



Standard Income

INCOME PROTECTION POLICY WORDING

Policy booklet

Standard Income Insurance

Your policy has been arranged by Best Risk Management and Financial Service Limited. Best Risk Management and Financial Service Limited is also the **policy administrator** and is referred to as "Standard Income Insurance" in this Policy Wording. **You** can contact Best Risk Management and Financial Service Limited at 4th Floor, Telecom House, 125-135 Preston Rd, Brighton and Hove, Brighton BN1 6AF, or by phone on 0330 330 9465, or by email at info@bestinsurance.co.uk.

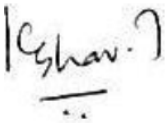
In this Policy Wording, certain words have specific meanings wherever they appear. These words have been highlighted in bold type. A full list of these words and their meanings can be found in the 'Meaning of Words' section on pages 10-13.

YOUR INSURER

The insurance is underwritten by Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited. Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The insurers are referred to as "**we**", "**us**" and "**our**" in this Policy Wording.

CERTIFICATION OF COVER

This Policy Wording and **your Policy Schedule** make up the contract between **you** and **us**, and are issued to **you** by Best Risk Management and Financial Service Limited in its capacity as our agent under contract reference B6839CR701. In exchange for **you** paying the **premium** amount referenced in **your Policy Schedule**, **you** are insured in accordance with the terms and conditions contained in these documents (and any amendments made to them) for the duration of **your** policy.



Signed by Keshav Thukaram
Authorised signatory of Best Risk Management and Financial Service Limited.

It is important that **you** check **your Policy Schedule** to ensure that the information that **you** have provided to **us** via Standard Income Insurance is accurate and that the cover options which **you** have chosen are correct. Please take the time to read the contents of this policy to ensure that **you** understand the cover we are providing to you and that you comply with **our** terms and conditions. This Policy Wording and **your Policy Schedule** are important documents; please keep them in a safe place in case **you** need to refer to them for any reason.

All insurance documents and all communications with **you** about this policy will be in English.

YOUR CANCELLATION RIGHTS

You can cancel your policy within 30 days of the **start date**, or if later, within 30 days of the date **you** receive this Policy Wording. We will refund any premiums you have paid as long as you have not made a claim and do not intend to make a claim.

You can also cancel **your** policy at any other time. Please note:

If you pay **your premium** in one lump sum at the beginning of each **period of cover** then, provided no claim has been made during the current **period of cover**, **you** will be entitled to a portion of **your premium** back for the unexpired **period of cover**. This will be based on the number of days remaining until the renewal date.

If **you** pay **your premium** in monthly instalments, there will be no **premium** refund. This is because **you** will only have paid for the cover **you** have already received. If **you** have made a valid claim during the current **period of cover**, **you** must pay the remaining **premium** due up to **your** next renewal date.

If **you** wish to cancel **your** policy, please contact Standard Income Insurance. Their contact details are given at the top of this page.

The Insurer's Cancellation Rights

We reserve the right to cancel this policy immediately if **you** commit fraud. If **we** cancel your policy, **we** will do so in writing to the most recent address **we** have for **you**.

Your policy will also end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your** policy will be cancelled.

If there is a change in risk which means that **we** can no longer provide **you** with insurance cover, or if **you** display threatening or abusive behaviour towards **us**, Standard Income Insurance or the **claims administrator**, **we** will give **you** 60 days notice, in writing to the most recent address that **we** have for **you**, that **your** policy will not be renewed.

INDEX

Are you Eligible for Cover	5
Important Notice for Customers	5
SECTION ONE – YOUR POLICY	
Important Policy Information	8
Meaning of Words	10
SECTION TWO – ACCIDENT & SICKNESS COVER	
What is Covered	15
When do you Start Receiving Benefits?	15
Cover if you go Back to Work on Temporarily Reduced Hours	16
What is Not Covered	16
SECTION THREE – UNEMPLOYMENT & CARER COVER	
What is Covered	18
When do you start receiving benefits?	18
Government Supported Training	19
What is Not Covered	19
SECTION FOUR – CONDITIONS APPLYING TO ALL COVER	
Making Another Claim	21
Continuing a Claim	22
If Your Claim Changes	22
SECTION FIVE – LEGAL, GENERAL & OTHER INFORMATION	
General Policy Conditions & Exclusions	23
Annual Review	24
Complaints	24
Data Protection	26
Rights of Third Parties	27
Sanctions	27
Several Liability	27
The Insurer	27
Regulatory Details	28
Financial Services Compensation Scheme	28
Law & Jurisdiction	28

ARE YOU ELIGIBLE FOR COVER?

It is important that **you** check that **you** meet all of the eligibility criteria below. If **you** are not sure if **you** are eligible for cover, please contact Standard Income Insurance for advice. Contact details are given on page 2 of this Policy Wording.

Please note that there are special terms and conditions in this policy that apply if **you** are a **contract worker** or if **you** are **self-employed**, in addition to the requirements below. Further details can be found in the Meaning of Words section of this policy on pages 10-13.

On the policy **start date**:

- **You** must be aged 18 or over and under 64 years of age;
- **You** must be a permanent lawful resident of the UK;
- **You** must have been continuously **employed** or **self-employed** for at least 6 months prior to the **policy start date**;
- **You** must not be absent from **work** due to illness or injury, other than a minor illness such as a cold or flu. (If **you** are off **work** with a minor illness, then **your** accident & sickness cover will not commence until **you** return to work.);
- **You** must not be aware of any redundancies, restructure, reorganisation, financial or contractual threats within the organisation **you work** in, even if **you** do not believe these actions will result in **you** becoming **unemployed**. If **you** are **self-employed**, **you** must not be aware of any reasons which would mean **your** business is likely to close;
- Your **work** is not temporary, seasonal or casual;
- Your **work** is not less than 16 hours per week;
- **You** must not be aware of any circumstances which may lead to **you** giving up **work** to become a full-time **carer**;

We will not provide any cover if **you** do not meet these eligibility requirements at the **start date** of **your** policy.

