



CORINIUM PRE-X PROTECTION

Income Protection Insurance With Medical Underwriting For Pre-Existing Conditions

CONTENTS

1. Are you eligible for cover?	2
2. What the words mean	2
3. Payment of Premiums	4
4. Payment of Claims.....	4
4.1 Accident and Sickness Benefit	4
4.1.1 Accident and Sickness Exclusions	5
6. General Exclusions	5
7. Claim requalification.....	5
8. Cancellation.....	6
9. Data protection.....	6
10. General Conditions	7
11. How to Claim.....	7
12. Compensation Scheme	8
13. Complaints Procedure.....	8

Corinium Pre-X Protection Income Protection Insurance With Medical Underwriting for Pre-Existing Conditions

**Underwritten by Lloyd's Syndicate 4444/1861 which is managed by Canopus Managing Agents Limited.
Issued by Corinium Insurance Services.**

This **Policy** is underwritten by Lloyd's Syndicate 4444/1861 which is managed by Canopus Managing Agents Limited and Corinium Insurance Services acts as **Administrator**. **You** have applied for and **We** have accepted **Your** application for Income Protection Insurance with Lloyd's Syndicate 4444/1861 which is managed by Canopus Managing Agents Limited. In return for the appropriate **Premium**, this **Policy** confirms **You** are insured from the **Policy** Start Date against **Accident** or **Sickness** (to the extent specified in **Your** **Schedule** and subject to the terms, exclusions and conditions of the insurance contract as set out in this **Policy**).

The Underwriter is Lloyd's Syndicate 4444/1861 (referred to as **We/Our/Us** in this Policy Document), 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.

Corinium Insurance Services is a trading style of Trent Services (Administration) Ltd who are authorised and regulated by the Financial Conduct Authority and entered on its register under number 315285.

Your proposal, **Policy** and **Schedule** combine to form this insurance contract.

PLEASE NOTE: **You** have a statutory right to cancel this **Policy** and obtain a refund of any **Premium** paid for a short period of time after the **Policy** Start Date. Details of these cancellation rights are set out under the heading CANCELLATION in this Policy.

INFORMATION YOU HAVE GIVEN US

In deciding to accept this **Policy** and in setting the terms and **Premium**, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete.

If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this **Policy** as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your** **Policy** and any claim. For example, **We** may:

- Treat this **Policy** as if it had never existed and refuse to pay all claims and return the **Premium** paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not otherwise have offered;
- Amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been adversely impacted by **Your** carelessness;
- Reduce the amount **We** pay on a claim in the proportion the **Premium** **You** have paid bears to the **Premium** **We** would have charged **You**; or
- Cancel **Your** **Policy** in accordance with the Cancellation Terms of this **Policy**

We or **Your** insurance broker will write to **You** if **We**:

- Intend to treat **Your** **Policy** as if it never existed; or
- Need to amend the terms of **Your** **Policy**.

If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Your** broker as soon as practicable.

It is important that:

- **You** check that the sections **You** have requested are included in the **Policy** **Schedule**;
- **You** check that the information **You** have given **Us** is accurate – see the information **You** have given **Us** section;
- **You** notify **Your** broker as soon as practicable of any inaccuracies in the information **You** have given **Us**;
- **You** comply with **Your** duties under each section and under the insurance as a whole.

PLEASE NOTE: **You** have a statutory right to cancel this **Policy** and obtain a refund of any **Premium** paid for a short period of time after the **Policy** Start Date. Details of these cancellation rights are set out under the heading CANCELLATION in this **Policy**.

Your Application for cover, **Policy** **Schedule** and **Policy** form part of this insurance contract.

1. ARE YOU ELIGIBLE FOR COVER?

You are eligible for coverage under this policy if on the **Policy Start Date**:-

- You are aged 18 or over and under 59 years of age;
- You permanently reside and **Work** in the **United Kingdom**;
- You have been in permanent **Work** for at least 6 months at the policy start date;
- You are actively **Working** and not off **Work** due to an **Accident** or **Sickness**;
- You must disclose any **Pre-Existing Condition(s)**. Cover is excluded for **Pre-Existing Condition(s)** unless disclosed to **Us** and **We** agree cover;
- You are seeking protection in the event of **Accident** or **Sickness** to the extent covered by this **Policy**.

You are not eligible for cover if: -

- You are in casual, seasonal or temporary **Work**;
- You are **Working** less than 16 hours per week;
- You are currently unable to attend **Work** due to an **Accident** or **Sickness** (this does not apply if You are on maternity leave, paternity leave, adoption leave or parental leave).

