



# CORINIUM SAVER

WITH CLINIC IN A POCKET



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## INCOME PROTECTION INSURANCE POLICY WORDING

# SECTION 1 - INTRODUCTION

### About *your* insurance

Welcome to *your* Corinium Income Protection Insurance.

This insurance helps protect all, or some, of *your* monthly income if *you* cannot *work*:

- (a) because of an accident or sickness (which is called “*disability*” in this policy); or
- (b) because *you* are *unemployed* but it is not *your* fault.

The policy covers *you* for up to 12 months for each claim.

*You* can choose *disability* cover only, or *disability* and *unemployment* cover. The cover *you* have chosen will be shown on *your* certificate of insurance.

If *you* have chosen *unemployment* cover, the benefits available for *unemployment* also apply if *you* give up *work* to become a *carer*, and the policy provides access to a confidential and independent employment advice service. Please see Section 5 of this policy wording for full details.

This document (the policy wording) explains the full insurance terms and conditions. *You* will also be given a certificate of insurance which will show the details specific to *your* insurance. It is important that *you* read this policy wording and *your* certificate of insurance carefully, so *you* can be sure what cover *you* are buying and double-check that it meets *your* needs.

*You* will be covered for one month from the *start date* and then for each further monthly period in a row (as long as *you* pay the premium) until *your* 65th birthday or until the insurance is cancelled.

Please take time to read the “**Important information**” section on pages 4 - 7 of this policy wording.

It tells *you* about:

- things *you* need to check,
- actions *you* need to take, and
- things *you* need to tell *us* about once the insurance has started.

*You* will also find information here about:

- the *initial exclusion period* (during which *you* cannot claim under the policy),
- the benefit that is paid when *you* have a claim,
- information about the possible effect getting benefits under this insurance might have on any state benefits *you* may be getting, and
- *our* rights to change *your* cover or the price of *your* insurance.

## Who's who

- The insurance is underwritten by Lloyd's syndicate 4444 (called "*we*", "*us*" and "*our*" in this policy wording) 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.
- Trent-Services (Administration) Limited is the policy administrator and also handle claims under the policy on *our* behalf. They are called as the "*administrator*" in this policy wording and are specialists in this type of insurance, with many years experience.

### How to contact the *administrator* and how to make a claim

If *you* have any queries about *your* insurance or want to make a claim, please contact the *administrator*. Their contact details are:

Trent-Services (Administration) Limited  
Trent House, Love Lane  
Cirencester  
Gloucestershire GL7 1XD

Email: [admin@trent-services.co.uk](mailto:admin@trent-services.co.uk)

Tel: 01285 626020 (this is a basic rate number).  
Lines are open between 9am and 5pm Monday to Friday (but not on bank holidays).

If *you* are making a claim, *you* should contact the *administrator* within 30 days after the start of any period off *work you* want to claim for.

## Special words and phrases

Some words and phrases in this policy wording and in *your* certificate of insurance will always have the same meaning wherever they are *typed in italics*. They are all listed and explained in Section 12 "**Meaning of words**" at the end of this policy wording.

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

Please contact the *administrator* if *you* need any documents in:

- braille and/or
- large print and/or
- audio format

or if there is anything else that make communication difficult.

*You* should take a look at *your* personal circumstances from time to time to make sure that this insurance is still suitable for *you* and that *you* would still be able to claim.

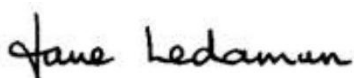
## Certification of cover

This policy wording and *your* certificate of insurance are *your* insurance documents. Together, they make up the legal contract between *you* and *us*.

This policy wording and *your* certificate of insurance are issued to *you* by Trent-Services (Administration) Limited in its capacity as *our* agent under contract reference B6839/CR711.

In return for *you* paying the premium amount shown in *your* certificate of insurance, *you* are insured in line with the terms & conditions set out in these documents (and any amendments made to them) all the time *your* policy is in force.

Signed by Jane Ledamun



Authorised signatory of Trent-Services (Administration) Limited

## SECTION 2 - IMPORTANT INFORMATION

### Things *you* must do

- Check *your* certificate of insurance and make sure the details are correct and that *you* have the cover *you* asked for.
- Check that *you* are able to take out this insurance (see “**Eligibility**” on page 5).
- Check the information *you* have given *us* is correct (see “**Giving us all the important information**” on page 5).
- Tell the *administrator* as soon as possible if any of the details on *your* certificate of insurance are wrong, or if *you* realise *you* do not qualify for this insurance.
- Read the “**State benefits**” section on page 6 so that *you* understand how *your* benefits might be affected by the benefits paid by this insurance.
- Keep to any duties listed under each section of the policy wording and the duties that apply to the whole document.

**The *administrator’s* contact details, are given on page 3.**

### Claims procedures and requirements

There are things *you* need to do and requirements *you* need to meet when *you* make a claim. These are in Section 7 “**Making a claim**”.

