



CORINIUM PRE-X PROTECTION

Income Protection Insurance With Medical Underwriting For Pre-Existing Conditions

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

Underwritten by Tokio Marine Kiln Syndicates Limited at Lloyd's of London
Issued by Corinium Insurance Services.

This **Policy** is underwritten by Tokio Marine Kiln Syndicates Limited and Corinium Insurance Services acts as **Administrator**. **You** have applied for and **We** have accepted **Your** application for Income Protection Insurance with Tokio Marine Kiln Syndicates Limited at Lloyd's of London. In return for the appropriate **Premium**, this **Policy** confirms **You** are insured from the **Policy** Start Date against **Accident, Sickness or Unemployment** (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 Tokio Marine Kiln Syndicates Limited. Registered Office: 20 Fenchurch Street, London, EC3M 3BY. Tokio Marine Kiln Syndicates Limited are authorised by the Prudential Regulation Authority (PRA) and regulated by the PRA and Financial Conduct Authority, with the firm reference number 204909.

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.

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, Sickness or Unemployment** to the extent covered by this **Policy**.

You are not eligible for cover if: -

- **You** are aware of any impending **Unemployment** which may affect **You**;
- **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 or Sickness

Means incapacity resulting solely from an **Accident** or **Sickness** and which is certified by a **Doctor** as preventing **You** from doing **Your** normal **Work** or any similar **Work** for which **You** are reasonably qualified and as a result of which **You** are not doing any **Work**.

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.

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| 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). |
| 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 . |
| Business Failure | Means the total cessation of Your Business caused entirely by circumstances beyond Your control or the control of any director or partner in Your Business . |
| Claim Period | Means any separate period of time during which You are unable to Work due to an Accident, Sickness or Unemployed 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. |
| 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. |
| Disabled/Disability | 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 or training and You are not doing any other Work for payment or reward. |
| 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 . |
| Initial Exclusion Period | Means the 120 days immediately following the Policy Start Date when You cannot claim for Unemployment . If You are transferring cover from an existing income protection product We will waive this period provided the existing insurance has been in force and claims free for the previous 6 months and you are not aware of any period of Accident, Sickness or Unemployment prior to the transfer. If You increase Your Monthly Benefit , the applicable standard 120 day initial exclusion period will apply to this increase. |
| 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). |

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| Payment in Lieu of Notice | Means either or the following: <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 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 and any statutory notice period You are entitled to. |
| 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 . |
| Termination Date | Means the earliest of the following to occur:- <ul style="list-style-type: none"> 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. |
| Unemployed/Unemployment | Means You are out of Work directly due to circumstances beyond Your control and You must be: <ul style="list-style-type: none"> a) Receiving Income Support, Job Seekers Allowance or You do not qualify for these benefits because You have been entitled to make reduced National Insurance contributions in the past; b) Actively seeking Work; c) Registered as available for Work at a Job Centre Plus or the Department of Health and Social Security in Northern Ireland; d) Entirely without Work; and e) Not in receipt of wages or Payment in Lieu of Notice. |
| United Kingdom | Means England, Wales, Scotland and Northern Ireland. |

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| Waiting Period | Means the period shown in Your Schedule during which You will need to be continuously Unemployed or unable to Work due to an Accident or Sickness before You are entitled to receive Monthly Benefit . |
| We or Us or Our | Means Tokio Marine Kiln Syndicates Limited, 20 Fenchurch Street, London EC3M 3BY |
| 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 **Disabled**, 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.

In addition, benefit will not be paid for **Accident or Sickness** if **You** are receiving **Unemployment** benefit under this **Policy**.

4.2 UNEMPLOYMENT BENEFIT

If **You** are **Working** and become **Unemployed** after the **Initial Exclusion Period** 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 **Unemployed** 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 **Unemployed**, monthly in arrears.

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

- a) The last consecutive day of **Your Unemployment**, or
- b) The date **You** stop providing due proof that **You** remain continuously **Unemployed**, or
- c) 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**.