IMPORTANT NOTICE FOR CUSTOMERS

INFORMATION YOU GIVE US

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take reasonable care to supply accurate and complete answers to all the questions in the declaration and the application form for this insurance and to make sure that all information supplied to us is true and correct. This also applies when **you** are contacted as part of **your** annual review, or if **you** wish to make any changes to **your** policy during the **period of cover**, or if **you** make a claim under this policy. **You** must tell us of any changes to the answers **you** have given as soon as possible. Failure to advise **us** of a change to **your** answers may mean that **your** policy is invalid and that it does not operate in the event of a claim.

If **you** become aware that information **you** have given is incomplete or inaccurate, **you** must inform

Standard Income Insurance. Their contact details are given on page 2 of this Policy Wording.

If **you** do not answer questions completely and accurately, then this may affect **your** policy cover. In the event that **you** have supplied **us** with information which is incorrect or false **we** reserve the right to declare **your** policy invalid and cancel **your** cover, with no refund of **premium**. In the event that **you** have made a claim, **we** may refuse to pay all or part of that claim; please refer to 'General Policy Conditions & Exclusions' on page 23 for more information.

CHANGES OF CIRCUMSTANCE

You must immediately advise Standard Income Insurance as soon as possible if any of the following circumstances change, at any point during the **period of cover**:

- **You** change jobs or employers, or change **your working** hours;
- **You** change from being **employed** to **self-employed**;
- **You** stop **working** or permanently retire;
- **Your** earnings reduce;
- **You** no longer **work** within the **UK**;
- **You** are no longer a permanent lawful resident of the **UK**;
- **You** change **your** address;

If **you** are not sure if a change in circumstances is relevant to **your** policy, please contact Standard Income Insurance for advice. Their contact details are given on page 2 of this **Policy Wording**.

MONTHLY BENEFIT

It is important to note that the **monthly benefit** under this **policy** will not change automatically with any increase or decrease your normal income. **We** therefore recommend that **you** periodically review **your** personal circumstances to make sure that this insurance is still suitable for **your** requirements.

CHANGING YOUR POLICY

Please contact Standard Income Insurance if **you** need to change the level of **your monthly benefit**. Contact details are given on page 2 of this Policy Wording. Please note that the following exclusions will be re-applied to any increase in **your** level of benefit, from the date when the change becomes effective:

- Exclusion b) under "What is not covered" in Section Two – Accident & Sickness Cover, and
- Exclusions c) and e) under "What is not covered" in Section Three – **Unemployment & Carer** Cover.

If **you** add **accident** and **sickness** to **your** existing **unemployment** policy or add **unemployment** to **your** existing **accident** and **sickness** policy, exclusions will apply from the **amendment date** for the additions made to **your** policy. The exclusions that will apply will be the same if the additions were taken out as a new policy.

MAKING A CLAIM

There are procedures **you** need to follow and requirements **you** need to meet when making a claim under this policy. These can be found in sections 2 and 3 of this **Policy Wording**. If **you** do not follow these procedures or meet these requirements **your** claim may not be paid or a claim payment could be reduced.

To make a claim, **you** should contact the **claims administrator** within 30 days of the start of any period off work for which **you** want to claim. The telephone number is 0800 319 6601. Lines are open between 9am and 5pm Monday to Friday (excluding bank holidays). Alternatively you can email claims@compassuw.co.uk or write to Compass Claims, Compass Underwriting Limited, 30 Dukes Place, London EC3A 7LP.

If **you** fail to contact the **claims administrator** within 30 days and this affects the **claims administrator's** ability to fully assess **your** claim or to keep **our** losses to a minimum, **your** claim may not be paid or any payment could be reduced.

It is important that **you** answer all questions accurately and honestly. Claims which are dishonest, deliberately exaggerated or fraudulent will not be accepted by the **claims administrator** and in the event that any such claim is attempted, **your** claim may be declined, **your policy** cancelled and the matter reported to the police. To help prevent fraud, insurers sometimes share information. Details about **your** insurance application and any claim **you** make may be shared between insurers.

OTHER POLICIES

Please note that if **you** hold any other policies which entitle **you** to benefit for **accident, sickness or unemployment**, then **we** reserve the right to only pay a proportionate amount of any claim **you** may make. If **you** are uncertain as to how this may affect **you**, please contact the **claims administrator** for advice. Their contact details are given under "Making a claim" above.

THE INSURER'S RIGHT TO CHANGE YOUR COVER OR THE PRICE OF YOUR INSURANCE

If **we** change the terms of cover or the price of **your** policy, it will only be done at **your** next policy renewal date. Upon receiving notice of any changes, **you** may cancel or not renew **your** policy if **you** are not happy with the changes.

Section 1

IMPORTANT POLICY INFORMATION

POLICY START DATE

Your cover will commence on the date shown on **your policy schedule**; this is known as the **policy start date**.