If *you* do not do these things or meet the requirements *your* claim might not be paid or, if it is, the amount *we* do pay might be reduced.

## Giving us all the important information

When we accepted *your* application for this insurance, we accepted the information *you* gave the *administrator*.

*You* must be careful to give full and truthful answers to all the questions asked when *you* take out, or make changes to, *your* insurance. If the information *you* give is not full and truthful we:

- might cancel *your* insurance and refuse to pay any claim, or
- if we do pay it, the amount might not be the full amount..

If *you* realise that any information *you* have given is not true or if *you* have not told us everything, please contact the *administrator* as soon as possible.

## Eligibility

When *you* applied for this insurance we asked *you* to confirm that *you* were 'eligible for cover'. *You* are eligible for cover as long as, when *your* insurance begins (the *start date*), *you*:

- are 18 years old or over and under 64.
- are a permanent resident in the *United Kingdom*, and have been for at least 6 months.
- are *working* in the *United Kingdom*, for at least 16 hours a week, and have been continuously for the previous 6 months.
- are not off *work* due to illness or injury (apart from a mild illness like a cold or flu). If *you* are off *work* because of illness or injury, then *your disability* cover will not start until *you* go back to *work*.
- do not know about any up-coming job losses that are about to happen and are likely to affect *you*.
- do not already know that *you* will have to give up *work* to become a *carer*.

*You will not be covered* if *you* do not meet these requirements when *your* insurance starts

### **Please note:**

*You* do not qualify for cover if *your work* is

- temporary,
- casual,
- occasional or
- on under a contract which does not last longer than 12 months.
- *You* are *self-employed* (either on a full-time or part-time basis).

## Initial exclusion period for *unemployment* claims

*You* cannot make a claim for *unemployment* which:

- starts, or
- *you* are told about or
- *you* find out about),

during the first 150 days after the *start date*.

This could include, for example:

- announcements or restructuring plans,
- internal communications about company-wide restructures, downsizing initiatives or departmental closures,
- individual communications or
- any other business decisions that might lead to redundancies.

This exclusion will not apply if *you* bought this insurance to replace a similar insurance that covered *you* against *unemployment*, as long as *your* previous cover was still in force immediately before the start of this insurance and had been in place for at least 6 calendar months.

*You* will be asked to provide proof of this if *you* claim for *unemployment* within the *initial exclusion period*.

### Initial exclusion period for *disability* claims

*You* cannot claim for *disability* if the cause or symptoms of *your disability* happens during the first 5 days after the *start date*.

### The monthly benefit

The maximum *monthly benefit* payable for any claim is:

- 65% of *your normal income* or
- £2,000

whichever is the lower amount.

If *you* are employed under a *permanent contract* or a *fixed-term contract*, '*normal income*' means the monthly average of *your* gross income from *your* employment in the twelve months immediately before *your* claim.

### Changes to *your* residency or employment circumstances

*You* might stop being able to get benefit under this insurance if *your* residency or employment circumstances change. For example:

- if *you* are no longer permanently resident in the *United Kingdom*, or
- if *you* work abroad, or
- if *you* no longer work for at least 16 hours a week, or
- if *you* become *self-employed*.

It is important that *you* tell the *administrator* if *your* residency or employment circumstances change. Their contact details are given on page 3.

### State benefits

Sometimes, the benefits paid by this insurance might affect *your* right to some state benefits. If *you* make a claim under this insurance and also apply for any means tested state benefit, the Department for Work and Pensions might treat some of *your* claim payment as 'income' when they calculate *your* state benefit.

## Other insurances

If *you* have any other similar insurance which covers *your* income at the *claim date*, we will deduct the amount of benefit that *you* are due under the other insurance from the *monthly benefit* we pay so you receive no more than 65% of your *normal income* across all your policies.

## Our right to change *your* cover or the price of *your* insurance

If we decide, or need, to change *your* cover or the price of *your* insurance, we will give *you* at least 2 months written notice which will be sent to *your* last known address.

We will only change *your* premium and/or the terms and conditions of *your* insurance for the following reasons:

- to make minor changes to *your* policy wording that do not affect the nature of the cover and benefit (for example, changes to make the policy wording easier to understand).
- because of changes to the law, relevant regulations (including any decision of a regulatory body) or any code of practice or industry guidance which affects *us* or *your* insurance.
- because of changes to taxation applicable to *your* insurance (for example, insurance premium tax).
- because of increases or reductions in the cost (or projected cost) of providing *your* insurance (including, for example, increases or decreases caused by changes to the number, length, cost or timing of claims) which *we*, as part of *our* pricing policy, have assumed or projected will be made under this insurance.
- to cover the cost of any changes to the cover/benefits provided under this insurance including, for example, the removal of one or more policy exclusion(s) or
- to cover the cost of changes to the systems, services or technology which support this insurance.

