



SCHEDULE 11

Personal Income Protection Plan

**INCOME
PROTECTION**

DEFINITIONS

The following words are printed throughout this schedule in bold print because they have a special meaning. The meanings are given below:-

Consultant - a medical specialist who is a member of an appropriate Royal College which recognises the person as a specialist.

Deferred period - the period commencing on the first day of any period of incapacity and lasting for, 4, 8, 13, 26 or 52 weeks as chosen when you completed your application form.

Incapacity/incapacitated - this means any incapacity, disease, or accidental bodily injury occurring during the cover period for which you seek treatment or consultation by a doctor which prevents you from engaging in your normal occupation. See Part C, Paragraph 2 on page 3 of this Schedule.

Doctor - a registered medical practitioner practising in the UK and fully registered with the General Medical Council. This does not include you or a member of your immediate family.

Employment - a continuous period of permanent active paid work during which you have not registered as unemployed with the Department for Work and Pensions (or any replacement Government agency).

End date - the date when your cover ends.

Member/Membership – the taking out of this Personal Income Protection Plan confers on you membership of The Original Holloway Friendly Society Limited. Our constitution is governed by its Memorandum and Rules together with Schedule 11, Personal Income Protection Plan. Membership ceases when the cover under the Plan ceases.

Monthly benefit – the minimum benefit is £300 per month. The maximum benefit is the lesser of either £10,000 per month or 50% of your gross income.

Normal occupation - your work immediately prior to the commencement of your incapacity. See Part C, Paragraph 2 on page 3 of this Schedule. At the claim stage you will be assessed against the definition of incapacity as stated on your Certificate of Membership.

Premiums – The amount you pay to us for providing the cover which you have decided is suitable for you.

Medical treatment - you are receiving regular care and treatment from a doctor or consultant for your incapacity.

Self-employed/self employment – you are a person who works for themselves instead of an employer, but drawing income from a trade or business that you operate personally.

Start date – the date when cover starts.

UK - the United Kingdom, Channel Islands and Isle of Man.

We/us/our – The Original Holloway Friendly Society Limited, Holloway House, 71 Eastgate Street Gloucester, GL1 1PW are the providers of this Personal Income Protection Plan.

Work/working/worked - in any paid employment or occupation for at least 16 hours or more a week in the UK.

You/your - the insured person.

PART A

GENERAL PROVISIONS

1. You may apply for a Personal Income Protection Plan in accordance with the terms and conditions from time to time in force and by applying for this Plan you will become a member of The Original Holloway Friendly Society Limited. The minimum term of a Personal Income Protection Plan will be ten years. Your Plan has no cash value at any time.
2. If you wish to apply for a Personal Income Protection Plan you must complete the appropriate form for consideration by or on behalf of us, and provide such information and documentation as we require. Our decision on the terms of acceptance, restriction of benefits, or refusal of any application shall be final.
3. The levels of Personal Income Protection Plan benefit for which you may apply, the terms upon which the Personal Income Protection Plan is provided and the levels of premium payable, shall be determined by premium tables adopted by us from time to time. Any changes in such levels or terms made in accordance with the Rules shall only apply to new Personal Income Protection Plan members.

This is a long term income protection insurance.

It is insurance for you personally. We are not offering to insure your turnover or business.

4. You shall be eligible to apply for a Personal Income Protection Plan provided that: -
 - a. you are aged 18 or over, and
 - b. you must be not yet 55 years of age, and
 - c. you have a minimum of 10 years remaining before your chosen retirement age for the Plan, and
 - d. for the last 12 months or more you have been in employment, and
 - e. you are working more than 16 hours per week, and
 - f. you have been permanently resident in the UK for 36 months or more continuously, and
 - g. you have no immediate intention to move abroad, and
 - h. you have a currently valid work permit if coming from outside the EU, and
 - i. you have been registered with a GP in the UK for 36 months or more. and
 - j. you have a UK bank account, and
 - k. you are an income tax payer in the UK.
5. You may apply to change the level of a Personal Income Protection Plan benefit for which you are paying premiums, provided you are not yet 55 years of age, by completing the appropriate form for consideration by or on our behalf. You shall provide all information and documentation that may reasonably be required in connection with such an application. The cost of your increase in cover will be subject to your age and the premium table in force at the time of the increase. Our decision on the terms of acceptance, restriction of benefits, or refusal of any application shall be final.
6. During the life of your Plan you must advise us if any of the following change: -
 - a. A decrease in your earnings
 - b. A change to sickpay arrangements with your employer
 - c. If you become unemployed

- d. Your address and contact details.
- 7. All cover under this Plan will end and all monthly benefits will stop automatically if any of the following occurs:
 - a. if you die
 - b. if you retire from work
 - c. if you stop living in the UK (Subject to the provisions of Paragraph 4 of Part C of this Schedule)
 - d. if you default on premium payments (see Paragraph 10 of Part B of this Schedule)
 - e. when you reach your chosen retirement age for the Plan.