It is very important that You provide Us with all the information We reasonably require in order to administer Your insurance. It is particularly important that You remember to contact the **Administrator** if You change Your address.

2. WHAT THE WORDS MEAN

Definitions

Some of the words and phrases We use in this **Policy** have special meanings and appear in bold typeface. Except where the context otherwise requires, the masculine shall include the feminine, the singular shall include the plural and vice versa, as appropriate.

Accident	Means a physical injury caused immediately by a sudden and unexpected event which results in a medical Condition certified by a Doctor or Consultant as preventing You from doing Your normal Work or any similar Work which You are reasonably able to do given Your experience, education and/or training and You are not doing any other Work for payment or reward.
Act of Terrorism	Means an act, including but not limited to the use of force of violence and/or the threat thereof, 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 including the intention to influence any government and/or to put the public, or any section of the public in fear.
Administrator	Means Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@coriniuminsuranceservices.co.uk, telephone: 01285 626032. Corinium Insurance Services is a trading style of Trent-Services (Administration) Ltd, who are authorised and regulated by the Financial Conduct Authority (Firm reference number 315285).
Application	Means the form that You complete for cover under this Policy .
Benefit Period	Means the maximum number of Monthly Benefit payments that would be payable for any Claim Period as shown on Your Schedule .
Business	Means a company, profession, trade or industry registered in the United Kingdom .
Claim Period	Means any separate period of time during which You are unable to Work due to an Accident or Sickness and receiving Monthly Benefit under this Policy .
Claims Administrator	Means Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@coriniuminsuranceservices.co.uk, telephone: 01285 626032. Corinium Insurance Services is a trading style of Trent-Services (Administration) Ltd, who are authorised and regulated by the Financial Conduct Authority (Firm reference number 315285).
College	Means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.
Condition	Means any accident, sickness, injury, illness or disease including any related sickness, injury, illness or disease or associated symptoms.

Consultant	Means a medical specialist, other than You, Your Partner or any of Your relatives who is a member of a College and recognised by that College to be a consultant. The Consultant must also not be any form of internet, web based or online Consultant . Any documentation supplied by an internet, web based or online Consultant will not be accepted as evidence to support Your claim.
Contract Employment	Means You are employed on a fixed term contract of at least 13 weeks duration.
Controlling Interest	Means owning individually or jointly 10% or more of the issued shares.
Doctor	Means a medical practitioner, other than You, Your Partner or any of Your relatives, practising in the United Kingdom being a fully registered person under the Medical Act 1983. The Doctor must also not be any form of internet, web based or online Doctor . Any documentation supplied by an internet, web based or online Doctor will not be accepted as evidence to support Your claim.
Excess Period	The number of days at the start of a claim when You are not entitled to any benefit. The Excess Period You have chosen is shown in Your Schedule .
Monthly Benefit	Means the amount of cover You have selected as shown on Your Schedule up to a maximum of £2000 or 65% of your Normal Monthly Income whichever is the lesser.
Normal Monthly Income	Means either or the following: If You are employed the average of the gross amounts shown on Your payslips from Your employer during the last 12 months; or If You are Self-Employed , the monthly average of the annual income You declared to HM Revenue & Customs on Your Self-Assessment tax return for the tax year preceding the Start Date (this means your personal income only).
Period of Cover	Means the period between the Policy Start Date and the Termination Date for which the correct Premium has been paid by You .
Permanent Employment	Means You are in paid employment under a contract of service, paying Class 1 National Insurance contributions and Your employment has no fixed or pre-defined finishing date other than the normal retirement age for Your occupation.
Policy	Means the cover provided to You under the terms and conditions of this insurance contract.
Policy Review Date	Means the date 12 months after Your Policy Start Date and annually thereafter.
Policy Start Date	Means the date cover commences as shown on Your Schedule .
Pre-Existing Condition	Cover is excluded for Pre-Existing medical conditions unless disclosed to Us and We agree cover . If a pre-existing condition is not disclosed and cover is not agreed by Us there will be no coverage if a claim is made. A Pre-Existing condition means any Accident, Sickness , condition or injury whether diagnosed or not about which You :- <ul style="list-style-type: none"> - Knew or should reasonably have known at the Policy Start Date; or - Had seen or arranged to see a Doctor during the 12 months prior to the Policy Start Date; or - Have received a consultation, medication, monitoring advice or treatment for; or - Were made aware of, or had experienced symptoms of (whether or not a diagnosis has been made)
Premium	Means the amount You must pay for cover under this Policy .
Relative	Means a parent, brother, sister, uncle, aunt or lineal descendant.
Schedule	Means the document accompanying this Policy which confirms the Benefit Period, Policy Start Date, Waiting Period and Monthly Benefit which You have applied for and which We have accepted.
Self Employed/Self Employment	Means You carry on a Business in the United Kingdom alone or with others and pay Class 2 National Insurance contributions and are classed as Schedule D for income tax purposes or You can control the affairs of a Business You Work for because You or a relative or a member of Your household individually or jointly have a Controlling Interest in that Business .
Sickness	Means You have a medical Condition certified by a Doctor or Consultant as preventing You from doing Your normal Work or any similar Work which You are reasonably able to do given Your experience, education and/or training and You are not doing any other Work for payment or reward.