POLICY END DATE

Cover under this **policy** will end when the first of any of the following events happen:

- **You** are no longer permanently resident in the **UK** or **you** are no longer registered with the **UK** tax authorities in respect of **your employment** or **self-employment**; or
- **You** do not renew this **policy** or **you** or **we** cancel this policy; or
- **You** do not pay the **premium** associated with this policy on the date that it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your policy** has been cancelled; or
- **You** die; or
- **You** stop **work** and enter **retirement**; or
- If **you** commit fraud; or
- **You** reach the age of 65. However, where **you** have a valid claim in progress on this date, or if an event has occurred prior to this date which leads to a valid claim, **we** will accept and/or continue to pay **your** claim until it would otherwise have ended under the terms and conditions of the policy.

PAYMENT OF PREMIUMS

Your policy has been arranged for a twelve month period from the policy **start date** shown on **your Policy Schedule**. **You** must pay the **premium** associated with this **policy** in order to maintain cover; this includes periods when **you** may be in receipt of or awaiting **monthly benefit** under this policy. If **you** do not pay the **premium** within 14 days of the date it becomes due then **we** reserve the right to cancel **your** policy from the date when payment became due and all cover under this policy will cease.

Please also note that because the **premium** is based on **your** age, **we** will automatically change it at the first **policy** renewal date after **you** move into the next age band.

Premiums can be paid using monthly Direct Debits or **you** can pay by one annual payment through any major credit or debit cards.

COVER OPTIONS

There are three cover options available under this **policy**:

- **Accident** and **Sickness** only cover
- **Unemployment** only cover
- **Accident, Sickness** and **Unemployment** cover

The cover option which **you** have selected and which is applicable to **you** is shown on **your Policy Schedule**.

CLAIM WAITING PERIODS

There are three **claim waiting period** options under this policy. The option which **you** have selected and which is applicable to **you** is shown on **your Policy Schedule**.

Under each option **you** must be **unemployed**, a **carer** or unable to **work** due to **accident** or **sickness** for the duration of the **claim waiting period** before **we** will consider a claim under this policy.

“30 days back to day one” option

If **you** have chosen this option, then once **you** have been **unemployed**, a **carer** or unable to **work** due to **accident** or **sickness** for 30 consecutive days, **you** will receive 1/30th of **your monthly benefit** back dated to the first day of **your unemployment**, or the first day **you** became a **carer** or were unable to **work** due to **accident** or **sickness**. This means a full **monthly benefit** becomes due on day 31.

“30 days excess” option

If **you** have chosen this option, then once **you** have been **unemployed**, a **carer** or unable to **work** due to **accident** or **sickness** for 60 consecutive days, **you** will be entitled to receive **your monthly benefit**. Thereafter, for each further day of **your unemployment**, or for each further day **you** are a **carer** or are unable to **work** due to **accident** or **sickness** **you** will receive 1/30th of **your monthly benefit**. This means **your** first full **monthly benefit** becomes due on day 61.

“60 days excess” option

If **you** have chosen this option, then once you have been **unemployed**, a **carer** or unable to **work** due to **accident** or **sickness** for 90 consecutive days, **you** will receive 1/30th of **your monthly benefit** for each further day of **your unemployment**, or for each further day **you** are a **carer** or are unable to **work** due to **accident** or **sickness**. This means **your** first full **monthly benefit** becomes due on day 91.

All **monthly benefits** are paid monthly in arrears. Only one **monthly benefit** is payable at any time, for example if **you** are **unemployed** and also unable to **work** due to **accident** or **sickness**.

MEANING OF WORDS

The following words have the meanings given below wherever they appear in this wording in **bold type**:

ACCIDENT OR SICKNESS A bodily injury or illness or disease which results in **you** being unable to **work** in **your** normal occupation.

Please note: **Your accident** or **sickness** must start while **you** are in **work** and after seven continuous days of absence - including the first day of **your** absence - from **your work you** must be certified as unfit to **work** by a **Doctor** or **Consultant** as a direct result of **your accident or sickness**. **You** must be receiving treatment and under the continued care of a **Doctor** or **Consultant** due to the **accident or sickness**, for the duration of **your** claim. The commencement of any **accident or sickness** claim submitted by **you** will be deemed as the day when **you** first became unfit to **work** as a result of the **accident or sickness**.

ACTIVE WAR Your active participation in a **war** where **you** are deemed under English Law to be under instruction from or **employed** by the armed forces of any country.

AMENDMENT DATE The date a change to **your policy** has taken place.

BACK CONDITION **Accident** or **sickness** which arises from or is due to any disorder of the neck or spine, or any injury to the neck or spine, its intervertebral discs, nerve roots or ligaments or supporting musculature. In order for **us** to consider **back condition** claims, there must be radiological medical evidence of an abnormality or injury confirmed by a **doctor** or **consultant**.

CARER **You** have given up **work** entirely as a result of having to look after a **relative** on a full-time basis. **You** must be registered with the appropriate government authority as a full-time **carer** and **you** must also be in receipt of **Carer's Allowance**.

CEASED TO TRADE **Your self-employment** has **permanently** ended due to failure of **you** could not find enough work to meet all **your** day to day business and living expenses.

Please note: **You** must have declared the above to HM Revenue & Customs and must present the **claims administrator** with a copy of **your** Jobseeker's Agreement and ongoing proof that **you** are registered **unemployed** with the Department for Work and Pension, or provide a suitable alternative proof of **unemployment**.

CLAIM WAITING PERIOD The period shown on **your Policy Schedule** for which **you** will need to be continuously **unemployed** or unable to **work** due to an **accident or sickness**, or due to becoming a full-time **carer**, before **we** can consider a claim under this policy.

CLAIM ADMINISTRATOR Compass Underwriting Limited, 30 Dukes Place, London EC3A 7LP.

CONSULTANT A medical specialist who is a member of an appropriate Royal College and recognised by that College as a medical specialist. The **Consultant** must be registered and practising in the **UK** and must not be **you** or a **relative of yours**.