By taking out a Personal Income Protection Plan, which is subject to the provisions of this schedule, you may, if attending the Annual General Meeting vote on any item on the Agenda with the exception of Agenda items relating to other Holloway Friendly contracts.

PART B

PREMIUMS

1. Premiums are to be paid by Direct Debit only.
2. Your premiums for Personal Income Protection Plan benefit shall be credited to, and all payments of Personal Income Protection Plan benefit shall be debited to, the Sickness Fund which shall be maintained in accordance with the provisions of General Rule 18.
3. The Sickness Fund shall be valued annually and a balance shall be maintained in the Fund at such level as we shall, on the advice of our Actuary, consider appropriate.
4. As often as we shall deem appropriate, but at least once in every five years, the adequacy of the premium levels for Personal Income Protection Plans shall be investigated by our Actuary, and we shall have the power to introduce new premium tables for new members only in accordance with the advice we receive, unless there is any provision to the contrary in General Rule 8(5).
5. We shall adopt a premium table if it is approved in writing by our Actuary.
6. The premium indicated in the approved premium table is based on our view of assumptions such as: -
 - a. Future claims experience
 - b. Future investment returns of premium income
 - c. Future expenses incurred in the maintenance of the plan
 - d. Future persistency experience
7. Personal Income Protection Plan premiums are guaranteed; they are not reviewable.
8. It will remain your responsibility to ensure that you are not overinsured; being overinsured means that you will be paying premiums for a level of benefit which cannot be paid to you.
9. Individual premiums will be reviewed under the following circumstances:
 - a. Owing to incorrect information being disclosed at application stage
 - b. Owing to information not being disclosed at the application stage
 - c. On an increase in cover
 - d. On amendment to the Plan

3. You shall not be entitled to receive Personal Income Protection Plan benefit from us until the expiration of the deferred period you have chosen.
4. If you make a claim and you are not living in the UK or any of the following countries listed below, we will limit the period for which we pay you benefit to 26 weeks in any period of 52 weeks, with a maximum total of 52 weeks during the life of your Plan: - Andorra, Australia, Austria, Belgium, Canada, Channel Islands, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Isle of Man, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, Switzerland and the USA.
5. Following admission of a claim, Personal Income Protection Plan benefit shall be payable at a monthly rate based on the lesser of: -
 - a. the benefit rate appropriate to the premium you pay as specified in the premium table under which you contribute, or
 - b. the maximum amount permissible by reference to paragraph 6 below.

Payment shall be made in sterling by Direct Credit to your UK bank account, not more frequently than once every 2 calendar weeks in arrear.

Subject to the requirements of the Rules continuing to be met to our satisfaction, payment of benefit shall be maintained throughout each period of certified incapacity (following the expiry of any applicable deferred period) until the date of recovery or the end date of your Plan under the provisions of Part A, paragraph 8, whichever is the earlier.

A week shall be regarded as 6 days and there shall be no entitlement to Personal Income Protection Plan benefit in respect of Sundays.

6. The maximum benefit is 50% of your total earnings and is subject to a maximum benefit of £120,000pa. Total earnings can include gross salary, dividends, commission (as part of your normal salary), overtime (if proved part of your normal salary over the last 3 years), and P11D benefits. The amount of benefit paid will be based on your pre-incapacity earned income.

If you are employed, this is your average salary over the last 12 months before incapacity.

If you are self-employed, this is your net profit, averaged over the last 3 years before incapacity.

If a company director of your own business, and a shareholder this is your salary and dividends received from the profit generated in the last 12 months before incapacity but after deduction for corporation tax.

A proven trading history of 12 months or more in employment is the minimum requirement for an application for membership or a claim for benefit to be considered.

If you are incapacitated by the actions of a third party you must repay to us an amount equal to the benefit we paid to you during your claim, from any payment made to you by that third party whether obtained by court action or received by way of settlement from the third party's insurers.

