



# Income Protection Policy

Policy Booklet



## Important Documents

It is important that **you**: -

- read and understand the key benefits and exclusions set out in this document and the **policy schedule**.
- check that **you** are eligible to take out the **policy**.
- keep this document and the **policy schedule** safe so **you** can refer to them in the future.

# Your Short Term Income Protection Cover

The following pages and the **policy schedule** contain the details of **your policy** and the contractual terms of **your** cover. These **policy** details are legally binding between **you** and **us**.

The words listed on pages 8 – 11 of this booklet have special meanings when they appear in the **policy** in bold text. It is very important that **you** refer to these special meanings when **you** read the **policy** as they will help **you** understand **your** cover. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** do not understand from these meanings or if there is, at any time, anything else in the **policy** on which **you** would like to have more information, then please contact the Best Insurance helpline on 0330 330 9465.

## Your Insurers

Collinson Insurance (a trading name of Astrenska Insurance Ltd) authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. **Their** company number is 01708613 and **their** registered address is 5th Floor, 3 More London Riverside, London, SE1 2AQ. FCA Reference Number: 202846.

**Your premium** will be collected by Best Risk Management & Financial Service Limited. Both Best Insurance and BestIncomeInsurance.co.uk are trading styles of Best Risk Management & Financial Service Limited.

Making contact relating to the sale or administration of **your policy**

If **you**: -

- need help or clarification on **your** cover
- need to notify Best Insurance of a change in circumstance
- wish to discuss or make a complaint relating to the sale of **your policy**
- wish to discuss **your** payments

Please do so by writing to:

✉ Best Insurance,  
4th Floor, Telecom House,  
125-135 Preston Rd, Brighton BN1 6AF

☎ Or **you** can call Best Insurance on  
**0330 330 9465**.

@ Email: [customersupport@bestinsurance.co.uk](mailto:customersupport@bestinsurance.co.uk)

Calls may be recorded and monitored for training and quality purposes.

Making contact relating to a claim

If **you**: -

- need to make a claim
- wish to discuss or make a complaint relating to a claim

Please do so by writing to:

✉ Claimsco Limited,  
4th Floor, Telecom House,  
125-135 Preston Rd,  
Brighton BN1 6AF

☎ Alternatively, **you** can call Claimsco Limited on **0333 344 7508**.

@ Email: [contact@claimsco.co.uk](mailto:contact@claimsco.co.uk)

Calls may be recorded and monitored for training and quality purposes.

# Making a claim

In the event of a claim, **we** can be contacted, either by phone or in writing – please see **our** contact details below. To enable **us** to start paying **your** claim and to continue paying **your** claim, **we** must receive necessary evidence and proof from **you**. **We** will only ask for such information and proof that **we** need to process **your** claim.

Please refer to the 'Claims Requirements' paragraph of the 'General Conditions' section for details of the type of information and proof **we** may require.

**1**

## Check **your** cover

Check the **policy** booklet and schedule to ensure **you** have the relevant cover.

**2**


## Get the following ready


Please ensure **you** have **your policy** number, home postcode, and the reason for **your** claim ready.

**3**

## Contact **us**

By writing to:

 Claimsco Limited,  
4th Floor, Telecom House,  
125-135 Preston Rd,  
Brighton BN1 6AF

 Alternatively, **you** can call Claimsco Limited on **0333 344 7508**.

 Email: [info@claimsco.co.uk](mailto:info@claimsco.co.uk)

# Is something wrong?




Contact Best Insurance – about any issue with how **your policy** was sold to **you**, the administration of **your policy** and the collection of **your premium**.

## Contacting Best Insurance

About any issue with how **your policy** was sold to **you**, the administration of **your policy** and the collection of **your premium**.

For full details of Best Insurance complaints procedure please visit Best Insurance website at <https://bestinsurance.co.uk/disclosure>.

If **you** are not satisfied with the service Best Insurance have provided, **you** can contact them in the following ways:




-  by phone on 0330 330 9465
-  by email at [complaint@bestinsurance.co.uk](mailto:complaint@bestinsurance.co.uk)
-  or **you** can write to: Best Insurance,  
4th Floor, Telecom House,  
125-135 Preston Rd,  
Brighton BN1 6AF

For training and monitoring purposes, Best Insurance may record and monitor telephone calls.