Once we have made a change, no more changes will be made to the terms and conditions or the premium for *your* policy for at least 6 months - unless we have to by law, regulation or any code of practice or industry guidance.

We can make changes straight away (and tell *you* within 30 days of the change having been made) if the change is in *your* favour. An example of this could be a reduction in the rate of Insurance Premium Tax, a general reduction in the price of *your* insurance or an improvement to the cover and benefits.

When *you* get notice of any changes or proposed changes, *you* can cancel cover if *you* are unhappy with the change or proposed change.

## SECTION 3 – THE INSURANCE COVER

### *Unemployment Insurance*

**(If you have chosen this cover it will be shown on your certificate of insurance)**

What do we mean by *unemployment*?

*Unemployment* or *unemployed* means not having any paid work through no fault of your own.

*Unemployment* cover varies depending on the type of employment contract you had when you became *unemployed* (either a *permanent contract* or a *fixed-term contract*).

#### 1. If you held a *permanent contract*:

You are covered if you lost your job because of *compulsory redundancy* or dismissal, (as long as you were not dismissed for misconduct).

#### 2. If you held a *fixed-term contract*:

(a) You are covered if your employer ended the contract or did not renew it again, as long as your employer had originally intended the contract to be renewable and either:

- it was an annual contract which had already been renewed at least once; or
- you had worked for that employer for at least two years in a row or were previously employed by them under a *permanent contract*.

(b) If your contract and work record with your employer was different to what is described in (a) above, you are only covered if your employer ended the contract early (not if they did not renew it when it reached its expiry date.) Please note that benefit will not be paid after the contract would have expired normally.

#### 3. If you were *self-employed*:

There is no *unemployment* cover under this insurance if you are *self-employed* either on a full-time or part-time basis. *Self-employed* means you are a sole trader, director or partner or a shareholder of 20% or more in a company which employs you. We will consider you to be *self-employed* if you are employed in a company or business where your spouse, civil partner, parent, child, brother or sister meet any of these conditions.

You are also *self-employed* (whether or not you have registered as self-employed with HM Revenue and Customs) if:

- you run your business for yourself and take responsibility for its success or failure, or
- you have several customers at the same time, or
- you can decide how, where and when you provide your services, or
- you can hire other people at your own expense to help you, or
- you provide the main items of equipment, or
- you are responsible for finishing any unsatisfactory workmanship in your own time, or
- you charge an agreed fixed price for your services or sell goods or services to make a profit.

## Government Supported Training

You can take part in government supported training during an *unemployment* claim for up to 12 months without the claim being affected, as long as you still have a Jobseeker's Agreement in place and can prove that you are still actively looking for work.

## Maximum benefit for unemployment

The most we will pay for any single complete claim is 12 *monthly benefits*, unless any of the events listed in Section 9 (**Cancellation of the Policy**) happen first. However, if you had the type of *fixed-term contract* and *work* record described in 2(b) above, benefit will not be paid after the date the contract would have expired normally.

### It is important that you understand

- you cannot claim for *unemployment* during the *initial exclusion period*; and
- benefit is not payable for any period for which you are entitled to *payment in lieu of notice*. This includes compensation under a settlement agreement (as explained within the definition of *payment in lieu of notice* on page 22).

## What if you give up work to become a full time carer?

Under this policy, the benefits available for *unemployment* also apply if you give up work to become a *carer*.

### It is important that you understand:

- you will not be covered if you become a *carer* within the *initial exclusion period*, and
- you must be getting Carer's Allowance from the Department for Work and Pensions.

## Disability Insurance

### What do we mean by disability?

*Disability* (or *disabled*) means being unfit to do your job because of an accident or illness. This must be:

- officially confirmed by a *healthcare professional* (who will give you a Fit Note or something similar) and
- leave you totally unable to do the duties you are paid a salary to undertake.

### If you were self-employed:

There is no *disability* cover if you are *self-employed*, whether on a full-time or part-time basis.

### Maximum benefit for disability

The most we will pay for any single complete claim is 12 *monthly benefits*, unless any of the events listed in Section 9 (**Cancellation of the Policy**) happen first.

### It is important that you understand:

- the *disability* must start after the *start date*, and

- you cannot claim for *disability* if the cause of *your disability* happens during the *initial exclusion period*, and
- you cannot claim for any period of *disability* if you are getting your normal income from your employer for the same period.

Does the *disability cover* still apply if you go back to your job on temporarily reduced hours?

Yes. We want to help you on your way back to full time work, so your claim will carry on and the full *monthly benefit* will be paid for up to 3 months, as long as:

1. you have already received at least one *monthly benefit* for your *disability* claim; and
2. your *healthcare professional* continues to issue medical certificates and confirms the number of hours (or days) that have been agreed. This must not be more than 75% of your normal hours; and
3. your reduced hours (or days) do not become permanent.

