



Key Features of the NurtureFirst Chosen by Mums

Insurance Policy

Introduction

This Key Features document sets out the main issues which should be considered before buying this Policy. It explains what the Policy is, how it works, the risks involved and should be read in conjunction with the Application Form.

NurtureFirst, a trading name of Future Family Limited, together with its partners OneGlobal Broking Limited and Future Family Limited are unable to give you any advice or recommendation and this is considered a non-advised sale. We recommend that you seek appropriate independent financial advice if you have any questions or doubts on the suitability of this policy for you.

Description of the policy

It's Aim

NurtureFirst have designed this policy to meet the demands and needs of a Mother who:

- has undergone a “Mid-pregnancy” scan” or “Anomaly” scan between eighteen (18) and twenty-one (21) weeks;
- has been advised that this is clear;
- has had their application approved before the birth of their child, and
- wishes to have access to an immediate financial resource if, during the period up to and including the resulting child’s second (2nd) birthday, the resulting child is diagnosed with one or more of the Diagnosed Covered Conditions listed in the Schedule below or dies due to Accidental death.
- NurtureFirst also provides up to £5,000 worth of Funeral and Counselling Expenses, in the event of death by any cause, including a child passing away due to; Stillbirth, Sudden Infant Syndrome (SIDS) or any other natural cause or accident.

The resulting child is referred to as the Insured Person throughout the rest of this Key Features document.

There are three types of policy, each with different levels of benefit. They are shown in the following table:

| | Care | Care Plus | Care Extra |
|----------------------------------|--------------|--------------|--------------|
| Condition | Benefit | Benefit | Benefit |
| Accidental Death | £5,000 | £5,000 | £5,000 |
| Funeral and Counselling Expenses | Up to £5,000 | Up to £5,000 | Up to £5,000 |
| Cerebral Palsy | No Cover | £5,000 | £5,000 |
| Cystic Fibrosis | No Cover | £5,000 | £5,000 |
| Cancer | No Cover | No Cover | £5,000 |
| Congenital Blindness | No Cover | No Cover | £5,000 |
| Congenital Deafness | No Cover | No Cover | £5,000 |

Cover can only be bought in the United Kingdom by a Policyholder who intends to reside with the Insured Person in the United Kingdom during the Period of Insurance.

The Policy Holder and the Insured Person must be registered throughout the Period of Insurance with a General Practitioner (GP) in the United Kingdom.

Your commitment

- To provide full, truthful and accurate answers to the questions on the Application Form
- To inform us immediately of any changes to the information given on the Application Form before the commencement of the policy.
- To pay the premium either in full at commencement of the policy or by regular Direct Debit
- To notify us during the Period of Insurance of any change to your address.

Risk Factors

- If you fail to pay your premiums within 30 days of the date they are due, the policy will lapse and no benefit will be payable
- WARNING - this policy has no cash-in value at any time.
- The terms of the policy cannot be altered once it has commenced.
- If you fail to provide full, truthful and accurate answers to the questions on the Application Form the Insurers may decline to pay a claim.
- The Insurers will not pay a claim if by doing so they will be in breach of any sanction, prohibition or restriction imposed by law, regulation or resolution.

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| | <p>tumour, but have not yet done so.</p> |
| Cerebral Palsy | <p>After excluding any other medical condition and following testing and observation by a Paediatrician a definitive diagnosis of Cerebral Palsy is made. For this condition we also need to know the type of Cerebral Palsy – Spastic, Athetoid or Ataxic.</p> <p>The testing and observations should include, but not be limited to, the Insured Person’s medical history, their development, reflexes, posture, movements and muscle tone, a magnetic resonance imaging (MRI) scan and a computerised tomography (CT) scan.</p> <p>If a diagnosis of Cerebral Palsy is made after the second (2nd) birthday but investigations and testing have been ongoing six (6) months prior to the policy expiring (the child’s second (2nd) birthday) the benefit will still be payable up until the child’s third (3rd) birthday.</p> <p>Computerised Tomography (CT) scan – uses a series of X-rays that are then assembled by a computer to create a detailed 3-D model of the brain.</p> <p>Magnetic Resonance Imaging (MRI) scan – Image study of the brain.</p> |
| Congenital Blindness | <p>Permanent and irreversible loss of sight diagnosed following the six (6) week vision test by a Paediatric Ophthalmologist and following the issue of a Certificate Of Vision Impairment confirming severe sight impairment.</p> <p>Irreversible – Can’t be reasonably improved upon by medical treatment and/or surgical procedures in the UK.</p> <p>Permanent – Expected to last throughout the life of the person covered regardless of when the cover ends (cover ceases on the second (2nd) birthday of the child).</p> |
| Congenital Deafness | <p>A confirmed diagnosis of Congenital Deafness comprising permanent and irreversible loss of hearing to the extent that the loss is greater than ninety (90) decibels across all frequencies in the better ear using a pure tone audiogram.</p> <p>Irreversible – Can’t be reasonably improved upon by medical treatment and/or surgical procedures in the UK.</p> <p>Permanent – Expected to last throughout the life of the person covered regardless of when the cover ends (cover ceases on the second birthday of the child).</p> <p>Pure tone audiogram – A device for measuring the extent of a person’s hearing ability.</p> |
| Cystic Fibrosis | <p>A confirmed diagnosis of Cystic Fibrosis following a positive sweat chloride test greater than or equal to 60 mmol/L.</p> <p>A diagnosis of Cystic Fibrosis made by antenatal testing</p> |