7. If you claim on your Personal Income Protection Plan you shall be required to submit, prior to admission of the claim, evidence which is acceptable to us of your income during the relevant period.
8. If you have a Personal Income Protection Plan with a deferred period of 4 or 8 weeks, you must return the completed claim form and any other requested documents no later than 2 weeks from when you are first incapacitated.

If you have a Personal Income Protection Plan with a deferred period of 13, 26, or 52 weeks you must return the completed claim form and any other requested documents no later than 8 weeks from when you are first incapacitated.

The above are the latest claim deadlines. If you advise us earlier that you are unable to work due to incapacity, it means that we can ensure that the assessment of your claim is already in hand and could prevent unnecessary delays

If you advise us of your claim later than the deadlines mentioned above we will not pay your claim from its due date.

9. As soon as possible after 6 weeks of the on going claim, you shall complete in full such claim review form as supplied by us or on our behalf, and shall submit this form to us. Such claim review forms may be issued periodically throughout a claim. To ensure that benefit continues to be paid without a break, medical certificates confirming continuation of incapacity signed by a duly qualified medical practitioner must be provided throughout your claim otherwise benefit payments will cease. Other evidence of incapacity and income as may be acceptable to us must be provided if requested once a claim has been admitted.

The medical certificate or other evidence must specify the nature of incapacity from which you are or have been suffering; any costs involved in providing this information will be your sole responsibility.

10. No Personal Income Protection Plan benefit shall be paid in respect of any illness or disease contracted by, or any injury suffered by you prior to the start date of your Personal Income Protection Plan unless such illness, disease or injury had been fully disclosed to us and cover granted in respect thereof.

No increased Personal Income Protection Plan benefit shall be paid in respect of any illness or disease contracted by, or any injury suffered by you prior to the start date of such increased Personal Income Protection Plan benefit unless such illness, disease or injury had been fully disclosed to us and increased cover granted in respect thereof. This paragraph does not apply to Guaranteed Insurability increases.

No Personal Income Protection Plan benefit shall be paid in respect of any illness or disease contracted by, or any injury suffered by you prior to the date your Plan was amended either by, extension of your chosen retirement date for your Plan, or by a reduction in the deferred period of your Plan, unless such illness, disease or injury had been fully disclosed to us and cover granted in respect thereof.

11. Evidence of continued incapacity must be submitted at such regular intervals as we may require.
12. We may at any time enquire into the circumstances of any claim in whatever manner and form and from whatever source we may deem appropriate, including the

- employment of a physician or surgeon to examine you and the payment of benefit may be suspended during any such enquiries.
13. Suitable financial evidence will be required to support your claim and this evidence of earnings could be, but is not restricted to, the following:-
 - a. If you are employed: Original payslips and most recent P60 for the 12 month period prior to incapacity.
 - b. If you are self employed: Latest business accounts and / or Inland Revenue tax computations / returns for the 3 years prior to incapacity and / or other documents we consider necessary.
 14. With regard to any claim arising from travel or residence outside the UK, in respect of which Personal Income Protection Plan benefit may be payable, all certificates or other evidence of incapacity shall be submitted in such form as is acceptable to us. If we incur additional expense in relation to such claim, these expenses may be deducted from the amount of benefit payable.
 15. You shall upon recovery from incapacity advise us immediately by the submission of a medical certificate or other evidence acceptable to us showing the date of recovery.
 16. Whilst claiming Personal Income Protection Plan benefit, you must:-
 - a. refrain from behaviour calculated to retard your recovery
 - b. comply with the advice or counsel of any qualified medical adviser entrusted with your care, and not unreasonably refuse to undergo any treatment or surgery recommended by any such medical adviser
 - c. save for any period of admission to a hospital or other recognised medical establishment, not leave your place of residence for any period exceeding 7 days without first notifying us of your intention and the address at which you may be contacted. We may, at our discretion, terminate or suspend the payment of Personal Income Protection Plan benefit if you do not comply with this
 - d. not perform any work for which remuneration is or would ordinarily be payable without first notifying us in writing, on receipt of which notification the claim may be reassessed
 - e. permit a representative of the Society to visit and interview you at any reasonable time
 - f. produce a written authority so that we can obtain a Medical Report from your Doctor as to such current, continuing and/or any past illness of the same or a similar nature.
 - g. maintain the paying of your premiums throughout your claim.
 17. In any case where payment of Personal Income Protection Plan benefit to you is excluded, whether under the foregoing provisions or otherwise, we may upon appeal, at our sole discretion and having regard to the circumstances of the claim, allow payment of Personal Income Protection Plan benefit to be made to you out of our funds. Our decision as to whether or not such payment may be made, the rate of Personal Income Protection Plan benefit payable and the period of payment, shall be final.
 18. **Guaranteed Insurability Option:**