## SECTION 4 – HOW THE COVER WORKS

### **Excess periods**

When you took out your insurance you chose an “Excess Period”. The *excess period* affects when you become entitled to your first *monthly benefit*. No benefit will be paid if you go back to work before your first *monthly benefit* is due. The *excess period* you chose is shown on your certificate of insurance.

The date the first *monthly benefit* is due, and will be paid, is:

<i>Excess period chosen by you</i>	<i>First monthly benefit is due and will be paid</i>
0 days	Day 31
30 days	Day 61
60 days	Day 91

After you have had your first *monthly benefit*, you will be entitled to 1/30th of your *monthly benefit* for each further day in a row that you are still *disabled*, or *unemployed* - until you have been paid the *maximum benefit*.

Payments will be made to you as you complete each 30 days of qualifying for benefit.

### **When you have been paid the maximum benefit**

After being paid the *maximum benefit* for an *unemployment* claim, you need to go back to work for 6 months in a row before you can claim again.

After being paid the *maximum benefit* for a *disability* claim, you need to go back to work for:

- 6 months in a row before you can claim for the same or a related condition or
- 1 month if the next *disability* is not in any way related.

### Temporary earnings during an *unemployment* claim

If you get the chance of temporary employment while you are making an *unemployment* claim, we can help. We will just suspend your claim for a period of time that we agree with you. Please keep the administrator up to date with your situation so you can get the best out of your insurance cover.

### If your claim changes

If you have chosen *disability* and *unemployment* cover and your claim changes from *disability* to *unemployment* (or from *unemployment* to *disability*) we will treat this as if it was continuation of the original claim. We will not treat it as a new claim and the *excess period* will not apply. The maximum of 12 *monthly benefits* will apply to the whole claim.

### Claims one after another

If you go back to work before the *maximum benefit* has been paid but then find that you have to claim again, the way we treat the next period of *disability* or *unemployment* depends on how long your return to work lasted:

- If it was less than three months in a row, it will be considered part of the original claim. An *excess period* will not apply and benefit will continue straight away. The benefit already paid will count towards the maximum of 12 *monthly benefits* for the whole claim.
- If you go back to work for three months or more in a row, any future *disability* or *unemployment* will be treated as a completely new claim. A new *excess period* will apply and you will be entitled to 12 more *monthly benefits*.

## SECTION 5 – CUSTOMER CARE PROGRAMME

### (This only applies if you have chosen *unemployment* cover)

*Unemployment* cover includes access to a confidential and independent advice service which can give help and advice on getting back to work quickly if you are made *unemployed*.

This service gives:

- unrestricted access to a professional career advisor;
- a 'Back to Work' guide;
- help with finding job vacancies and access to an online job seekers website;
- advice on CV preparation;
- tips on interview techniques.

The administrator will give you contact details and an internet portal if you make an *unemployment* claim.

## SECTION 6 – WHAT IS NOT COVERED

### Unemployment insurance

Benefit will not be paid:

1. for *unemployment* which happens or *you* are told about or which *you* find out about, during the *initial exclusion period*. This could include, for example, announcements or restructuring plans, internal communications about company-wide restructures, downsizing initiatives, departmental closures, individual communications or any other business decisions that could lead to redundancies.
2. for *unemployment* because *you* become a *carer* within the *initial exclusion period*.
3. for *unemployment* which *you* knew about at the *start date*.
4. for *unemployment* if *you* knew at the *start date* *you* would have to give up *work* to become a *carer*.
5. for any period covered by *payment in lieu of notice*.
6. for *unemployment* which is normal or seasonal in *your* job.
7. for voluntary *unemployment* like *you* resigning or taking voluntary redundancy,
8. for *unemployment* following the outcome of a disciplinary procedure or hearing, including immediate termination of employment because of *your* actions.
9. If *you* are *self-employed*.

If *you* cancelled similar insurance that covered *you* against *unemployment*, points 1 and 2 above will not apply as long as *your* previous cover was still in place immediately before the start of this insurance and had been in place for at least 6 calendar months. *You* will be asked to prove this if *you* claim for *unemployment*.

### Disability insurance

Benefit will not be paid for:

1. any pre-existing medical condition. A pre-existing medical condition means any condition, injury, illness, disease, sickness or related condition(s) and/or associated symptoms, whether diagnosed or not, which in the 12 month period immediately before the *start date*:

- *you* knew about, or should reasonably have known about, or
- *you* had seen, or arranged to see, a *healthcare professional* about.

This exclusion will not apply if *you* stay symptom free and do not seek treatment or advice for a period of 24 months in a row.