COMPANY DIRECTOR A director who directly or indirectly owns more than 20% of the issued share capital of the company. Or if **you** are a **relative** of a director who is **working** for the same company as **you** and who directly or indirectly owns more than 20% of the issued share capital of that company.

CONTRACT WORKER Where **you** are **working** for at least 16 hours a week under an **employment** or service contract for a fixed period of time or which has a specified **end date**. Please note: In order to be eligible for cover **you** must be continuously **employed** on a 12 consecutive months' contract which has been renewed by the same employer at least once for a contract of the same duration; or continuously **employed** on a 6 months' consecutive contract which has been renewed at least twice for a contract of the same duration. Agency workers and Zero hour contracts are not acceptable. .

DOCTOR A qualified medical practitioner who is registered with the General Medical Council and practicing in the **UK**. The **doctor** must not be **you** or a relative of **yours**.

EMPLOYED, EMPLOYMENT **You** are contracted to **work** for at least 16 hours a week on a **permanent** basis, or **you** are a **contract worker**, in exchange for a salary or wage from which **your** employer is deducting P.A.Y.E tax and National Insurance Contributions at the appropriate rate applicable to employees, on **your** behalf. **Your** employer must be declaring any such deductions to the relevant tax authorities in the **UK**.

INITIAL EXCLUSION PERIOD 90 days immediately following the policy **start date** when you cannot claim for **unemployment** or for giving up **work** to become a **carer**.

MONTHLY BENEFIT The amount chosen by **you** and shown on **your policy schedule**. This will be the LOWER amount of:

- £2,500; or
- 65% of **your** normal gross income; or
- the amount shown on **your policy schedule**.

NORMAL INCOME

If you are in permanent employment or a contract worker, this is the average of your monthly gross taxable earnings for the 12 month period immediately preceding the commencement of your claim. Commissions and bonus payments which are a regular feature of your income can be included.

Please note that we will not include your car allowances, overtime payments and expenses claims as part of your normal income.

If you are self-employed, this is the average of the annual income before deduction of Income Tax and National Insurance, which you declared to the relevant UK tax authorities.

NUCLEAR RISK

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

PAYMENT IN LIEU OF NOTICE

Is one of the following:

- The payment received by **you** in relation to the notice period **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment; or
 - Any compensation payment or part payment made for loss of office which relates to the notice period - whether directly or indirectly - that **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment. This includes payments made under a settlement agreement.
-

PERIOD OF COVER

The period for which this insurance is valid, as stated in **your Policy Schedule**.

PERMANENT EMPLOYMENT

You are **employed** with no fixed or pre-defined finish date other than the usual **retirement** age for **your** occupation.

POLICY SCHEDULE

The document issued to **you** by Standard Income Insurance on **our** behalf which accompanies this **Policy Wording** and confirms **your** details, based on the information which **you** have supplied to **us** as well as other details specific to **you**. For example; details of the cover **you** have selected.

PRE-EXISTING CONDITION

Any injury, **sickness**, disease or medical condition including any related conditions and/or associated symptoms which in the 12 months immediately preceding the **policy start date** or the **amendment date**, whether a diagnosis was made or not:

- **you** received advice, treatment, medication or a consultation; or
- **you** were made aware of, or experienced symptoms of, or should reasonably have known about; or
- **you** have seen or arranged to see a **Doctor** in the last 12 months immediately preceding the **policy start date** or the **amendment date**, whether a diagnosis was made or not.

This exclusion will not apply once you have been symptom free and have not receiving any medical advice or treatment for a continuous period of 12 months.

PREMIUM

The amount payable by **you** in return for this insurance cover, as detailed on **your policy schedule** including any insurance **premium** tax at the prevailing rate.

RELATIVE

Your spouse, civil partner as detailed by the Civil Partnership Act 2004, domestic partner, parent or child, related to **you** by blood, law, marriage or domestic partnership, or a **permanent** member of **your** household.

RETIREMENT

The date when **you** stop **work** and are no longer in **employment** and have no intention of returning to work.

SELF-EMPLOYED/ SELF-EMPLOYMENT

You are **working** at least 16 hours a week in the **UK** alone or in partnership with others and **you** are registered as **self-employed** with the relevant **UK** tax authorities and are liable to pay Income Tax and National Insurance contributions, at the rate applicable to **self-employed** persons; or **you** are a **company director**.

START DATE

The date when **your** cover under this **policy** commences as shown on **your policy schedule**.

TERRORISM

An act including, but not limited to, the use or threat of force and/or violence of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

UK, UNITED KINGDOM

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

UNEMPLOYED, UNEMPLOYMENT

You are without **work** due to **your employment** ending unexpectedly and due to circumstances beyond **your** control. **You** must be:

- Registered as **unemployed** and actively seeking **work** with the appropriate **UK** government office and meeting their eligibility criteria throughout the duration of **your** claim; and
- Not in receipt of **payment in lieu of notice**, including any compensation payment for loss of **employment** or payment received under a settlement agreement.
- If **you** are **self-employed**, then in addition to all of the above, **your** business must have **ceased to trade** and if **you** are a **company director** then **your** company must have been wound up by a creditor who is not a director of that company.

WAR

Means:

(a) war, invasion, acts of foreign enemies, hostilities (whether **war** be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power, or

(b) any act of **terrorism**, or

(c) any act of **war** or **terrorism** involving the use of, or release of, a threat to use any nuclear weapon or device or chemical or biological agent.

WE, US, OUR

Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited.