Unemployment cover under this **Policy** will vary in accordance with **Your** employment status: -

- (i) **Permanent Employment** - If **You** are **Working**, **You** will be insured if **You** are made **Unemployed**.
- (ii) **Contract Employment**
 - (a) If **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer for more than 2 consecutive years or on an annual contract which has been renewed then **You** will be insured if **You** are made **Unemployed**.
 - (b) If **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer but for less than 2 years then **You** will be insured if **You** are made **Unemployed** during the term of **Your** contract. **You** will not be insured against the non-renewal of **Your** contract and any entitlement to **Monthly Benefit** under this **Policy** will automatically cease on the date **Your** contract was originally intended to terminate.
- (iii) **Self Employment**

If **You** are **Self Employed** **You** will be insured due to **Business Failure** and **You** must have: -

 - a) Filed closing accounts with the Inland Revenue if **You** operate alone, or
 - b) Had **Your** company put in the hands of an insolvency practitioner following the actions of a third party outside **Your Business**, or
 - c) Had **Your** partnership dissolved and final accounts filed with the Inland Revenue following the actions of a third party outside **Your Business**.

4.2.1 UNEMPLOYMENT EXCLUSIONS

No benefit will be payable to **You** if: -

- **You** have not been **Working** for at least 6 months prior to the **Policy Start Date**;
- **You** were aware of the possibility of impending **Unemployment** (or in **Our** reasonable opinion **You** should have been aware) at the **Policy Start Date**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**;
- **You** are notified of or made aware by any means, within the **Initial Exclusion Period**, of anything which might lead to **Your Unemployment** notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**;
- **Your Work** is casual, seasonal or of a temporary nature;
- **You** accept voluntary redundancy, resign or retire;
- **You** failed to pass a trial or probationary period;
- **Your Unemployment** occurs as a result of the expiry of an apprenticeship or training contract;

- **Your Unemployment** arises as a result of **Your** own act, wilful misconduct, negligence, dishonesty or fraud;
 - **Your Unemployment** occurs while **You** are **Working** outside the **United Kingdom** for a period intended by **You** to be more than 90 days - this clause will not apply if **Your** reason for leaving the **United Kingdom** is because **You**:-
 - a) **Work** for the British Armed Forces or;
 - b) **Work** as a Civil Servant in a British Embassy or Consulate;
 - **You** are made **Unemployed** from a **Business** where **You** can control the affairs of the **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**;
 - **You** are made **Unemployed** as a result of participating in any industrial action;
 - **You** refuse any offer of reasonable alternative employment by **Your** employer, which based on **Your** qualifications, previous experience and the location of such employment it would have been reasonable for **You** to accept;
 - **You** give up work to become a carer.
- Benefit will not be paid for **Unemployment** if **You** are receiving **Accident** or **Sickness** benefit under this **Policy**. If, during a **Claim Period** in respect of **Unemployment** **You** are not able to actively seek **Work** solely because of an **Accident or Sickness**, **We** may continue to pay **Accident** and **Sickness** benefit to **You** (if selected) but as part of one **Benefit Period** and therefore on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.

5. SUSPENDING AN UNEMPLOYMENT CLAIM FOR TEMPORARY EMPLOYMENT

If **you** make a claim for **Unemployment** under this **Policy** and **You** are offered temporary **Work** **We** will suspend (rather than end) claim payments provided that: -

- a) **You** tell **Us** who **You** will be **Working** for (even if **You** will be **Self Employed**), how many hours of **Work** a week **You** will be **Working** for and the duration of **Your** temporary **Work**; and
- b) **Your** temporary **Work** lasts for at least one week and no longer than six months and **Your** temporary **Work** does not comprise of more than three separate jobs during any one **Claim Period**; and
- c) **You** continue to comply with the terms and conditions of this **Policy** and tell **Us** immediately if any of the above circumstances should change.

If **You** are again **Unemployed** when temporary **Work** within the above provisos ends **You** will be eligible to continue **Your** claim for **Unemployment** as if **You** had one continuous claim and **We** will recommence the claim payment but on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.

6. GENERAL EXCLUSIONS

No benefit will be payable in respect of **Accident, Sickness** or **Unemployment** arising as a result of:-

- a) 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;
- b) Radioactive contamination from: -
 - (i) ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - (ii) the radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment; or
- c) Biological or chemical contamination due to or arising from an **Act of Terrorism**.
- d) **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.

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** or **Unemployment** 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** or **Unemployment**.

If **You** are **Self-Employed** or a **Contract Worker**, please refer to **Your** policy terms and conditions as additional conditions apply.

