

Income Protection Policy

**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 Gemini Business Centre, 136-140 Old Shoreham Road, BN3 7BD, 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 8-11.

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. Lloyd's Syndicate 4444 is 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.

Cancellation

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.

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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 8-11.

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 NOTICES FOR CUSTOMERS

Information You Give to 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 18 for more information.

Change of Circumstances

You must 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 in **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 & sickness** to **your** existing **unemployment** policy or add **unemployment** to **your** existing **accident & 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 0333 456 0342 and lines are open between 9am and 5pm Monday to Friday (excluding bank holidays).

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 ONE

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 & 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**.

- **“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 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**.

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**.

Excess Period	Claim Waiting Period	Monthly Benefit Becomes Due On
0 days/ Back to day one	30 days	Day 31
30 days	60 days	Day 61
60 days	90 days	Day 91

MEANING OF WORDS

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

Accident or Sickness

A bodily injury or illness or disease which results in **you** being totally 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 ended because you could not find enough work to meet all of 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 as unemployed with the Department for Work and Pensions, or provide 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.
Claims Administrator	Advent Solutions Management Limited, 3 Lombard Street, London, EC3V 9AA.
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 practising 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: a) £2,500; or b) 65% of your normal income .

Normal Income	<p>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.</p> <p>Please note that we will not include car allowances, overtime payments and expenses claims as part of your normal income.</p> <p>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 on your self-assessment return for the complete tax year immediately preceding the commencement of your claim. We will not consider claims for income which has not been declared to and processed by the relevant UK tax authorities.</p>
Nuclear Risks	<p>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.</p>
Payment in Lieu of Notice	<p>Is one of the following:</p> <ul style="list-style-type: none">• 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 part of a compensation payment for loss of employment (including any part of a payment under a settlement agreement) that is directly or indirectly related to the notice period your employer should have given you under your contract of employment or letter of appointment.
Period of Cover	<p>The period for which this insurance is valid, as stated in your Policy Schedule.</p>
Permanent Employment	<p>You are employed with no fixed or pre-defined finish date other than the usual retirement age for your occupation.</p>
Policy Schedule	<p>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.</p>
Pre-existing Condition	<p>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:</p> <ul style="list-style-type: none">• you received advice, treatment, medication or a consultation for; 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 about. <p>This exclusion will not apply once you have been symptom free and have not received any medical advice or treatment for a continuous period of 12 months.</p>
Premium	<p>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.</p>

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 per 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> (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 Work, Working	Lloyd's Syndicate 4444 which is managed by Canopus Managing Agents Limited. You are in permanent employment , or are a contract worker , or are 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 job will be added together.
You, Your, Yours	The person named as the policyholder on the Policy Schedule which attaches to this policy.

SECTION TWO

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 9 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 17 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 17 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.

SECTION THREE

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** or.

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 17 of this policy for further details.
- l) Claims where **we** have already paid 12 **monthly benefits** 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' on page 17 of this policy 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.
- 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.

SECTION FOUR

CLAIMS 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 or sickness Claims

- If **you** have claimed for **accident** or **sickness** and wish to make another claim for **accident** or **sickness** within 3 consecutive months of **your** original claim, 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 **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 **you** have been advised 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 **monthly benefits** 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 **monthly benefits** has been paid to **you**. Once the 12 **monthly benefits** limit has been reached, **you** will need to return to **work** as outlined in 'Making Another Claim' above 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.

SECTION FIVE

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**.

SECTION SIX

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.

SECTION SEVEN

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
Gemini Business Centre, 136 – 140 Old Shoreham Road, Hove BN3 7BD
Tel: 0330 330 9465
Email: info@bestinsurance.co.uk

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

Advent Solutions Management Ltd
3 Lombard Street
London
EC3V 9AA

Tel: 0333 456 0342
Email: claims@advent.global

Step 2:

Should **you** remain dissatisfied with the outcome of **your** complaint from Standard Income Insurance or Advent Solutions Management Ltd, **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

Alternatively, please note that **you** can, if **you** wish, also submit **your** complaint via the Online Dispute Resolution (ODR) Platform set up by the European Commission. This service has been set up to help residents in the European Union (EU), who have bought good or services online, get their complaint resolved. **You** can access the ODR Platform by clicking on the following link: <http://ec.europa.eu/consumers/odr/>

This does not affect **your** right to submit **your** complaint following the process above. Please note that under current rules the European Commission will ultimately redirect **your** complaint to the relevant ADR body detailed above.

SECTION EIGHT

LEGAL, REGULATORY & OTHER INFORMATION

Data Protection

Any information provided by **you** or regarding **you** will be processed by **us** in compliance with the provisions of the Data Protection Act 1998 for the purpose of providing insurance and handling claims. This may necessitate providing such information to third parties.

All phone calls relating to applications and claims may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes. Subject to the provisions of the Data Protection Act 1998, **you** are entitled to receive a copy of the information **we** hold about **you**. **You** may be charged a fee for this. Such requests should be made to:

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

Any information **you** provide will be used by **us** and **we** may also share this information with other group companies.

For more information on the Data Protection Act **you** may also write to the Office of the Information Commissioner at:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel No: 0303 123 1113 or 01625 54 57 45
Email: casework@ico.org.uk

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.

Advent Solutions Management Ltd are authorised and regulated by the Financial Conduct Authority. Firm Reference: 308751.

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.