## Contacting Claimsco Limited

For any issues regarding a claim, contact Claimsco Limited.

If **you** are not satisfied with the service Claimsco have provided, **you** can contact them in the following ways:


-  by phone: **0333 344 7508**
-  by email: [info@claimsco.co.uk](mailto:info@claimsco.co.uk)
-  or **you** can write to: Claimsco Limited,  
4th Floor, Telecom House,  
125-135 Preston Rd,  
Brighton BN1 6AF

For training and monitoring purposes, Claimsco

Limited may record and monitor telephone calls.

## Contacting the Financial Ombudsman Service

**You** may be eligible to refer **your** complaint to the Financial Ombudsman Service. For further details, they can be contacted at:

-  Write to: The Financial Ombudsman Service,  
Exchange Tower, London, E14 9SR
-  Phone: 0300 123 9123 from a mobile; or  
0800 023 4567 from a landline
-  Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)
-  Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

# Welcome to your short-term income protection cover

## Why choose our Short Term Income Protection Cover?

This cover is designed to pay **you** a monthly income in the event **you** become:

- **unable to work;**
- a **carer**; or
- **unemployed**

providing **you** have paid the **premium** when due.

## Eligibility criteria

When **we** accept **your** application **you** must be:

- at least 18 and no older than 63 years of age;
- a **resident** of the **UK**, Channel Islands or Isle of Man and;
- in **work** and have been so continuously for the previous six months;
- unaware of any impending **unemployment** or risk **you** may become **unemployed**. If **you** are **self-employed**, **you** must not be aware of any reason in which **your** business is likely to close;
- unaware of any circumstance which may lead to **you** giving up **work** to become a full time **carer**.

If **your** circumstances change as described in the 'Policy changes' paragraph in the 'General Conditions' section **you** should contact **us** straight away to discuss **your** options.

## Self-employed and Fixed-term contract workers

If **you** are **self-employed** or **you work** on a **fixed-term contract** **you** are eligible for this insurance but **you** should read this **policy** carefully to make sure it is suitable for **your** needs - **you** should pay particular attention to the definitions of '**fixed-term contract**', '**self-employed**' and the paragraph headed "Important"

in the "**Your** Cover" section on page 15.

## Exclusions and Limitations

**We** will not pay any benefits under this **policy**:

- for an **inability to work** claim if **your inability to work** is caused directly or indirectly by a **pre-existing medical condition** – unless **you** have been symptom free and have not consulted a **doctor** or received treatment for the condition for at least 24 months after the **start date**; or
- for an **unemployment** claim if **your unemployment** follows any announcement or action by **your** employer prior to the **start date** or before the end of the **initial exclusion period** in relation to the department or division of the business in which **you work**, and which relates to any redundancies, employee consultations, restructures, mergers or reorganisations that have led or could lead to compulsory job losses, mandatory reduced **working** hours or mandatory reduction in salary; or
- if any of the exclusions detailed in '**Your** Cover' section apply.

The maximum **monthly benefit** for each claim is the lesser of £3,000 or 65% of **your gross monthly income**.

The maximum number of **monthly benefit** payments **we** will pay for each claim is 12. If **you** make a valid claim which takes the total number of **monthly benefits** which **we** have paid during the life of this **policy** to 60 or over, then once that claim has been paid in full this **policy** will end.

## Reviewing your monthly benefit

It is **your** responsibility to ensure this **policy** and the chosen **monthly benefit** continues to meet **your** requirements and does not exceed 65% of **your gross monthly income**.

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# Definitions

In this **policy** the words listed below have the following specific meanings when they appear in bold type with or without an initial capital letter.