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| | <p>between weeks ten (10) and twenty-one (21) of gestation will not be covered under this policy.</p> <p>Mmol/L - millimoles per litre (a unit of measurement).</p> <p>Sweat test - measures the amount of chloride in the sweat.</p> |
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| Accidental Death Coverage | Death of the Insured Person, once born, resulting from bodily injury during the period of insurance which within 24 months of the date of an Accident solely and independently of any other cause results in death. |
| Funeral and Counselling expenses in the event of death from any cause | <p>Death of the Insured Person from any cause which occurs during the Period of Insurance and gives rise to funeral and counselling expenses.</p> <p>Funeral and Counselling expenses are reasonable funeral expenses and up to 3 (three) months' counselling expenses.</p> <p>Counselling expenses must be incurred and cover the cost of professional psychological counselling treatment for you, your partner/spouse and/or child(ren).</p> |

Questions and answers about the NurtureFirst Future Family Insurance Policy

How do I apply?

Complete the Application Form online at www.nurturefirst.insure

Is there a limit to when I may submit an Application Form?

You must submit your Application Form before the birth of your child and after you have been advised that your "Mid-pregnancy" scan" or "Anomaly" scan between eighteen (18) and twenty-one (21) weeks is clear.

What is the minimum age that I can apply for this policy?

18.

Am I covered if I move outside the UK either temporarily or permanently?

Yes. Please be aware that the Policyholder and Insured Person must be registered throughout the Period of Insurance with a qualified General Practitioner (GP) in the country in which they are resident.

Please let us know your new address and if you need to claim then please follow the usual procedures explained in our FAQs and in the Policy.

What is not covered

The Policy does not cover:

1. Other conditions meaning any conditions, illnesses or disabilities which are not listed in the table of Diagnosed Covered Conditions in the Policy.
2. Inappropriate use of alcohol or drugs meaning the Insured Person's mother's inappropriate use of alcohol or drugs, which includes the following: (i) Consuming more alcohol than recommended by the General Medical Council. (ii) Taking an overdose of drugs, whether lawfully prescribed or otherwise. (iii) Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.
3. Self-inflicted injury meaning death or injury resulting directly or indirectly from the Insured Person's parent or that of any carer's criminal activity, intentional actions, or self-injury.
4. Specially excluded Conditions meaning where your claim is excluded by any Special Condition or other Additional Exclusion or where Diagnosed Covered Condition are removed as stated in the Schedule or detailed in any Mid-Term Adjustment issued after this Policy has been sent to you.
5. Unreasonable failure to seek or follow medical advice meaning the Insured Person's mother's failure to seek or follow medical advice.
6. This Policy is for one Insured Person and does not cover multiple births, individual policies will be needed for each baby {insured person}, only 2 separate policies will be allowed and no cover will be given for triplets or multiple births

What medical information will you require?

This will depend on the answers given on your Application Form.

In the event of a claim a copy of your "Mid-pregnancy" or "Anomaly" scan will be required.

Can I pay by cheque?

No. We are unable to process cheques.

Do I have to pay the premium myself?

Anyone you choose can pay the premium. For example, it's fine for parents and grandparents of the mother to help out but they will have no benefit under the Policy, the payment, in the event of a claim, will be paid to the Policyholder (birth mother).

Will the premiums ever increase?

No. Once your application has been accepted, the premium payable on commencement is guaranteed for the period of the policy.

What will happen if I miss a premium?

In the event that a request for premium is returned unpaid by your bank, we will re-submit the request no earlier than two (2) days after the original collection date. If we remain unable to collect premium we will email you advise you that the request for premium we were due to collect has been returned unpaid by your bank. We will set out the procedure for bringing your payments up to date. If you are unable to keep paying the premiums, the policy will be cancelled and cover will cease. There is no financial penalty payable.

Can I increase the sum assured?

No.

Can I extend the period of the policy?

No. The policy term cannot be extended.

How can I cancel the cover?

If you have paid a single premium to us then the following applies:

You have a right to cancel this Policy within thirty (30) days of the Commencement Date.