2. backache, unless there is radiological evidence (for example, x-ray or MRI) of abnormality.
3. any condition caused or made worse by any psychiatric illness or any mental, nervous or stress related disorder, unless *you* are getting care and attention from a psychiatric specialist or psychiatric nurse.
4. deliberate self-inflicted injury or any *disability* as a result of alcohol or drug abuse.

5. any surgical procedure that you have asked for (but which is not medically necessary to sustain *your* quality of life) or cosmetic surgery unless it is needed as a direct result of a physical injury, disease or sickness.
6. the cause of *your disability* happens within the *initial exclusion period*.
7. any period of *disability* when *you* are getting payment of *your normal income* from *your* employer.
8. If *you* are *self-employed*.

### Exclusions that apply to all claims

Benefit will not be paid for any claim which in any way results from:

- *war* or acts of *terrorism*, or
- *you* taking part in *active war*, or
- *nuclear risks*.

## SECTION 7 – MAKING A CLAIM

Before *you* make *your* claim *you* should *read* this policy wording carefully to check *you* are covered for the claim *you* want to make. Please pay special attention to the exclusions.

If *you* are not sure if *you* can claim or not, please ask the *administrator* for help.

### What you need to do

*You* must follow the procedure below when *you* make a claim. If not, *your* claim might not be paid or, if it is, the amount could be reduced.

<b>Step 1</b>	<p><u>Claims for <i>unemployment</i></u></p> <ol style="list-style-type: none"> <li>a) Register with the Jobcentre Plus as <i>unemployed</i> or with the Department for Work and Pensions as a <i>carer</i>.</li> <li>b) Have a Jobseeker's Agreement and be getting any unemployment benefit or National Insurance credits <i>you</i> are entitled to.</li> <li>c) If <i>you</i> have given up <i>work</i> to become a <i>carer</i>, <i>you</i> need to be getting Carer's Allowance.</li> </ol> <p><u>Claims for <i>disability</i> (accident and illness)</u></p> <p>See a <i>healthcare professional</i> and be certified as unfit to <i>work</i>.</p>
<b>Step 2</b>	<p>Contact the <i>administrator</i> and ask for a claim form within 30 days of the start of any period that <i>you</i> are off <i>work</i>.</p> <p>Contact details are:  Trent-Services (Administration) Limited  Trent House  Love Lane  Cirencester  Gloucestershire GL7 1XD</p>

	<p>Email: admin@trent-services.co.uk Telephone: 01285 626020 (this is a basic rate number). Lines are open between 9am and 5pm Monday to Friday (excluding bank holidays).</p> <p>When <i>you</i> contact them, please tell them <i>you</i> are covered under Corinium Saver Income Protection Insurance and quote <i>your</i> policy number which is shown on <i>your</i> certificate of insurance.</p> <p>Calls can be recorded for training, compliance and fraud prevention purposes.</p> <p>If <i>you</i> are late reporting <i>your</i> claim we will not decline <i>your</i> claim or reduce the payment amount, as long all the information we need is still available and the delay has not effected the <i>administrator's</i> ability to fully assess the claim.</p>
Step 3	Complete the claim form and send it back to the <i>administrator</i> .
Step 4	<p><u>For unemployment claims only:</u></p> <ul style="list-style-type: none"> <li>• <i>You</i> need to show that <i>you</i> are still <i>unemployed</i>, still receiving the relevant award from the Department of Work and Pensions and looking for new <i>work</i> throughout <i>your</i> claim (unless <i>you</i> have given up <i>work</i> to become a <i>carer</i> when <i>you</i> will need to show that <i>you</i> are still getting Carer's Allowance) so that <i>you</i> can still get benefit.</li> <li>• The <i>administrator</i> will send <i>you</i> a 'continuation claim form' each month which includes a declaration for <i>you</i> to sign saying that <i>you</i> have not <i>worked</i> or that <i>you</i> are still getting Carer's Allowance.</li> </ul> <p><u>For disability claims only:</u></p> <ul style="list-style-type: none"> <li>• <i>You</i> need to show that <i>you</i> are certified by a <i>healthcare professional</i> as unfit to <i>work</i> throughout <i>your</i> claim.</li> <li>• The <i>administrator</i> will send <i>you</i> a 'continuation claim form' each month which includes a declaration for <i>you</i> to sign. We may also ask <i>you</i> to take a form to your <i>Healthcare Professional</i> from time to time, but we will cover this cost.</li> </ul>

## Documents you might need to give

### For unemployment claims only:

- A Jobseeker's Agreement (or an Award Notice for Carer's Allowance if *you* have given up *work* to become a *carer*), a redundancy notice/severance letter, pay slips and *your* P45.
- Confirmation from the Jobcentre Plus that *you* are still registered as *unemployed* and any other evidence that the *administrator* asks for to show that *you* are looking for new *work* (or confirmation from the Department for Work and Pensions that *you* are still a *carer*).
- Any other evidence that the *administrator* asks for to show that *you* are still looking for new *work* or still a *carer*.