WORK, WORKING

You are in **permanent employment** or are **contract worker**, or **self-employed** or a **company director**. This includes if **you** are on maternity, paternity or adoption leave as agreed with **your** employer as long as **you** are still classed as being their employee for that period of time. If **you** have more than one job, the hours **you** work for each will be added together.

YOU, YOUR, YOURS

The person named as the **policyholder** on the **policy schedule** which attaches to this policy.

Section 2

ACCIDENT & SICKNESS COVER

THIS COVER WILL ONLY APPLY IF IT IS SHOWN ON YOUR POLICY SCHEDULE.

WHAT IS COVERED?

This section of the policy provides cover if **you** are unfit for **work** during the **period of cover** due to **accident** or **sickness**.

WHEN DO YOU START RECEIVING BENEFITS?

This depends on the **claim waiting period** option **you** have chosen (please refer to **your Policy Schedule**).

30 days back to day one option

If **you** are unfit to **work** during the **period of cover** due to **accident** or **sickness** for at least 30 consecutive days, **we** will pay **you** the **monthly benefit** shown on **your Policy Schedule**. **We** will then pay **you** 1/30th of **your monthly benefit** for each further day that **you** remain unfit to work, subject to the **policy** terms and conditions.

30 days excess and 60 days excess options

If **you** are unfit to **work** during the **period of cover** due to **accident** or **sickness** for at least 60 or 90 consecutive days (please refer to **your Policy Schedule**), **we** will pay **you** the **monthly benefit** shown on **your Policy Schedule**. Thereafter, for each further day that **you** remain unfit to **work**, **you** will receive 1/30th of **your monthly benefit**, subject to the policy terms and conditions.

In order for **us** to pay **your** claim **you** must have been certified as unfit to **work** by **your doctor** or **consultant** throughout **your claim waiting period** including the first day of **your** absence from work, as a direct result of the **accident** or **sickness** for which **you** are claiming.

You must supply the **claims administrator** with evidence in order to support **your accident** or **sickness** claim, including but not limited to - sick notes from **your doctor** or **consultant**, letters from **your** employer confirming **your** absence from work, or access to **your** medical records. If **you** are unwilling or unable to supply evidence to support **your accident** or **sickness** claim, then **your** claim may not be accepted or continue to be paid.

Benefit will be paid until:

- The date when **your doctor** or **consultant** advises that **you** are no longer unfit for **work** as a result of the **accident** or **sickness** which prevented **you** from **working** at the start of **your** claim; or

- The date when **you** do not supply proof that **you** are unfit for **work** as a result of **accident or sickness**; or
- The date when **you** return to work; or
- The date when **we** have paid 12 **monthly benefits** for a single claim under this section.

COVER IF YOU GO BACK TO WORK ON TEMPORARILY REDUCED HOURS

We want to help **you** on **your** way back to full time work, so **your** claim will continue if **you** return to full time **work** on temporarily reduced hours. The full **monthly benefit** will continue to be paid for a maximum of 3 months, provided that:

- **you** have already received at least one **monthly benefit** for **your accident or sickness** claim; and
- **your doctor** continues to issue medical certificates and confirms the number of hours (or days) that have been agreed. This must be no more than 75% of **your** normal hours; and
- **your** reduced hours do not become permanent.

WHAT IS NOT COVERED

- a. Claims where **your** absence from **work** due to **accident** or **sickness** is not supported by medical evidence from **your doctor** or **consultant**.
- b. **Accident** or **sickness** which is caused by a **pre-existing condition**. Note: This exclusion will not apply if **you** have been free of all symptoms of the **pre-existing condition** for a minimum of 12 consecutive months, and **you** have not received medical advice about or treatment for the **pre-existing condition** during this time.
- c. Claims for a **back condition** where **you** are unfit to work, unless there is radiological medical evidence of an abnormality or injury confirmed by a **doctor** or **consultant**. (Please refer to "Meaning of Words" on page 10 of this **policy** for a full definition of a **back condition**.)
- d. Claims for anxiety, depression, stress or any other mental health condition where **you** are unfit to work, unless **your** condition has been diagnosed by a **consultant** and they have certified that **you** are unfit for **work** solely as a result of that condition. **You** must be under the continuing care of a **consultant** in respect of the condition which has rendered **you** unfit for **work** and on which **your** claim is based.
- e. **Accident** or **sickness** due to alcohol or drug abuse.
- f. **Accident** or **sickness** which is the result of treatment or surgery which was not medically necessary or was carried out at **your** request. This includes cosmetic surgery and beauty treatments.
- g. Claims where **you** are unfit for **work** due to deliberate self inflicted injuries or self-harm.
- h. Claims where **you** are already receiving **unemployment** benefit under this **policy** – please refer to

'If **Your** Claim Changes' on page 22 of this **policy** for further details.

- i. Claims where **we** have already paid 12 **monthly benefits** for an **accident** or **sickness** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **accident** or **sickness** – please refer to 'Making Another Claim' on page 21 of this **policy** for more details.
- j. Claims where **you** have not paid the **premium** due under this policy, or where **you** have not complied with the **policy** terms and conditions.

UNEMPLOYMENT & CARER COVER

THIS COVER WILL ONLY APPLY IF IT IS SHOWN ON YOUR POLICY SCHEDULE.

WHAT IS COVERED

This section of the **policy** provides cover if **you** become **unemployed** or have to stop **work** entirely to become a **carer** to a **relative** during the **period of cover**.

WHEN DO YOU START RECEIVING BENEFITS?

This depends on the **claim waiting period** option **you** have chosen (please refer to **your Policy Schedule**).