## Amendment date

This means the date a change to **your policy** has taken place;

## Carer

This means **you** being entirely without **work** as a result of **you** resigning or taking a temporary unpaid leave of absence from **work** or, if **you** are **self-employed**, **you** suspend trading or permanently cease to trade solely due to the need to care for a **close relative** on a full-time basis and **you** are registered with the Department for Work and Pensions as a **carer**;

## Claim limit

This means the maximum number of **monthly benefit** payments **we** will pay **you** for any one single claim. This maximum is 12 months;

## Claim start

This means:

- for an **inability to work** claim, the start of **your inability to work** (see definition of **inability to work**);
- for an **unemployment** claim, the first day of **your unemployment**; and
- for a **carer** claim, the first day **you** stop **work** to become a **carer**;

## Close relative

This means one of the following members of **your** immediate family; **your partner**, parent, sibling, child,

stepchild or adopted child;

## Company director

This means a director who directly or indirectly owns more than 20% of the issued share capital of the company;

## Cover period

This means the period beginning on the **start date** and continuing to the **end date**;

## Doctor

This means a fully qualified medical practitioner registered with the **UK** General Medical Council. The **doctor** who confirms **your inability to work** when **you** are making a claim, cannot be **you**, **your** spouse, civil **partner**, a relative or someone that lives with **you**;

## Employment/employed

This means **working** for at least 16 hours a week under a contract of **employment**. **You** must be receiving a salary or wages that can be evidenced via bank account records and/or HM Revenue & Customs records;

## End date

This means the date **your** cover ends as set out in the 'When does **your policy** end?' paragraph in the 'General conditions' section;

## Fixed-term contract(s)

This means being in **employment** under a contract of **employment**, for a fixed duration or for a specific task, directly with an employer;



## Gross monthly income

This means:

- if **you** are in **employment** - **your** average monthly taxable earned income before income tax is paid (including any commission and/or bonus payments **you** receive), minus any expenses which are allowable against income tax for the 6 months immediately prior to the relevant **claim start**; or
- if **you** are **self-employed** and registered with HM Revenue & Customs as **self-employed** - the monthly average of **your** income for the 6 months immediately prior to the relevant **claim start** which earnings have been declared to HM Revenue & Customs;

## Initial exclusion period

This means the number of days immediately following the **policy start date** or **amendment date** when **you** cannot claim for **unemployment**. Please refer to **your policy schedule** for the **initial exclusion period** that will be applicable to **you**.

**We** may waive the **initial exclusion period** if **you** are transferring cover from another insurer, as long as **you** have been specifically insured against **unemployment** for a minimum of 6 months, and the **monthly benefit** amount **you** have requested under this **policy** is the same or lower than the amount of **monthly benefit** covered by **your** previous insurance.

If the **monthly benefit** **you** have requested is higher than the benefit held in the previous 6 months, then the difference between the existing **monthly benefit** will be subject to the **initial exclusion period**.

If the **qualification period** **you** requested is lower than the current **qualification period** of **your** current **policy**, then the higher of the two will be applicable during the **initial exclusion period**.

**We** will not waive the **initial exclusion period** if **you**

have made a claim under **your** other **policy** within the last 6 months.

If **we** agree to waive the **initial exclusion period** then **you** will need to cancel **your** other insurance within 7 days of the **start date** of this **policy**. The decision whether to waive the **initial exclusion period** is at **our** discretion.

Note: Best Insurance will provide Collinson Insurance with the necessary information relating to the cover **you** have in place with another insurer. Where this information is not available to Collinson Insurance, **we** will be unable to waive the **initial exclusion period**;

## Monthly benefit

This means the amount chosen by **you** and notified to **us** at the time **you** apply for, or change **your** cover under this **policy**. The **monthly benefit** will be paid monthly in arrears and will only be paid if **you** meet the terms and conditions and once **we** have completed any enquiries to confirm this.