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

For the purposes of this Notice, "**We/Us/Our**" includes Tokio Marine Kiln Syndicates Ltd, the Coverholder Corinium Insurance Services which is a trading style of Trent-Services (Administration) Ltd and any agents. **You/Your** includes the Insured, and anyone who provides data to the Coverholder, or who is or becomes insured by **Us** under a contract of insurance (the **Policy**).

The security of data is very important to **Us**, which **We** will handle with all appropriate security measures. **We** will collect and process data (including personal information) about any person insured under the **Policy** for its administration, the handling of claims and the provision of customer services, and may share it with related entities and with trusted service providers and agents such as lawyers, as well as other parties such as anti-fraud databases, subject to proper instruction and control. **Our** handling of data is consistent with the core necessary personal data uses and disclosures set out in the London Insurance Market Core Uses Information Notice which **You** should review.

All data may be used by **Us** for generic risk assessment and modelling purposes but will not be used or passed to any other party for marketing products or services without **Your** express consent. All data provided by **You** about other people to be insured, such as family, friends or other associates, must be with their permission. It is **Your** responsibility to inform them about **Our** use of their data.

Data will not be retained for longer than necessary and will be deleted within seven years after expiry of the **Policy**, unless it is further required for legal or regulatory reasons. **You** have a number of rights in relation to the data, including the right to request a copy of the information (for which there may be a small fee), to correct any inaccuracies and in certain circumstances to have it deleted. Data transferred outside the European Economic Area will have equivalent protection.

If further information is required as to how data is processed, or as to the exercise of any rights under any data privacy laws, **You** should contact Corinium Insurance Services which is a trading style of Trent-Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD, T: +44 (0) 1285 626 032.

If **You** are not satisfied with the way in which any personal data has been managed, **You** may complain to the Information Commissioner's Office at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom, Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate), Email: casework@ico.org.uk.

10. GENERAL CONDITIONS

- This **Policy** and any endorsements to it together with **Your Application** and **Certificate of Insurance** 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.
 - a) If **You** the Insured makes a fraudulent claim under this insurance contract, **We** the Insurer:
 - i. Are not liable to pay the claim; and
 - ii. May recover from the Insured any sums paid by the Insurer to the Insured in respect of the claim; and
 - iii. May by notice to the Insured treat the contract as having been terminated with effect from the time of the fraudulent act.
 - b) If the Insurer exercises its right under clause (a)(iii) above:
 - i. The Insurer shall not be liable to the Insured in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insurer's liability under the insurance contract (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and,
 - ii. The Insurer need not return any of the premiums paid.
- Nothing in clauses a) and b) is intended to vary the position under the Insurance Act 2015.
- 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 **Monthly Benefits** 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 **Monthly 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 condition above.

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** proportionate share up to a maximum of 65% of **Your Normal Income**.

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, termination letters or notices, **Your** P45, **Doctor** and **Consultant** reports and medical records and, if **Self Employed**, bank statements, 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**, **Sickness** or **Unemployment**. Benefit will not be paid for any period of **Accident**, **Sickness** or **Unemployment** 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. COMPLAINTS PROCEDURE

We aim to provide a first-class service.

For complaints relating to the selling of this insurance please contact the sales agent from which this insurance was purchased. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.

If **You** have any cause to complain, or **You** feel that **We** have not kept **Our** promise, please write to:

The **Administrator**, Corinium Insurance Services, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD who will pass your complaint on to Tokio Marine Kiln Syndicates Limited. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.

In the event that **You** remain dissatisfied, **You** can refer the matter to Lloyd's.

The address: Complaints, Lloyd's, One Lime Street, London, EC3M
The telephone number is: 020 7327 5693
The fax number is: 020 7327 5225
The email address is: complaints@lloyds.com

Complaints that cannot be resolved by the **Administrators**, Insurer or Lloyd's, may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

The address is: Financial Ombudsman Service, Exchange Tower, London, E14 9SR
Email: complaint.info@financial-ombudsman.org.uk
Website: <http://financial-ombudsman.org.uk/contact/>
The telephone number is: 0800 0 234 567*

*Calls to this number are free if **You** are calling from a 'fixed line' (e.g. a landline at home). If **You** are a mobile phone user who plays a monthly charge for calls to numbers starting 01 or 02, call free on 0300 123 9 123.

This does not affect any right of legal action **You** may have.

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.

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.



[HTTPS://WWW.PULSE-INSURANCE.CO.UK/](https://www.pulse-insurance.co.uk/)