30 days back to day one option

If **you** become **unemployed** or have to stop **work** entirely in order to become a **carer** to a **relative** during the **period of cover** for at least 30 consecutive days, **we** will pay **you** the **monthly benefit** shown on **your Policy Schedule**. **We** will then pay **you** 1/30th of **your monthly benefit** for each further day that **you** remain **unemployed** or a **carer**, subject to the **policy** terms and conditions.

30 days excess and 60 days excess options

If **you** become **unemployed** or have to stop **work** entirely in order to become a **carer** to a **relative** during the **period of cover** for at least 60 or 90 consecutive days (please refer to **your Policy Schedule**), **we** will pay **you** the **monthly benefit** shown on **your Policy Schedule**. Thereafter, for each further day that **you** remain **unemployed** or a **carer** **you** will receive 1/30th of **your monthly benefit**, subject to the **policy** terms and conditions.

Benefit will be paid until:

- The date when **you** return to work; or
- The date when **you** do not supply suitable proof that **you** are **unemployed**; or
- The date when **we** have paid 12 **monthly benefits** for a single claim under this section; or
- The date when **you** stop being a **carer** or are no longer registered with the appropriate government authority as a **carer**.

You will be asked to complete a claim form and supply the claims administrator with evidence to support **your** claim. This may include but is not limited to; letters from **your** employer confirming compulsory redundancy, bank statements, tax returns, payslips, or evidence showing that **you** are registered as a **carer**. Please note that if **you** are unwilling or unable to supply evidence to support **your unemployment** or **your** requirement to stop **work** due to being a **carer**, then **your** claim may

not be accepted or continue to be paid.

GOVERNMENT SUPPORTED TRAINING

You can take part in government supported training during an **unemployment** claim for a maximum period of 12 months without the claim being affected, provided that **you** still have a Jobseeker's Agreement in place and can provide evidence that **you** are still actively seeking **work**.

WHAT IS NOT COVERED

- a. Claims where the **claims administrator** has not received sufficient evidence to confirm **your unemployment**; for example claims where **you** are unable to provide evidence that **you** were previously **employed** or where **you** are unable to provide evidence that **you** are registered as **unemployed** with the appropriate government agency or **you** are in receipt of Job Seeker's Allowance and actively seeking work.
- b. Claims where **you** have not provided sufficient evidence to confirm **your** requirement to stop **work** entirely due to becoming a full-time **carer**. For example where **you** are not registered with the appropriate government authority as a **carer**; or **you** are not in receipt of **Carer's Allowance**.
- c. Claims during the **initial exclusion period** where:
 - you are notified of **your unemployment** even if **your** last day in **work** falls outside of this period;
 - you are made aware that there is a risk **you** could be made **unemployed** even if the formal notification of **your unemployment** was issued outside of this period;
 - you are aware of circumstances which might lead to **you** having to stop **work** in order to become a **carer**.
- d. Claims where **you** have agreed to take voluntary redundancy, permanently retire or resign.
- e. Claims where **you** were aware of the risk or possibility of **you** becoming **unemployed** or having to stop **work** in order to become a **carer** at or prior to the **start date** of this policy.
- f. Claims where **your unemployment** is due to **you** breaching **your** employer's conduct code, including fraud, dishonesty and breach of contract, or where **your unemployment** is due to **your** employer taking disciplinary action against you.
- g. Claims where **you** have been **working** as a **contract worker** and **your** contract has reached its natural expiry date. This exclusion will not apply if:
 - You have been continuously **employed** on a fixed term contract for a minimum of 12 consecutive months which has been renewed by the same employer at least once for a contract of the same duration; or

- You have been continuously **employed** on a fixed term contract for a minimum of 6 consecutive months which has been renewed by the same employer at least twice for a contract of the same duration.
- h. **Unemployment** which is normal or seasonal in **your** occupation.
- i. Claims where **you** have been **self-employed** and are unable to provide satisfactory evidence that **your** business has **ceased to trade**.
- j. Claims where the person **you** are caring for is not a **relative**.
- k. Claims where **you** are already in receipt of **monthly benefit** payments for **accident or sickness** under this **policy** – please refer to 'If **Your** Claim Changes' on page 22 of this **policy** for further details.
- l. Claims where **we** have already paid 12 months of benefit for an **unemployment** or **carer** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **unemployment** or **carer** cover – please refer to 'Making Another Claim' for more details.
- m. Claims where **you** have not paid the **premium** due under this **policy**, or where **you** have not complied with the **policy** terms and conditions.
- n. Claims arising after the **end date** of the **policy**.
- o. Claims for any period where **you** are in receipt of, or are entitled to, **payment in lieu of notice**, even if that payment forms part of a settlement or settlement agreement between **you** and **your** employer.
- p. Claims for periods whilst **you** are **working**.

Temporary Work

It is not the intention to penalise **you** if, during an **unemployment** claim, **you** have the opportunity of temporary **employment**.

If **you** are offered temporary **work** during the period of **your unemployment** claim, **we** will suspend **your** claim to enable to **you** take up this **work** as long as:

- You inform the **claims administrator** prior to taking up the temporary work; and
- Your temporary **work** lasts for a minimum of one week and no longer than twelve months

You will be eligible to resume **your unemployment** claim once **your** temporary **work** has ended and as long as **you** continue to meet the **policy** terms and conditions, **we** will resume paying **you** **monthly benefits** in respect of **your unemployment**.

- q. You are made **unemployed** as a result of participating in an industrial action.