Termination Date	Means the earliest of the following to occur:- a) You die or; b) You retire from Work or reach the age of 60 years old, whichever is the earlier or; c) You stop residing or Working in the United Kingdom or; d) You default on Your Premium payment or; e) You no longer have an income (unless you are in a Claim Period) or; f) You cancel this Policy or; g) We cancel this Policy .
United Kingdom	Means England, Wales, Scotland and Northern Ireland.
Waiting Period	Means the period shown in Your Schedule during which You will need to be continuously unable to Work due to an Accident or Sickness before You are entitled to receive Monthly Benefit .
We or Us or Our	Means Lloyd's Syndicate 4444/1861 which is managed by Canopius Managing Agents Limited. Registered Office: Canopius Managing Agents Limited, Gallery 9, One Lime Street, London, EC3M 7HA. Registered in England no. 01514453.
Work or Working	Means gainful Permanent Employment , Contract Employment or Self Employment within the United Kingdom for a minimum of 16 hours per week and paying the appropriate National Insurance contributions.
You or Your or Yourself	Means the person named on Your Schedule

3. PAYMENT OF PREMIUMS

Premiums are payable by direct debit, monthly in advance by **You**. If **Your Premium** remains unpaid for 30 days after the due date **Your** cover under this **Policy** will cease.

If **You** are in receipt of **Monthly Benefits** **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy**.

We will review **Your Policy** at the **Policy Review Date** and any changes **We** wish to make will take effect from that date. Following the review **We** can make changes to **Your Premium** and **Policy** to reflect changes in the cost of providing this cover in the future. **Premiums** may go up or down or remain unchanged as a result of this review. The **Policy** cover may also change as a result of this review. There is no limit on the size or type of these changes.

We will notify **You** in writing at least 30 days before the **Policy Review Date**.

For each review **We** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- **Our** experience and expectations of the cost of providing this product or similar insurance products;
- Widely available economic information such as rates for inflation, unemployment and interest;
- Changes in law, regulation and taxation.

The review will not be directly affected by whether **You** have made a claim or not. The only exception to this would be in the event of a change in:

- Law, regulation, taxation; or
 - Recommendation of an Ombudsman
- Which **We** need to implement prior to the review

4. PAYMENT OF CLAIMS

4.1 ACCIDENT AND SICKNESS BENEFIT

If **You** are **Working** and become unable to **Work** due to an **Accident** or **Sickness** during the **Period of Cover** for longer than the **Waiting Period** and **Excess Period**, **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously unable to **Work** due to an **Accident** or **Sickness** following the **Waiting Period** and **Excess Period**. After that **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously unable to **Work** due to **Accident** or **Sickness**, monthly in arrears.

We will continue to pay until the **Termination Date** or: -

- The last consecutive day of **Your Accident** or **Sickness**, or
- The date **You** stop providing due proof that **You** remain continuously unable to **Work** due to **Accident** or **Sickness**, or
- The date **We** have paid you a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule**.

4.1.1 ACCIDENT AND SICKNESS EXCLUSIONS

No benefit will be payable to **You** if **Your Accident or Sickness**:-

- Is due to **You** deliberately injuring **Yourself**;
- Is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **Doctor** or **Consultant** and not for the treatment of drug addiction);
- Is from stress, anxiety, depression or any mental or nervous disorder unless **You** are referred to a **Consultant** Psychiatrist by **Your Doctor** and, provided that the **Condition** solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** Psychiatrist until **You** are released from their care;
- Results directly or in any way from a **Pre-Existing Condition** (but this exclusion will not apply to a **Pre-Existing Condition** if **You** have disclosed the condition and **We** agree cover)
- Is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **Your** pregnancy or pregnancy related conditions;
- Is due to a back related **Condition** unless there is radiological evidence of medical abnormality, visible wound, contusion, or **You** are referred to a **Consultant** by **Your Doctor** and, provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** until **You** are released from their care; or
- Results from spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **Doctor**, or a **Consultant** certifies that the condition prevents **You** from **Working**; or
- Arises from medical operations or treatments which in the opinion of **Our** chief medical officer are not medically necessary, including but not limited to cosmetic or beauty treatments.
- Any claim in any way caused by or resulting from:
 - i) SARS-CoV2 (Severe Acute Respiratory Syndrome Coronavirus 2);
 - ii) COVID 19 (a new strain of SARS-CoV2);
 - iii) and mutation or variation of either SARS-Cov2 or COVID 19;
 - iv) period of isolation either voluntary or enforced as a result of i,ii or iii.