### For disability claims only:

- Medical certificates for the period of *your* claim, pay slips and information from *your* *healthcare professional* and *your* employer to support *your* claim
- For claims for back disorders and mental or nervous disorders *you* will need to give any evidence from an appropriate specialist that the *administrator* asks for.
- Any other evidence that the *administrator* asks for.

### **Important – the costs in getting proof as part of your *disability* claim**

The cost of getting proof for *your* claim is *your* responsibility.

If we need more than just medical certificates from *your healthcare professional*, we will pay the cost of the medical examiner's fee for any additional medical or psychiatric examinations we ask *you* to have.

### **Fraudulent claims or misleading information**

We take fraud very seriously so that *you* do not have to pay for other people's dishonesty. If any claim made by *you* (or anyone acting on *your* behalf) is fraudulent, deliberately exaggerated or intended to mislead, we might:

- not pay *your* claim; and
- get back (from *you*) any payments we have already made for that claim; and
- end *your* insurance from the time of the fraudulent act; and
- tell the police about the fraudulent act.

If *your* insurance is cancelled from the time of the fraudulent act, we will not pay any claim for anything which happens after that time and we might not return any insurance premium(s) already paid.

## **SECTION 8 – CHANGING THE LEVEL OF YOUR MONTHLY BENEFIT**

Please contact the *administrator* if *you* need to change the level of *your monthly benefit*. They will tell *you* what to do.

Please note that the *unemployment* exclusions 1, 2, 3 and 4, and the *disability* exclusion 1 under Section 6 will be re-applied to the change in the level of benefit, from the date the change comes into effect.

## **SECTION 9 – CANCELLATION OF THE POLICY**

*Your* cover will stop automatically:

- if the monthly premium is not paid on time. If this happens, the *administrator* will contact *you* and ask for payment within 14 days. If it is not received within the 14 days, the *administrator* will write to *you* again to tell *you* that *your* insurance has been cancelled, or
- on *your* 65<sup>th</sup> birthday. However, if *you* have a valid claim in progress on this date, or if something has happened before this date which leads to a valid claim, we will accept and/or continue to pay *your* claim until it would have normally ended under the terms and conditions of *your* insurance, or
- If *you* commit fraud.

You will no longer be entitled to get benefits under this insurance if any of the following things happen:

- you retire from *work* and do not intend to *work* again, or
- your circumstances change and you are no longer eligible for cover.

For example:

- if you no longer permanently live in the *United Kingdom*; or
- if you no longer *work* for at least 16 hours per week, or
- if you are *self-employed*

It is important that you tell the *administrator* if you become ineligible to receive benefit under this insurance. Their contact details are on page 3 of this policy wording.

### Your right to cancel

You can cancel this insurance within 30 days of the *start date* or, if later, within 30 days of the date you receive this policy wording. Your cover will be cancelled without charge.

You can also cancel your insurance at any other time. There will be no refund of premium because you will only have paid for the cover you have already received.

Please contact the *administrator* if you want to cancel your policy. Their contact details are given on page 3 of this policy wording.

Please note that you should continue to pay your monthly premiums during a claim to make sure you continue to be covered.

### Our Cancellation Rights

We can end your cover under this insurance by giving you at least 3 months written notice at your last known address. If another short term income protection plan is being offered instead, we will give you 2 months written notice that you can switch to the new plan or your cover will end.

If we cancel your cover, you will not have to pay any more premiums but you will continue to get any benefits for a valid claim if your *claim date* was before the date this insurance was cancelled.

Some common reasons why we might cancel your insurance are:

- if there is a change to the risk which means we can no longer provide cover;
- if you use threatening or abusive behaviour towards us or the *administrator*; or
- if you do not co-operate with us or the *administrator*, or fail to supply any information that is asked for.

## SECTION 10 – HOW TO MAKE A COMPLAINT

We aim to give *you* a high quality service at all times, but we do realise that there might be times where *you* feel *you* have to make a complaint.

If *you* want to complain, please see the 3 steps below which include contact details.

If *you* want to send *your* complaint directly to Lloyd's in the first place, *you* can by using the contact information in Step 2.

### Step 1:

Firstly, please make *your* complaint to:

Trent-Services (Administration) Limited  
Trent House, Love Lane,  
Cirencester GL7 1XD.  
Tel: 01285 626020 (this is a basic rate number)  
Email: admin@trent-services.co.uk

### Step 2:

If *you* are not happy with the outcome of *your* complaint, *you* can send it to Lloyd's:

Complaints at Lloyd's  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Kent  
ME4 4RN

Tel: +44 (0)20 7327 5693 (this is a basic rate number)  
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* can ask Lloyd's for a hard copy.