CONDITIONS APPLYING TO ALL COVERS

MAKING ANOTHER CLAIM

If **you** have already made a claim under this **policy** and wish to make another claim, the following will apply:

ACCIDENT, SICKNESS OR HOSPITALISATION CLAIMS

- If **you** have claimed for **accident** or **sickness** and wish to make another claim for the same or related **accident** or **sickness** within 3 consecutive months of **your** original claim, then subject to the **policy** terms and conditions **we** will consider treating **your** new claim as a continuation of the previous claim and no **waiting period** will apply. However **we** will only pay **you** the remaining balance of the 12 months of **benefit** – please see 'Continuing a Claim' for further details.
- If **you** return to **work** for 3 consecutive months or more, any future **accident or sickness** claim will be treated as a completely new claim. A new **claim waiting period** will apply and **you** will be entitled to a further 12 **monthly benefits**.
- If **you** have claimed for **accident** or **sickness** and wish to make another claim for the same or related **accident** or **sickness** and **you** have already received 12 **monthly benefits** for that claim, then **you** must have returned to **work** for a continuous period of at least 6 consecutive months for the period immediately preceding the commencement of **your** new claim, or for 1 month if the next **accident or sickness** is totally unrelated.

UNEMPLOYMENT & CARER CLAIMS

- If **you** become **unemployed** or become a **carer** within 3 consecutive months of having made an **unemployment** or **carer** claim under this policy, then subject to the **policy** terms and conditions **we** will consider **your** new claim as a continuation of the previous claim and no **claim waiting period** will apply. However **we** will only pay **you** the remaining balance of the 12 **monthly benefits** – please see 'Continuing a Claim' below for further details.
- If **you** return to **work** for 3 consecutive months or more, any future **unemployment** will be treated as a completely new claim. A new **claim waiting period** will apply and **you** will be entitled to a further 12 **monthly benefits**.
- If **you** have already received 12 **monthly benefits** for **your** previous claim for **unemployment** or **carer** cover under this policy, then **you** must have returned to **work** for a period of 6 consecutive months preceding the commencement of **your** new claim.

CONTINUING A CLAIM

Where **we** have advised **you** that **you** have a continuous claim, then **your claim waiting period** will not be applied to the second part of the claim. However this will only apply if **you** have not already received the maximum of 12 months of **monthly benefit** applicable under the policy.

The remainder of the balance of 12 **monthly benefits** will be paid as appropriate, subject to the policy terms and conditions and the claim will cease once the total of 12 months of **monthly benefit** has been paid to **you**. Once the **monthly benefit** limit has been reached, **you** will need to return to **work** as outlined in 'Making Another Claim', in order to be eligible to claim again.

IF YOUR CLAIM CHANGES

Should the nature of **your** claim change from **accident** or **sickness** to **unemployment**, or vice versa, this will be considered a continuation of the original claim event. It will not be treated as a new claim and a **claim waiting period** will not apply. The maximum of 12 **monthly benefits** will apply to the claim as a whole.

GENERAL POLICY CONDITIONS & EXCLUSIONS

These general conditions and exclusions apply to the whole **policy** and all covers under the policy:

- a. If **you** or anyone acting on **your** behalf submits inaccurate, fraudulent or deliberately exaggerated information in connection with a claim under this policy, which is intended to mislead **us** or to obtain benefit under this **policy** where none would otherwise be payable, then **we** reserve the right to:
 - Decline the claim
 - Pursue a recovery of any benefit paid to **you** as the result of a fraudulent or deliberately misleading claim
 - Terminate **your** policy from the time of the fraudulent act; and
 - Inform the police.If **your** insurance is terminated from the time of the fraudulent act, **we** will not pay any claim for any incident which happens after that time and may not return any of the insurance premium(s) already paid.
- b. All **monthly benefit** will be paid to **you** only.
- c. Payments made under this policy may affect **your** entitlement to certain state benefits. In the event of a claim it is **your** responsibility to ensure that **you** have informed the relevant authorities that **you** are receiving **monthly benefit** from this policy.
- d. **Monthly benefits** are not taxable, although if taxation legislation changes in the future, **we** will deduct any sums from **your monthly benefit** as required by law.
- e. This **policy** is not transferable.
- f. This policy and **your Policy Schedule**, together with any endorsement, proposal or other written statement made by **you** or on **your** behalf, constitutes the whole of the contract between **you** and us. If at any time any part or provision of this **policy** becomes illegal, invalid or unenforceable then the remaining parts and provisions shall continue in full force and effect.
- g. **We** will not pay claims where **you** are unwilling or unable to provide the **claims administrator** with all necessary information that may be required in order to validate **your** claim and throughout the duration of **your** claim.
- h. No benefit will be payable in respect of any claim arising directly or indirectly from:
 - (i) **War** or acts of **terrorism**.
 - (ii) **You** engaging in **active war**.
 - (iii) **Nuclear risks**.

ANNUAL REVIEW

Standard Income Insurance will review **your** policy each year on **your** policy renewal date, which shall be the date 12 months from the **start date** of **your** policy and annually thereafter. Any changes that **we** wish to make will be implemented with effect from the next or nearest policy renewal date. **We** may make changes to policy cover and/or terms and conditions as a result of the cost of providing this cover to you, therefore **your premium** may increase or decrease or remain unchanged as a result of the annual review. Please note that there is no limit to the size or nature of the changes.

Please also note that because the **premium** is based on **your** age, **we** will automatically change it at the first policy renewal date after **you** move into the next age band.

You will be notified in writing at least a minimum of 21 days prior to **your** policy renewal date each year, of any changes which **we** intend to make to **your** policy.

If **you** have agreed to pay by Direct Debits to **us**, payments will be continued to be taken from **your** designated account, unless **you** call Standard Income Insurance and instruct otherwise. **You** must make Standard Income Insurance aware of any change in **your** circumstances at the time of renewal or any changes in the way **you** pay **your premiums**.