The following features are included in the Plan provided: -

 - you are not yet 55 years of age on the date you make your Guaranteed Insurability Option application; and
 - you were offered cover under this Plan at our standard premium rates at the time you took out this Plan; and

- you are not incapacitated on the date you make your Guaranteed Insurability Option application
- you are not in receipt of benefit when you make your Guaranteed Insurability Option application
- you are not within the deferred period applicable to your Plan with a claim pending when you make your Guaranteed Insurability Option application

An exclusion applied to your initial benefit at the outset of your Plan will also apply to any subsequently approved, Guaranteed Insurability Option increase application.

It is important that you are aware that the premium for the Guaranteed Insurability Option increase you are applying for will be based on your age next birthday and rates applying at the time of the increase.

It is also important that you are aware that the total benefit payable under the Plan will never be more than 50% of your total earnings and is subject to a maximum of £120,000 per annum; see Part C, paragraph 6, of this Schedule for further details.

I. Life Style Guaranteed Insurability Option

Each exercise of this additional benefit would increase the benefits of your Plan by the lower of the following:

- i. 50% of the amount of the increase in salary, or
- ii. 50% of the benefit level on the commencement of your Plan, or
- iii. £9,000 annual benefit during the life of your Plan.

Subject to Part C, paragraph 6 of this schedule

You would be entitled to exercise these options on the occurrence of any of these events following the commencement date of your plan:

- iv. Marriage / Civil Partnership
- v. Birth or legal adoption of a child
- vi. Receipt of a significant salary increase of at least 20% as a direct result of and immediately following attainment of a professional qualification
- vii. Promotion plus salary increase
- viii. Starting a new job with a different employer and salary increase

We shall require the following evidence appropriate to your application: -

- your marriage certificate,
- civil partnership certificate,
- your child's birth certificate
- your child's legal adoption papers
- confirmation of your current salary
- a letter from your employer confirming details of your salary increase

Your application for this benefit must be made on the appropriate form which we will need to receive within 3 months of the event occurring and you will be required to provide evidence of the event.

II. Mortgage Guaranteed Insurability Option;

If you took out this Plan solely for mortgage repayments protection then your benefits can be increased on the increase of your mortgage following the commencement date of your Plan. Each exercise of this additional benefit would increase the benefits of your Plan by the lower of the following:

- i. The increase in your share of the mortgage payment, or

- ii. 50% of the benefit level on the commencement date of your Plan, or
- iii. £9,000 annual benefit during the life of your Plan.

and will be subject to;

- iv. Your amended Plan's benefits being no more than 40% of your salary at the time of the increase, and
- v. Your mortgage being no more than 4 times your salary at the time of the increase.

Your application for this benefit must be made on the appropriate form which we will need to receive within 3 months of the event occurring and you will be required to provide the following evidence of the event.

- A copy of the new mortgage offer or statement, and
- Confirmation of your current salary

You can exercise either the Life Style or the Mortgage Guaranteed Insurability Option features more than once during the term of your Plan, but the aggregate increase in benefit across all Guaranteed Insurability Option benefits during the term of the Plan is restricted to the lower of:

- i. 100% of the benefit level on the commencement date of your Plan; or
- ii. £9,000 annual benefit during the life of your Plan.

These limits apply in aggregate to the same or similar benefits under all other plans held with us.

19. **Children's Benefit**

You would be eligible for an income benefit payable for 1 month, following diagnosis of an illness or the undergoing of a surgical procedure as set out in the definitions below for one or more of your children. This benefit is not subject to a deferred period. This benefit is only payable once for a particular child and is payable for a maximum of three children, throughout the term of your Plan.

The child must be aged between the ages of 30 days and 18 years in order to be eligible for cover.

A child is defined as the natural child or legally adopted child of the member or their spouse, partner or civil partner or any child for which the member or their spouse, partner or civil partner are the legal guardian. The child must be financially dependent on the member.