The maximum **monthly benefit** allowable shall not exceed £3,000 or 65% of **your gross monthly income**, whichever is less;

## Normal pregnancy and childbirth

This means symptoms which normally accompany pregnancy which are of a minor and/or temporary nature (such as morning sickness and dizzy spells) and which do not represent a significant medical hazard to mother or baby; and childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications;

## Partner

This means the person to whom **you** are married, **your** civil **partner** or the person with whom **you** are permanently cohabiting in a marriage-like relationship;

## Permanently retire

This means retirement where **you** have told **us**, or **we** have evidence that **you** have no intention of returning to **work**;

## Policy

This means the terms and conditions set out in this document;

## Policy schedule

This means the schedule which shows the personalised features of **your** cover and which forms part of the **policy**;

## Pre-existing medical condition

This means any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether specifically diagnosed or not:

- which medical evidence shows **you** knew about or were experiencing symptoms that **you** would have been aware of at the **start date**; or
- for which **you** sought or received advice, treatment or counselling from any **doctor** during the 12 months immediately before the **start date**;

## Premium

This means the monthly payment **you** need to pay to **us** for providing the cover;

## Qualification period

This means the number of days at the beginning of a claim which **you** must wait before **you** are eligible for any benefit.

## Resident

This means **you** must be physically and lawfully living in the named territory and either a citizen of the named territory or a person who has been granted permission

to permanently settle in the named territory;

## Related claim

This means **you** are **unable to work** because of the same accident or sickness that **we** have originally agreed to pay a claim for;

## Self-employed/self-employment

This means **you** are **working** for an income for at least 16 hours a week, and **you** are either:

- helping with, managing or carrying on a business and liable to pay tax charged under Section 5 of the Income Tax (Trading and Other Income) Act 2005 in the **United Kingdom** or equivalent in Channel Islands or Isle of Man (where applicable); or
- a partner in a partnership; and
- **you** are registered as **self-employed** with H M Revenue & Customs and **you** submit annual tax returns;

## Start date

This means the date cover starts under the **policy**, which is detailed in the **policy schedule**;

## Terrorism

This means any act or acts, including (but not limited to):

- the use of threat of force and/or violence; and
- harm or damage to life or to property (or the threat of such harm or damage), harm or damage by nuclear and/or chemical and/or biological and/or radiological means; caused or occasioned by any person(s), or group(s) of persons, or so claimed, in whole or in part, for political, religious, ideological or similar purposes;

## Unable to work or inability to work

This means **you** being certified as unfit to **work**, by **your doctor** due solely to an accidental injury, illness or disease which starts/occurs at a time when **you** are in **work** and which wholly prevents **you** from doing **your work**, or other **work** that **your** experience or training would allow **you** to do. Such **inability to work** shall be deemed to start on the day **you** first consult, or receive treatment from, and are certified as being unfit to **work** by, a **doctor**, or up to 7 days before this date if **you** self-certify before seeing **your doctor**.

## United Kingdom or UK

This means England, Scotland, Wales and Northern Ireland;

## Unemployed/unemployment

This means:

- being entirely without paid **work** or temporary **work** (where **you** are **self-employed** this is as a result of **you** totally and permanently ceasing to trade because of a business failure and when **you** have notified HMRC accordingly); and
- for the duration of the claim, being available for, and actively seeking **work**, being able to provide the documentation/ evidence set out in the 'Claim Requirements' paragraph of the 'General Conditions' section; and
- within three months from the start of **your** claim being registered with the Department for Work and Pensions Jobcentre Plus (or equivalent in Northern Ireland) and continuing to be registered for the duration of **your** claim; and
- **you** must have signed a Jobseeker's agreement within the **United kingdom**, or equivalent in Northern Ireland;

## War risks

This means war, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;

## We, us or our

This means Collinson Insurance (a trading name of Astrenska Insurance Limited);

## Work, worked, working

This means being in **employment** or **self-employed** or, where applicable, on statutory maternity leave, parental leave, adoption leave or maternity absence;

## You, your or yourself

This means the person named in the schedule who has been accepted for insurance cover under this **policy**.

# Your cover

## Short Term Income Protection cover

If during the **cover period** **you** become **unable to work, unemployed** or become a **carer** for at least the **qualification period** stated in **your** schedule, **we** will pay from the **claim start** onwards, 1/30th of the **monthly benefit** for each continuous day **you** are **unable to work**.

**We** will start to assess each claim when the relevant qualifying period has ended. **We** will pay the first claim payment after receiving all the evidence and proof needed to assess **your** claim. After the initial claim payment is made **monthly benefit** payments will be paid every 30 days **you** remain **unable to work, unemployed** or a **carer**.