If **you** are aged 64 at the renewal date, **your** policy will not be renewed. Standard Income Insurance will contact **you** at least 21 days before **your** cover ends.

COMPLAINTS

Our aim is to provide **you** with a high quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** do wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

Step 1:

In the first instance, if **your** complaint does not relate to a claim, please direct it to:

Standard Income Insurance
Best Risk Management & Financial Service Limited
4th Floor, Telecom House, 125-135 Preston Rd, Brighton and Hove, Brighton BN1 6AF
Tel: 0330 330 9465
Email: info@bestinsurance.co.uk

If **your** complaint does relate to a claim, please direct it to:

Compass Underwriting Limited
30 Dukes Place
London
EC3A 7LP
Tel: 0800 319 6601

Email: claims@compassuw.co.uk

Step 2:

Should **you** remain dissatisfied with the outcome of **your** complaint from Standard Income Insurance or Compass Underwriting Limited, **your** legal rights are not affected and **you** may refer **your** complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's
Fidentia House, Walter Burke Way,
Chatham Maritime, Kent, ME4 4RN
Tel: +44(0)20 7327 5693
Email: complaints@lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedure are set out in a leaflet "How We Will Handle Your Complaint", which is available at the website address above. Alternatively, **you** may ask Lloyd's for a hard copy.

Step 3:

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to an alternative dispute resolution (ADR) body.

If **you** live in England, Scotland, Wales, Northern Ireland or the Isle of Man, the contact information is:

Financial Ombudsman Service
Exchange Tower
London, E14 9SR
Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).
Tel: 0300 1239 123 (calls to this number cost no more than calls to 01 and 02 numbers).
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If **you** live in the Channel Islands, the contact information is:

Channel Islands Financial Ombudsman
PO Box 114, Jersey, Channel Islands, JE4 9QG
Jersey +44 (0)1534 748610
Guernsey +44 (0)1481 722218
International +44 1534 748610
Facsimile +44 1534 747629
Email: enquiries@ci-fo.org
Web: www.ci-fo.org

LEGAL, REGULATORY & OTHER INFORMATION

DATA PROTECTION

We and Standard Income Insurance are the data controllers (as defined by the Data Protection Act 1998 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process your personal information.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and your rights relating to your personal data, please refer to our Privacy Notice which will be available on our website during May 2018 www.canopus.com.

If **you** do not have access to the Internet, please write to the Group Data Protection Officer (address below) with **your** address and a copy will be sent to **you** in the post.

In summary:

We, Standard Income Insurance and the **claims administrators** may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:

- » Name, address, contact details, date of birth and cover required
- » Financial information such as bank details
- » Details of any claim

We and Standard Income Insurance will also collect personal information about any additional people **who you** wish to be insured under the policy.

We, Standard Income Insurance and the **claims administrators** may also collect sensitive personal information about **you**, and any additional people **who you** wish to be insured under the policy, where the provision of this type of information is in the substantial public interest, including:

Medical records to validate a claim should **you** be claiming for **sickness** or an **accident**.

We, Standard Income Insurance and the **claims administrators** collect and process **your** sensitive personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to **us** or which process information on our behalf (for example, premium collection and claims validation, or for communication purposes related to your cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on our behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

We, Standard Income Insurance and the **claims administrators** will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was

collected (including for the purpose of meeting any legal obligations).

We, Standard Income Insurance and the **claims administrators** will share **your** information if **we** are required to by law. **We** may share your information with enforcement authorities if they ask **us** to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact:

The Data Protection Officer
Canopus Managing Agents Limited
Gallery 9
One Lime Street
London EC3M 7HA

RIGHTS OF THIRD PARTIES

A person who is not a party to this **policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **policy** but this does not affect the right or remedy of a third party which exists or is available apart from that Act.

For **your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not party to a contract to be able to enforce that contract if the contract expressly allows him/her to or if the contract confers a benefit upon him/her. However the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see www.legislation.gov.uk or contact the Citizens Advice Bureau.

SANCTIONS

We shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

SEVERAL LIABILITY

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

THE INSURER

This insurance is underwritten by Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited. Registered Office: Canopus Managing Agents Limited, Gallery 9, One Lime Street, London, EC3M 7HA. Registered in England no. 01514453.

REGULATORY DETAILS

Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204847.

Best Risk Management and Financial Service Limited is authorised and regulated by the Financial Conduct Authority. Firm Reference 583497.

Compass Underwriting Limited are authorised and regulated by the Financial Conduct Authority. Firm Reference: 304908.

FINANCIAL SERVICES COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** are unable to meet **our** obligation to **you** under this contract.

Further information can be obtained from the Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St. Botolph Street, London, EC3A 7QU. Tel: 0800 678 1100 (Freephone) or 020 7741 4100. Website: www.fscs.org.uk

LAW AND JURISDICTION

This policy shall be governed by the laws of England and Wales and subject to the non-exclusive jurisdiction of the courts of England.



Best Insurance

4th Floor, Telecom House
125-135 Preston Rd
Brighton and Hove
Brighton
BN1 6AF
United Kingdom

03303 309 465
info@bestinsurance.co.uk

Best Insurance is the trading name of Best Risk Management and Financial Service Limited. Registered in England: 07095571. Best Risk Management and Financial Service Limited are authorised and regulated by the Financial Conduct Authority (FCA Registration Number 583497).

Registered office address: 4th Floor, Telecom House, 125-135 Preston Rd, Brighton and Hove, Brighton BN1 6AF SIBJan24V2

29 ■ www.bestinsurance.co.uk ■ 0330 330 9465