Your application for this benefit must be made on the appropriate form which we will need to receive within 3 months of the diagnosis or surgical procedure occurring and you will be required to provide evidence to substantiate your application.

Exclusions

We will not pay a claim under this benefit: -

- a. If the claim is as a result of injury intentionally caused by the actions of the member, and/or
- b. If the claim is directly or indirectly attributable to a pre-existing condition. This means a condition, illness, disease or related condition, whether diagnosed or not, which is already present whether or not there are symptoms, and/or

- c. If the diagnosis of an illness or the undergoing of a surgical procedure occurs before the commencement of the Plan, and/or
- d. If the diagnosis of an illness or the undergoing of a surgical procedure occurs before the child has attained 30 days of age, and/or
- e. If the diagnosis of an illness or the undergoing of a surgical procedure occurs before the child is legally adopted by the member, and/or
- f. If the child dies within 14 days of diagnosis of the illness or undergoing of the surgery.

List of diseases and surgical procedures

Aorta graft surgery – for disease

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:-

- Any other surgical procedure, for example the insertion of stents or endovascular repair
- Surgery following traumatic injury to the aorta

Aplastic anaemia – of specified severity

Confirmation by a consultant haematologist of a definite diagnosis of complete bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum, one of the following treatments: -

- Blood transfusion
- Bone marrow transplantation
- Immunosuppressive agents
- Marrow stimulating agents

All other forms of anaemia are specifically excluded.

Bacterial meningitis – resulting in permanent symptoms

A definite diagnosis of bacterial meningitis confirmed by a consultant physician and supported by cerebrospinal fluid changes proving bacterial meningitis. All other forms of meningitis, including viral are not covered. The infection must result in permanent neurological deficit with persisting clinical symptoms.

Benign brain tumour – resulting in permanent symptoms

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:-

- Tumours in the pituitary gland
- Angiomas

Blindness – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured as 3/60 or worse in the better eye using a Snellen eye chart.

Cancer – excluding less advanced cases

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, lymphoma and sarcoma.

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 greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin)

Cardiomyopathy – of specified severity

The unequivocal diagnosis by a Consultant Cardiologist of Cardiomyopathy causing impaired ventricular function and resulting in physical impairment to the degree of class IV of the New York Association Classification of cardiac impairment. Additionally an ejection fraction of less than 25% should be sustained over at least 6 months when stabilised on therapy advised by the consultant.

Cardiomyopathy directly related to alcohol or drug misuse is excluded.

Chronic Liver Disease – permanent and irreversible

End-stage liver failure as evidenced by all of the following: -

- Permanent Jaundice with a bilirubin level of at least 50 micromols/litre
- Ascites
- Hepatic encephalopathy
- Permanent and irreversible structural damage to the liver on biopsy

Liver disease secondary to alcohol or drug misuse is excluded.

Chronic Rheumatoid arthritis – of specified severity

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis as evidenced by widespread joint destruction with major clinical deformity. In addition the child must permanently satisfy three of the four following criteria, the inability being entirely due to the condition and not the age of the claimant: -

- bending - the inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard saloon car.
- dexterity - the inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil.
- lifting - the inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping and an overnight bag or briefcase.
- mobility - the inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort.

Coma – resulting in permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which: -

- requires the use of life support systems for a continuous period of at least 96 hours and
- results in permanent neurological deficit with persisting clinical symptoms

For the above definition, coma secondary to alcohol or drug abuse is not covered.

Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Creutzfeld-Jacob disease – resulting in permanent symptoms

Confirmation by a consultant neurologist of a definite diagnosis of Creutzfeld-Jacob disease resulting in permanent neurological deficit with persisting clinical symptoms.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Heart attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: -

- Typical clinical symptoms (for example, characteristic chest pain)
- New characteristic electrocardiographic changes
- The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:-
Troponin T > 1.0 ng/ml
AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

For the above definition, other acute coronary syndromes including but not limited to angina are not covered.

Heart valve and replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

HIV infection – caught in the UK from a blood transfusion, a physical assault or at work

Infection by Human Immunodeficiency Virus resulting from:

- A blood transfusion given as part of medical treatment, or
- A physical assault, or
- an incident occurring during the course of performing normal duties of employment,

after the start of the Plan and satisfying all of the following:

- The incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- Where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
- There must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in the UK.

For the above definition, HIV infection resulting from any other means, including sexual activity or drug abuse is not covered.

