor the product at least yearly, including the premium needed to provide the policy benefits. We may increase or decrease the premium 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 the policy or us. We will not increase or decrease the premium for any other reason.

Temporary and permanent limitations

Beyond the eligibility requirements of age and UK residency, a policy does not require any underwriting before a customer is accepted for cover. Cover can be issued immediately. To be able to do this and keep premiums at an affordable level, there are some limitations to the cover.

Temporary limitations

- For UK hospitalisation cover due to illness, or for the treatment of self-inflicted injury, there is a 12-month waiting period from the start of the policy. Once the policy has been in place for at least 12 months, UK hospitalisation claims due to sickness are payable.

Permanent limitations

- Pre-existing condition / diagnosis – no serious condition benefit is payable if the child has previously been diagnosed with any form of the serious condition, or had tests or investigations, which led to the diagnosis of the serious condition prior to the policy start and within 90 days of the policy start date.
- Hospitalisation cover applies to stays in UK hospitals only – due to accident, illness, for the treatment of self-inflicted injury, or due to pregnancy-related complications (relating to the pregnancy of the insured eligible child). Routine neo-natal care is not covered (i.e. the new-born eligible child being born in and remaining in hospital until it is ready to go home, is not covered).
- Hospitalisation cover for pregnancy-related complications is for a minimum hospital stay of five days.
- Instances where the actions of the policyholder deliberately caused / inflicted 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 are not covered.

Standard exclusions apply, including (amongst others listed in the T&Cs) travel against Foreign, Commonwealth & Development Office advice, mental health and failure to follow medical advice.

Distribution arrangements

ChildShield is sold by financial intermediaries that are authorised and regulated by the Financial Conduct Authority.

The premium includes an amount attributable to the commission paid to distributors for the work they do in distributing the product, ongoing advice (if applicable) and client service. This gives our distribution partners further options to

improve the overall protection offering for customers and reduces the risk of duplication of cover with other protection policies.

Any change in remuneration does not impact the premium a customer pays for ChildShield. Remuneration levels are not linked to sales volumes i.e. higher sales are not directly incentivised by a higher rate of commission. Any increase in remuneration agreed is only done so with corresponding sales quality demonstrated.

We do not normally expect that other remuneration will be paid by the customer for the distribution of ChildShield, nor do we normally expect the customer to pay any financial “penalty” to their financial intermediary if they decide to stop payments. Should there be any other charges to the customer by the intermediary these must be reasonable, clearly explained to the customer and applied fairly.

Outcome of fair value assessment

- Pricing assumptions (including commission paid, expenses and profit) will provide customers with a fair premium which will not overstretch affordability. The 5-year contract boundary provides price certainty and peace of mind over that period.
- Customers can select two levels of cover with the flexibility to reduce to the lower level if needed.
- Based on our existing child cover claims experience and the expected claim incidence rates, we are confident claim ratios will be at a level which will provide value to customers.
- Our claim outcomes show that most claims are settled within the expected turnaround times. There is a continued focus to settle claims fairly and quickly. We also acknowledge that not all customers will experience those unfortunate events that give rise to a claim.
- Customer value is strengthened by the provision of a virtual 24-hour GP service and our Wellbeing Support Centre which gives access to qualified counsellors, advisors, and registered nurses.
- Current customer service levels are high, and we provide an option of an online portal to further improve outcomes and provide customers with more choice when communicating with us.
- We have low numbers of servicing complaints which we believe reflects the levels of service provided and claim decisions made.
- We have processes in place to support vulnerable customers so that they are provided with good outcomes, equal to those received by other customers.
- Product literature has been developed in consideration of ABI & Fairer Finance guidelines which will improve customer understanding.
- The amount of commission paid is appropriate and represents fair value to the customer for the services they receive.
- Customer Outcomes are formally reviewed every three months at an Executive level.

In conclusion, the fair value assessment concludes that the ChildShield proposition offers fair value to customers.

Product Oversight & Governance

This section is intended to provide distributors with information on our Product Oversight and Governance (POG) framework. It also outlines how we are meeting the FCA's product governance rules under policy statement PS21/5, which came into effect 1 October 2021, following their General Insurance Pricing Practices Market Study. One of the key requirements under the new rules is the assessment of fair value, both during the product development process and in ongoing product monitoring. These are in line with Consumer Duty Outcomes 1 and 2.

Product development process

We have a well-established POG framework in place, which:

1. Ensures products are developed and kept which meet an identified customer need;
2. Ensures the target market and non-target market for each product is clearly defined;
3. Considers the needs of vulnerable customers;
4. Ensures products are adequately tested before they are made available;
5. Assesses whether products will deliver fair value to customers; and
6. Identifies risks and issues which are evaluated, prioritised, and acted upon.

New products and significant product changes are subject to our oversight framework and will receive approval from our Europe Product Management Committee before they are made available. Minor product enhancements or changes will follow a simplified internal process but will continue to ensure that the steps shown above are explicitly considered.

Ongoing monitoring and annual product reviews

We regularly review all our products, both open and closed. This ensures they continue to meet the needs of the identified target market, our customers' expectations and deliver fair value. Actual Customer Outcomes form part of a quarterly review at an Executive level.

Whilst delivering fair value has always been at the core of our oversight framework, we have updated our process to include a specific annual assessment of the value customers receive through our products. The core measures that contribute to our value assessment include:

1. Product suitability and target market assessment.
2. Fair pricing, including commission and total remuneration received by distributors.
3. Claim ratios.
4. Complaints.
5. Service assessment.

We may ask for information from our distribution partners to help support our fair value assessments.

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 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 in the UK. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority in the UK. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

Issued 1 July 2025 | Expires 1 July 2026