6. GENERAL EXCLUSIONS

No Benefit will be payable as a result of directly or indirectly:

1. War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power.
2. Radioactive contamination from:
 - Ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - The radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment.
3. Directly or indirectly caused by or contributed to by or arising from Biological or Chemical contamination due to or arising from terrorism.
4. **We** shall not provide any benefit under this contract of insurance to the extent of providing cover, payment of claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.
5. The Insured Person committing or attempting to commit suicide or intentionally inflicting self-injury or wilful exposure to danger (except in an attempt to save human life) or from the Insured Person's own criminal act.
6. The Insured Person taking a drug which is not lawfully available or is lawfully available only on prescription by a qualified **Doctor**. This exclusion does not apply if the drug was prescribed by a qualified **Doctor**.
7. The Insured Person being engaged or taking part in military air force or naval service or operations (other than reserve or volunteer training).
8. i. The use of, or inability to use, any application, software, or programme in connection with any electronic equipment (for example a computer, smartphone, tablet or internet-capable electronic device);
 - ii. Any computer virus;
 - iii. Any computer related hoax relating to i and/or ii above.

7. CLAIM REQUALIFICATION

A claim which occurs within 3 months of a previous claim will be treated as a continuation of the original claim and **You** will be entitled to a combined maximum number of payments as shown on **Your** Schedule of Insurance.

A new claim for **Accident & Sickness** can be made, provided **You** have returned to **Work** for a period of at least 90 consecutive days.

If **You** have received the maximum number of payments as per **Your** Schedule of Insurance, **You** must return to **Work** for a period of at least 180 consecutive days to be eligible to make a new claim for **Accident & Sickness**.

8. CANCELLATION

You have a statutory right to cancel this **Policy** by giving notice to the **Administrator** within 30 days of the **Policy Start Date**. In these circumstances **We** will refund all of any **Premium You** have paid provided **You** have not made a claim under this **Policy**.

Thereafter **You** may cancel **Your** cover under this **Policy** by contacting the **Administrator** and quoting **Your Policy** number. **Your** cover will cease on the date **We** receive **Your** request. No refund of **Premium** will be made if **You** cancel **Your** cover under this **Policy** more than 30 days after the **Policy Start Date**.

We may cancel **Your Policy** by giving **You** 60 days notice prior to **Your Policy Renewal Date**. We will only do this for a valid reason as below. (this list is not exhaustive):

- Non payment of premiums
- A change in risk occurring which means that **We** can no longer provide **You** with insurance cover;
- Non-cooperation or failure to supply any information or documentation we request;
- Fraudulent claim made by the policyholder (in accordance with the Insurance Act 2015)

This will not affect any rights to **Monthly Benefit** which **You** may have already received under this **Policy**.

9. DATA PROTECTION

We and the **Administrator** are the data controller(s) (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 is available on **Our** website 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 and the **Administrator** 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 the **Administrator** may also collect sensitive personal information about **You** 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 and the **Administrator** collect and process **Your** 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 and the **Administrator** 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 and the **Administrator** 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: Group Data Protection Officer, Canopus Managing Agents Limited, Gallery 9, One Lime Street, London EC3M 7HA, UK, privacy@canopus.com, T + 44 20 7337 3700.