To exercise this right, please contact the NurtureFirst Customer Service Manager, Sedgwick by post, telephone or e-mail and complete and return the Cancellation Form included with the Policy certificate as soon as reasonably practical. We will repay any premium you have paid, free of any charges within thirty (30) days of receipt of the Cancellation Form, unless you have made a claim or fraud is involved in which case no premium will be refunded.

You may cancel this Policy at any time after the thirtieth (30th) day after the commencement date of this Policy by writing to Sedgwick. Any return premium due will be calculated at a proportional daily rate depending on how long the Policy has been in force, unless a claim has been made, in which case no refund is payable.

If you have been paying regular premiums to us then the following applies:

You have a right to cancel this Policy within thirty (30) days of the Commencement Date. If you do cancel within this period we will refund any premium you have paid unless you have made a claim or fraud is involved in which case no premium will be refunded. To exercise this right, please contact NurtureFirst Customer Service Manager, Sedgwick by post, telephone or e-mail and complete and return the Cancellation Form included with the Policy certificate.

You may cancel this Policy at any time after the thirtieth (30th) day after the Commencement Date of this Policy by writing to Sedgwick. If you cancel this Policy after thirty (30) days we will not refund any premium you have already paid towards your Policy.

What fees or charges do I have to pay?

These are included in the premium payable. The total cost of cover will be shown in the Policy Certificate.

How do I make a Claim?

You buy insurance for peace of mind and so you can claim if something happens.

In the event of a claim you should notify NurtureFirst as soon as possible by calling us on 0800 6444 355 or emailing us at claims@nurturefirst.insure. We can then collect the correct information from you right from the start and ensure that the claims process is as smooth as possible.

Please do this as soon as you can, and within 30 days of becoming aware of anything likely to result in a claim.

Can I make more than one claim?

Yes, if the Insured Person is diagnosed with more than one of the Diagnosed Covered Condition listed in the Policy. Your premium payments must be up-to-date at the time that the second or subsequent Diagnosed Covered Condition is diagnosed.

How do I contact the Policy Administrator?

By post, e-mail or telephone as follows:

NurtureFirst Customer Service Manager
Blackwell House
Guildhall Yard
London
EC2V 5AE

E-mail: support@nurturefirst.insure

Telephone: 0800 6444 355

Further information

Insurer

The address and Home State of this insurance contract's Insurers is Aspen Insurance UK Limited, 30 Fenchurch Street, London EC3M 3BD. Aspen Insurance UK Limited (Company No.01184193) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Further details can be found on the Financial Services Register at www.fca.org.uk.

The Policy is underwritten by Aspen Insurance UK Limited and administered by Future Family Limited.

Future Family Limited (Firm Reference No. 689151) is an Appointed Representative of OneGlobal Broking Limited (Firm Reference No. 311657). Future Family Limited and OneGlobal Broking Limited are authorised and regulated by the Financial Conduct Authority. Further details can be found on the Financial Services Register at www.fca.org.uk.

Complaints Procedure

Any questions or concerns regarding the handling of this Policy or a claim should initially be addressed to Future Family Limited by post, e-mail or telephone (details given above).

If you wish to make a complaint, you can do so at any time by referring the matter to Aspen Insurance UK Limited.

The contact details are as follows:

Group Head of Insurance Claims
Aspen Insurance UK Limited.
30 Fenchurch Street
London
EC3M 3BD
Email; complaints@aspen-insurance.com

Telephone Number: 0207 184 8057

If you are a resident of the United Kingdom and remain dissatisfied after Aspen has considered your complaint or you have not received a decision by the time Aspen have taken eight (8) weeks overall to consider your complaint, you have the right to refer your complaint to the Financial Ombudsman Service at the address below.

If you are not a resident of the United Kingdom and remain dissatisfied after Aspen has considered your complaint or you have not received a decision by time Aspen have taken eight (8) weeks overall to consider Your complaint, you have the right to refer your complaint to your local Ombudsman or dispute resolution service. Alternatively you may be entitled to refer your complaint to the United Kingdom Financial Ombudsman Service at the following address.

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London E14 9SR

E-mail: complaint.info@financial-ombudsman.org.uk

From within the United Kingdom

Telephone Number: 0800 0234 567 (calls to this number are normally free for people ringing from a "fixed line" phone, but charges may apply if you call from a mobile phone).

Telephone Number: 0300 1239 123 (calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs).

From outside the United Kingdom

Telephone Number: +44 (0) 20 7964 1000

Fax: +44 (0) 20 7964 1001

The Financial Ombudsman Service can look into most complaints from consumers and small businesses. For more information contact them on the above number or address, or view their website: www.financial-ombudsman.org.uk

This complaint procedure is without prejudice to your right to take legal proceedings.

Compensation

Aspen Insurance UK Limited are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to you under this contract. If you were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from:

The Financial Services Compensation Scheme

10th Floor

Beaufort House

15 St Botolph Street

London EC3A 7QU

Website www.fscs.org.uk