### Cover amount

The amount payable under this **policy** is determined by the amount of cover **you** have selected which is stated in the **policy schedule**.

**You** can only be covered under one of **our** Short Term Income Protection policies at any one time.

The maximum **monthly benefit** allowable shall not exceed £3,000 or 65% of **your gross monthly income**, whichever is less.

### Period of cover

**Your** cover will begin on the **start date** of the **policy** and finish on the **end date**.

### When will my claim end?

**Your** claim will continue to be paid until the earliest of the following dates:

- the date on which **you** cease to be **unable to work, unemployed** or a **carer**, or fail to provide evidence that **you** remain **unable to work, unemployed** or a **carer**; or
- the date on which **you** return to **work**; or
- the date the **claim limit** is reached; or
- the **end date**.

## Inability to work cover

### What is covered by inability to work cover?

If, during the **cover period**, **you** become **unable to work** and the **qualification period** has ended, **we** will pay the first claim payment after receiving all the evidence and proof needed to assess **your** claim. After this initial payment is made:

1. If **you** remain **unable to work**, **we** will pay to **you**, at 30-day intervals thereafter, in arrears, 1/30th of the **monthly benefit** in respect of each day during which **you** are continuously **unable to work**, until the earliest of the following dates:
  - a. the date on which **you** are no longer **unable to work** or **you** fail to provide evidence that **you** remain **unable to work**; or
  - b. the date on which **you** return to **work**; or
  - c. the date the **claim limit** is reached, or the date **you** have received the maximum number of **monthly**

**benefits you** are entitled to under paragraph 2 below; or

- d. the **end date**.
2. If, during payment of an **inability to work** claim, **you** are made **unemployed**, **we** will treat **your** claim as being made under the **unemployment** cover part of this **policy**, once **you** have been signed fit for **work** by a **doctor**, and without interruption, subject to a maximum of 12 **monthly benefit** payments in total for the two claims.
3. If **you** are, at the date of the event giving rise to an **inability to work** claim, currently receiving **monthly benefit** for a claim under any other section of this **policy** **you** will not be eligible to receive benefits under this **inability to work** part of **your policy** until those **monthly benefit** payments have stopped. No more than 12 **monthly benefits** will be paid in total under **your** existing claim and **your inability to work** claim. For example, if **you** have received 4 **monthly benefits** under **your** existing claim, **you** will only be entitled to claim up to 8 **monthly benefits** under **your inability to work** claim.

## Related/linked Claims

If **we** have paid a claim and **you** are **unable to work** within 3 months of returning to **work**, **we** will treat this as a **related claim** and will re-start **your** monthly payments straight away, as long as:

- **your inability to work** is due to the same illness or injury that **we** originally paid **your** claim for;
- **your work** is the same as it was when **you** were first **unable to work**; and
- **you** let **us** know within 2 weeks of the date **you** stop **working**.

All **related claims** count towards the **claim limit**. If **we** paid **your** previous claim up to the **claim limit** and the

reason **you** are unable to **work** is the same, **we** will treat this as a **related claim**, and **you** won't receive any more payments from **us**.

If **you** are **unable to work** because of a different reason, **we** will treat **your** claim as a new claim. This means **your** claim will start from the beginning again and **you** will need to wait for the **qualification period** to end before **your** payments start.

## What is not covered by inability to work cover?

**We** will not pay the **monthly benefit** if **your inability to work** is directly or indirectly caused by any of the following:

- a **pre-existing medical condition** – unless **you** have been symptom free and have not consulted a **doctor** or received treatment for the condition for at least 24 months after the **start date**;
- **war risks**;
- **normal pregnancy and childbirth**;
- **terrorism**;
- the manufacture or use of explosives;
- exposure to exceptional danger (except in an attempt to save human life);
- the illegal acts of the person who has suffered the accident;
- suicide or self-inflicted injury whether of a sound mind or not;
- being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction;
- radiation or contamination or the effects of radiation;
- driving or being a passenger in/on a motorcar, sidecar or motorcycle of any type, whilst in a

competition or race, or in any arranged event where the vehicle is driven at high speeds.