### Step 3:

If *you* are still unhappy after Lloyd's has looked at *your* complaint, *you* might be able 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

## SECTION 11 – LEGAL, REGULATORY & OTHER INFORMATION

### Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme. *You* might be entitled to compensation from the scheme if *we* cannot meet *our* obligation to *you* under this contract.

*You* can get more information from:

The Financial Services Compensation Scheme,

PO Box 300,

Mitcheldean GL17 1DY.

Tel: 0800 678 1100 (Freephone) or 020 7741 4100 (this is a basic rate number).

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

### Data Protection Notice

We and the *administrator* are the data controllers (as defined by the Data Protection Act 2018 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.canopius.com/privacy](http://www.canopius.com/privacy).

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 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 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 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 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 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  
Floor 29  
22 Bishopsgate  
London EC2N 4BQ  
UK  
privacy@canopus.com  
T + 44 20 7337 3700 (this is a basic rate number)

### Safeguarding Your Premium and Claim Payments

All premium payments from you and due to us for this insurance and all claim payments that are due to you from us will be held by the administrator on our behalf. The administrator will also hold any premium refund that we owe you.

By doing this, the administrator is acting as our agent. This means that once a premium is paid to the administrator it is considered to have been received by us and that all claim payments and premium refunds are not considered to have been paid until you have actually received them.

### Law and Jurisdiction

This policy is subject to the laws of England and Wales and the non-exclusive jurisdiction of the English courts.

### Sanctions

You agree that any cover, the payment of any claim and any benefit provided under your policy will be suspended, if providing that cover, the payment of any claim or providing any benefit would expose us to any sanction, prohibition or restriction under any:

- United Nations’ resolution(s); or
- trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until we are no longer exposed to any sanction, prohibition or restriction.

## 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 Canopius Managing Agents Limited. Canopius Managing Agents Limited's registered office is: Floor 29, 22 Bishopsgate, London, EC2N 4BQ. Registered in England no. 01514453.

## Regulatory Details

Canopius 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.

The *administrator* is authorised and regulated by the Financial Conduct Authority. Firm Reference: 315285.

# SECTION 12 – MEANING OF WORDS

Whenever the following words or expressions appear in *italic type* in this policy wording, they have the meaning given below.

<b>“Active War”</b>	means <i>your</i> active participation in a <i>war</i> where <i>you</i> are considered under English Law to be under instruction from, or employed by, the armed forces of any country.
<b>“Administrator”</b>	means Trent-Services (Administration) Limited, Love Lane, Cirencester, Gloucestershire, GL7 1XD,
<b>“Carer”</b>	means being a full-time carer and getting Carer's Allowance from the Department for Work & Pensions.
<b>“Claim date”</b>	means the date <i>your</i> claim starts. <ul style="list-style-type: none"><li>• For <i>disability</i> claims, this is the date <i>you</i> are first issued with a medical certificate by a <i>healthcare professional</i>.</li><li>• For <i>unemployment</i> claims it is the date <i>you</i> first register as <i>unemployed</i> with Jobcentre Plus (or any other work support service that is acceptable to <i>us</i>) in the <i>United Kingdom</i>. Please note, if <i>you</i> receive a payment instead of completing a notice period, <i>your</i> claim cannot start until the date the notice period would have ended.</li><li>• If <i>you</i> are claiming for <i>unemployment</i> because <i>you</i> have given up <i>work</i> to become a full-time <i>carer</i>, it is the 'effective date' shown of <i>your</i> Carer's Allowance Award Notice.</li></ul>

<p><b>“Compulsory redundancy”</b></p>	<p>means where <i>you</i> receive written notice from <i>your</i> employer that <i>your permanent contract</i> of employment is being terminated against <i>your</i> wishes because either:</p> <ul style="list-style-type: none"> <li>• <i>your</i> employer has stopped trading (or soon will) either totally or just in the place they employ <i>you</i>; or</li> <li>• <i>your</i> employer has decided that the specific job <i>you</i> do for them is (or soon will be) no longer needed.</li> </ul> <p>Please note that voluntary redundancy is not covered.</p>
<p><b>“Disability/disabled”</b></p>	<p>means being unfit to <i>work</i> because of an accident or illness. This must be certified by a <i>healthcare professional</i> (for example, by <i>you</i> being given a Fit Note) and leave <i>you</i> totally unable to carry out <i>your work</i>.</p>
<p><b>“Excess period”</b></p>	<p>means the period chosen by <i>you</i> when <i>you</i> took out <i>your</i> cover. The <i>excess period</i> is used to work out when <i>you</i> become entitled to <i>your</i> first <i>monthly benefit</i> under this policy.</p>
<p><b>“Fixed-term contract”</b></p>	<p>means a contract of employment which is for a specific term.</p>
<p><b>“Healthcare Professional”</b></p>	<p>means a qualified doctor, nurse, occupational therapist, pharmacist or physiotherapist who is:</p> <ul style="list-style-type: none"> <li>• registered in the <i>United Kingdom</i> and</li> <li>• works in the <i>United Kingdom</i> and</li> <li>• is qualified to issue statements of fitness for work (“Fit Notes”).</li> </ul> <p>This person cannot be <i>you</i>, a family member, partner or civil partner.</p>
<p><b>“Initial exclusion period”</b></p>	<p>means either:</p> <ul style="list-style-type: none"> <li>- The first 150 days of cover when <i>you</i> cannot make an <i>unemployment</i> claim, or</li> <li>- The first 5 days of cover when <i>you</i> cannot make a <i>disability</i> claim.</li> </ul>
<p><b>“Maximum benefit”</b></p>	<p>means the most <i>we</i> will pay for any single claim which is 12 <i>monthly benefit</i> payments.</p>
<p><b>“Monthly benefit”</b></p>	<p>means the monthly amount <i>we</i> will pay when <i>you</i> have a valid claim as long as it is not more than the benefit limit on page 5. <i>Your monthly benefit</i> is shown on <i>your</i> certificate of insurance.</p>
<p><b>“Normal income”</b></p>	<p>means the monthly average of <i>your</i> gross income from <i>your</i> employment in the twelve months immediately before <i>your</i> claim if <i>you</i> are employed under a <i>permanent contract</i> or a <i>fixed-term contract</i>.</p>
<p><b>“Nuclear Risks”</b></p>	<p>means 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>