Kidney failure – requiring dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

Loss of speech – permanent and irreversible

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Loss of hands or feet – permanent physical severance

Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

Major organ transplant

The undergoing as a recipient of a transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, transplant of any other organs, parts of organs, tissues or cells is not covered

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of motor neurone disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

Multiple sclerosis – with persisting symptoms

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Paralysis of limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of any 2 limbs.

Stroke – resulting in permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient ischaemic attack.
- Traumatic injury to brain tissue or blood vessels.

Systemic Lupus Erythematosus – A definite diagnosis of systemic lupus erythematosus (SLE) by a consultant rheumatologist where either of the following are also present: -

- Severe kidney involvement with SLE as evidenced by: -
 - permanent impaired renal function with a measured glomerular filtration rate (GFR) below 30 ml/ min/1.73m² and
 - abnormal urinalysis showing proteinuria or Haematuria

Or

- Severe Central Nervous System (CNS) involvement with SLE as evidenced by permanent deficit of the neurological system as evidenced by at least any one of the following symptoms, which must be present on clinical examination AND expected to last for the remainder of the claimant's life - paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), difficulty in walking, lack of coordination, severe dementia where the insured needs constant supervision, or permanent coma.

For the purposes of this definition - seizures, headaches, fatigue, lethargy or any symptoms of psychological or psychiatric origin will not be accepted as evidence of permanent deficit of the neurological system.

For the avoidance of doubt - all other forms of SLE are specifically excluded from the cover provided by this Plan.

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

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

Traumatic head injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

20. **Career Break**

Provided you are not yet 55 years of age and you have paid premiums for a minimum of 36 months and you are not in arrears with those premium payments and you have at least 2 years until your chosen retirement age for the plan, you may upon written application to the Society suspend the payment of further premiums for up to 2 years during which period no claims or benefits shall be admitted or paid.

You can only apply to suspend payment of premiums twice during the term of your Personal Income Protection Plan, but the Board shall have the right at their sole discretion to consider any such further application, if they deem appropriate.

Subject to your satisfactory completion of a Declaration of Continuing Good Health and provided you have not passed your chosen retirement age of the Plan you may recommence the payment of premiums. The Board reserves the right to request a medical or other evidence needed to assess your Declaration of Continuing Good Health. If the completed Declaration of Continuing Good Health form results in a requirement for additional medical evidence, we may ask you to meet those costs.

Entitlement to benefit recommences immediately your application to resume payment of premiums has been agreed by the Society plus any deferred period.

In the event of the Board refusing your application to resume payment of premiums you will have the right to terminate your Plan.

21. **Rehabilitation/Proportionate Benefit**

If you are receiving Personal Income Protection Plan benefit from the Society and either: -

- a. You return to the occupation in which you were engaged prior to your incapacity but on a part-time or other reduced capacity basis only, or
- b. Enter employment in a lesser remunerative occupation during your period of incapacity.

The Board may at its own discretion authorise payment to you of a proportion of the benefit as it deems appropriate but in either case will be reviewed following a period of 52 weeks.

22. **Terminal Illness Benefit**

If you are in receipt of benefit from the Society and you are diagnosed with an incurable illness which in the opinion of the Society's Chief Medical Officer may cause your death within 18 months of the initial diagnosis, you may within 1 month of that initial diagnosis being made, claim Terminal Illness benefit equivalent to 6 months Personal Income Protection Plan benefit less any benefit paid to you since were initially diagnosed.

23. **Medical Expense Benefit**

If you are receiving Personal Income Protection Plan benefit you may apply to the Board for a lump sum payment to be used in or towards the cost of a specified medical operation or treatment that in the opinion of your specialist will lead to your faster recovery. The Board shall decide what, if any, contribution shall be made from the funds of the Society after consultation with our Medical Advisor and our appointed Actuary.

Financial Services Authority

Form MSR/FS/RA 6



Certificate of Registration of an Alteration of Rules

(Friendly Societies Act 1992 sch.3 para.6)

Name of Society: **The Original Holloway Friendly Society Limited**

Register No: **145 F**

The alteration of the rules of the society, set out in the attached record of alteration, was registered on **09 February 2009** to take effect on the date of registration.

A copy of this certificate and the record of the alteration is kept on the public file of the society.

Date: **09 February 2009**

For the Financial Services Authority

The Financial Services Authority
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