10. GENERAL CONDITIONS

- This **Policy** and any endorsements to it together with **Your Application, Policy Schedule** and any written statement of medical or other information made by **You** make up the insurance contract between **Us** and **You**.
- No alterations, variations, or relaxation of any of the terms of this **Policy** can be made except in writing by one or more of **Our** authorised officials.
- This **Policy** is subject to English law subject to the exclusive jurisdiction of the Courts of England and Wales.
- In the event of a fraudulent claim made by **You**, **We** may:
 - Refuse to pay the claim; and/or
 - Recover any monies already paid for that claim; and/or
- Terminate the **Policy** with effect from the time of a fraudulent act, without a return of premium and refuse to pay any claim occurring after the date of the fraudulent act. However, **We** will still remain liable for legitimate claims where the loss event occurs before the fraudulent act.
- If at any time any provision or part thereof of this insurance contract becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- All under this insurance contract are non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any Benefit any sums which by law **We** are required to deduct.
- A person who is not a party to this insurance contract has no right under the Contracts Act 1999 (Rights of Third Parties) to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- In deciding to accept this policy and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete. If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this **Policy** as if it never existed, decline all claims, and **We** will keep the **Premium**.
- If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your Policy** and any claim. For example, **We** may:
 - Treat this **Policy** as if it had never existed and refuse to pay all claims and return the **Premium** paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not have offered;
 - Amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been impacted by **Your** carelessness;
 - charge **You** more for **Your Policy** or reduce the amount **We** pay on a claim in the proportion the **Premium You** have paid bears to the **Premium We** would have charged **You**; or
 - Cancel **Your Policy** in accordance with the cancellation conditions.
- **We** will write to **You** if **We**:
 - Intend to treat **Your Policy** as if it never existed; or
 - Need to amend the terms of **Your Policy**; or
 - Require **You** to pay more for **Your** insurance.
- If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Us** immediately.
- The Benefits of this **Policy** may not be assigned to a third party.
- **We** will be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.
- If, at the time of a claim, **You** have any other policy in force, insuring anything covered by this **Policy**, **We** shall only be liable for **Our** proportional share.

11. HOW TO CLAIM

You must give **Us** notice of a claim by telephoning the **Claims Administrator** on 01285 626032 or email: admin@coriniuminsuranceservices.co.uk. **You** should do so as soon as reasonably possible and within 30 days after the end of the **Waiting Period**. The **Claims Administrator** will send **You** the claim form(s).

You will need to complete the claim form(s) and return them to the **Claims Administrator** as soon as reasonably possible, giving **Us** all the information **We** ask for to enable **Us** to process **Your** claim. This will include but not be limited to - wage slips, **Doctor** and **Consultant** reports, medical records, bank statements and, if **Self Employed** invoices and annual accounts, Inland Revenue and National Insurance records. **You** will be responsible for providing **Us** with the proof **We** need. Delay in submitting a claim to **Us** may make **Your** claim harder to confirm and lead to delay in making payment or result in the non-payment of **Your** claim.

The contact details for the **Claims Administrator** are: Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, e-mail: admin@coriniuminsuranceservices.co.uk, telephone: 01285 626032. Corinium Insurance Services is a trading style of Trent-Services (Administration) Ltd, who are authorised and regulated by the Financial Conduct Authority (Firm reference number 315285).

We may ask **You** to be medically examined or appoint a representative to contact or visit **You** at **Our** expense. If **You** do not agree to this **Your** claim could either be stopped or denied.

Throughout the period for which the claim is made under this insurance contract **We** will require **You** to provide evidence of continuing to be unable to **Work** due to **Accident** or **Sickness**. Benefit will not be paid for any period of **Accident** or **Sickness** for which the evidence required by **Us** is not provided.

Once a claim has been accepted, benefit will be paid to **You** monthly in arrears. Payment of benefit will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. **We** may require **You** to produce this **Policy** as proof of purchase.

If **You** are transferring cover from an existing income protection product **We** will require a copy of your old policy document and proof that you have not made a claim in the previous 6 months, **You** can send this information to us as soon as **You** receive your policy documentation or in the event of a claim.

12. COMPENSATION SCHEME

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. Whether or not **You** are able to claim and how much **You** may be entitled to will depend on the specific circumstances at the time. For further information about the scheme please contact the FSCS at www.fscs.org.uk or call them on 0800 678 1100.

13. COMPLAINTS PROCEDURE

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, please direct your complaint to:

Trent-Services (Administration) Limited
Trent House, Love Lane,
Cirencester, GL7 1XD.
Tel: 01285 626054
Email: admin@trent-services.co.uk

Step 2:

Should **You** remain dissatisfied with the outcome of your complaint, **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 the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services. 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

Alternatively, if **You** purchased your insurance online, 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 Economic Area (EEA), who have bought goods 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 Financial Ombudsman Service (FOS).

The written authority number shown on **Your Policy Schedule** allows Corinium Insurance Services which is a trading style of Trent-Services (Administration) Limited to sign and issue this **Policy** on behalf of certain Underwriters at Lloyd's whose respective shares and syndicate numbers can be obtained by applying to Market Services, Lloyd's, One Lime Street, London EC3M 7HA. Trent-Services (Administration) Limited is acting on behalf of **Us**, certain Underwriters at Lloyd's, in performing its duties under the Binding Authority and not on behalf of the policyholder.

Corinium Insurance Services is a trading style of Trent- Services (Administration) Ltd, is authorised and regulated by the Financial Conduct Authority and entered on its register under number 315285. Details can be checked at: www.fca.org.uk/register.