<p><b>“Payment in lieu of notice”</b></p>	<p>means either:</p> <p>a) Any payment <i>you</i> get instead of <i>working</i> the notice period shown in <i>your</i> contract of employment or <i>your</i> letter of appointment, or</p> <p>b) Any part of a compensation payment for loss of employment (including any part of a payment under a settlement agreement) that is in any way related to the notice period <i>your</i> employer should have given <i>you</i> in line with <i>your</i> contract of employment or letter of appointment.</p>
<p><b>“Permanent contract”</b></p>	<p>means an open-ended contract of employment with no specific end date and which could continue until <i>you</i> retire.</p>
<p><b>“Self-employed”</b></p>	<p>means <i>you</i> are a sole trader, director or partner or a shareholder of 20% or more in a company which employs <i>you</i>. We will also consider <i>you</i> to be <i>self-employed</i> if <i>you</i> are employed in a company or business where <i>your</i> spouse, civil partner, parent, child, brother or sister meet any of these conditions.</p> <p><i>You</i> are also <i>self-employed</i> (whether or not <i>you</i> have registered as <i>self-employed</i> with HM Revenue and Customs) if:</p> <ul style="list-style-type: none"> <li>• <i>you</i> run <i>your</i> business for yourself and take responsibility for its success or failure, or</li> <li>• <i>you</i> have several customers at the same time, or</li> <li>• <i>you</i> can decide how, where and when <i>you</i> provide <i>your</i> services, or</li> <li>• <i>you</i> can hire other people at <i>your</i> own expense to help <i>you</i>, or</li> <li>• <i>you</i> provide the main items of equipment, or</li> <li>• <i>you</i> are responsible for finishing any unsatisfactory workmanship in <i>your</i> own time, or</li> <li>• <i>you</i> charge an agreed fixed price for <i>your</i> services or sell goods or services to make a profit.</li> </ul>
<p><b>“Start date”</b></p>	<p>means the date <i>your</i> cover starts. This is shown on <i>your</i> certificate of insurance.</p>
<p><b>“Terrorism”</b></p>	<p>means an act including, for example, 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.</p>
<p><b>“Unemployment/unemployed”</b></p>	<p>means having no paid <i>work</i> (as long as this is not <i>your</i> fault) and actively looking for <i>work</i> (unless <i>you</i> are a <i>carer</i>).</p>
<p><b>“United Kingdom”</b></p>	<p>means England, Scotland, Wales and Northern Ireland.</p>
<p><b>“War”</b></p>	<p>means:</p> <p>(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</p>

	<p>proportions of, or amounting to, an uprising, military or usurped power, or</p> <p>(b) Any act of <i>terrorism</i>, or</p> <p>(c) Any act of war or <i>terrorism</i> involving the use of, or release of a threat to use, any nuclear weapon or device or chemical or biological agent.</p>
<b>“We/us/our”</b>	means Lloyd’s syndicate 4444 which is managed by Canopius Managing Agents Limited.
<b>“Work/working/worked”</b>	means getting paid for working at least 16 hours per week under a <i>permanent contract</i> , a <i>fixed-term contract</i> or as <i>self-employed</i> . A period of maternity leave will still count as <i>work</i> . If <i>you</i> have more than one job, the hours <i>you</i> work for each job will be added together.
<b>“You/your”</b>	means the person named as ‘the insured’ on the certificate of insurance who satisfies the eligibility requirements explained on page 5.