In addition, **we** will not pay the **monthly benefit** if

- **your inability to work** starts prior to the **start date** or after the **end date**;
- **your inability to work** starts when **you** are not a **resident** of the **UK**, Channel Islands or Isle of Man;
- **your inability to work** lasts for less than the qualifying period.

## Unemployment Cover

### What is covered by unemployment cover?

If, during the period of cover, **you** are in **work** and become **unemployed** and the **initial exclusion period** and **qualification period** have ended, **we** will pay the first claim payment after receiving all the evidence and proof needed to assess **your** claim. After this initial payment is made:

1. If **you** remain **unemployed**, **we** will pay **you**, at 30-day intervals thereafter, in arrears, 1/30th of the **monthly benefit** in respect of each day during which **you** are continuously **unemployed**, until the earliest of the following dates:
  - a. the date on which **you** are no longer **unemployed** or **you** fail to provide proof that **you** are **unemployed**; or
  - b. the date on which **we** have paid 12 **monthly benefits** in respect of that **unemployment** claim; or
  - c. the **end date**; or
  - d. the date **you** have received the maximum number of **monthly benefits** **you** are entitled to under paragraph 2 below.
2. If **we** stop paying **monthly benefit** because **we**

have paid 12 **monthly benefits** in respect of any one **unemployment** claim, then **you** will not be entitled to any further **monthly benefit** under the **unemployment** insurance part of this **policy** until **you** have returned to **work** for a continuous period of at least 3 months.

3. If two periods of **unemployment** are separated by 3 calendar months or less, **we** will treat this as one continuous claim but no benefit will be payable for the time in between.
4. If, whilst **you** are **unemployed**, **you** wish to commence temporary **work** then, provided **you** have first contacted **us** and have given **us** full details of the temporary **work** and have received **our** agreement, and if the temporary **work** does not continue for more than 12 months, **we** will not, during that period, pay **monthly benefit** but will treat **your** claim as suspended and will thereafter commence, or resume, payment of **monthly benefit** as if **you** had one continuous claim.
5. If, during payment of **your unemployment** claim, **you** are not able to actively seek **work** because of **inability to work**, **we** will continue to pay **monthly benefit** without interruption.
6. If **you** are, at the date of the event giving rise to an **unemployment** claim, currently receiving **monthly benefit** for a claim under any other section of this **policy** ("**your** existing claim"), **you** will not be eligible to receive benefits under this **unemployment** part of **your policy** until those **monthly benefit** payments have stopped. No more than 12 **monthly benefits** will be paid in total under **your** existing claim and **your unemployment** claim. For example, if **you** have received 4 **monthly benefits** under **your** existing claim, **you** will only be entitled to claim up to 8 **monthly benefits** under **your unemployment** claim.



## What is not covered by unemployment cover?

We will not pay **unemployment** benefit if:

1. **you** made the decision to no longer be in **employment**; or
2. **you** ceased to be **employed** as a result of **your** misconduct; or
3. **you** have **permanently retired**;
4. **you** are, at the date **you** become **unemployed**, engaged in:
  - a. **work** where **unemployment** is a normal, regular or seasonal occurrence; or
  - b. **work** under a **fixed-term contract** which at the **start date** **you** are aware will expire on a known or fixed date, unless this **fixed-term contract** is extended by at least 12 months after the **start date**; or
5. **unemployment** occurs from **work** which is of a casual, temporary or occasional nature, as at the original claim event date;
6. **you** make a claim during the **initial exclusion period**; or
7. **you** are notified of **your unemployment** during the **initial exclusion period** even if **your** last day in **work** falls outside this period; or
8. **you** are made aware that there is a risk **you** could be made **unemployed** during the **initial exclusion period** even if the formal notification of **your unemployment** was issued outside this period; or
9. **you** were aware of the risk or possibility of **you** becoming **unemployed** prior to the **start date** of this **policy**;

## Important

Paragraph 4. b. of this section will not apply when **you** become **unemployed** due to the expiry of, or during, a **fixed-term contract** and:

- a. immediately prior to **your unemployment** **you** have been **employed** by the same employer for at least 12 consecutive months and **your** contract has been renewed at least once; or
- b. **you** have previously been **employed** by the same employer on a permanent basis but were transferred to a **fixed-term contract** without a break in **employment**.

Paragraph 5. of this section will not apply if this **work** started immediately after a loss of other **work** that would have given rise to a valid claim under the **unemployment** cover part of this **policy** or during a period when **you** are receiving **unemployment** cover benefit.

## Carer cover

### What is covered by carer cover?

If, during the period of cover, **you** stop **work** to become a **carer** and the **initial exclusion period** and the **qualification period** have ended, **we** will pay the first claim payment after receiving all the evidence and proof needed to assess **your** claim. After this initial payment is made:

1. If **you** remain a **carer**, **we** will pay to **you**, at 30-day intervals thereafter, in arrears, 1/30th of the **monthly benefit** in respect of each day during which **you** are continuously a **carer**, until the earliest of the following dates:
  - a. the date on which **you** stop being a **carer** or **you** fail to provide proof that **you** are a **carer**; or
  - b. the date when **you** return to **work**; or



- c. the date the **claim limit** is reached, or the date **you** have received the maximum number of **monthly benefits you** are entitled to under paragraph 4 below; or
  - d. the **end date**.
2. **You** must be in receipt of carer's allowance (which in this paragraph also means any benefit which replaces carer's allowance) or if not eligible for carer's allowance **you** must be able to demonstrate that **you** have given up **work** (permanently or temporarily) to care for **your close relative** by providing **us** with a letter from the **doctor of your close relative**. **You** provide **us** with a letter from the **doctor of your close relative** confirming the nature of the condition suffered and when it was first diagnosed. The **doctor** must support the need for full time care and will also need to clearly show that full time care of **your close relative** was not expected before **your** cover **start date**. If the condition requiring care predates the start of **your** cover, medical evidence will need to show a clear unforeseen deterioration or progression of the condition after the **start date** of this **policy**.
  3. If **we** stop paying **monthly benefit** because **we** have paid 12 **monthly benefits** in respect of any one **carer** claim, then **you** will not be entitled to any further **monthly benefit** under the **carer** cover insurance part of this **policy** until **you** have returned to **work** for a continuous period of at least 3 months.
  4. If **you** are, at the date of the event giving rise to a **carer** claim, currently receiving **monthly benefit** for a claim under any other section of this **policy** ("**your** existing claim"), **you** will not be eligible to receive benefits under this **carer** part of **your policy** until those **monthly benefit** payments

have stopped, and then only to the extent that no more than 12 **monthly benefits** are paid in total under **your** existing claim and **your carer** claim. For example, if **you** have received 4 **monthly benefits** under **your** existing claim, **you** will only be entitled to claim up to 8 **monthly benefits** under **your carer** claim.

## What is not covered by carer cover?

We will not pay benefit if:

- a. **your work** ceases for any other reason not associated with the need to become a **carer**; or
- b. **your** resignation is from **employment** which is of a casual, temporary or occasional nature; or
- c. **you** have **permanently retired**; or
- d. **you** become a **carer** in the **qualification period**; or
- e. **you** were aware of the risk or possibility of having to stop **work** in order to become a **carer** prior to the **start date** of this **policy**.

# General Conditions

## Claim requirements

Before **we** can pay out a claim **we** must receive from **you** the necessary evidence and proof to validate **your** claim. **We** will only ask for information and proof that is reasonably required for the purpose of assessing **your** claim.

### Inability to work claims

When **you** make a new claim for **inability to work** cover, the information **we** may require depends upon whether **you** were, at that time, **employed** or **self-employed**.

Where **you** are **employed** **we** will require:

- medical certificates covering the period for which **you** are making **your** claim (**we** will accept **you** self-certifying for a period of up to 7 days before **you** obtain the first such medical certificate at the start of **your** claim);
- **your doctor's** name and address;
- **your** employer's name and address;

Where **you** are **self-employed** **we** will require:

- medical certificates covering the period for which **you** are making **your** claim (**we** will accept **you** self-certifying for a period of up to 7 days before **you** obtain the first such medical certificate at the start of **your** claim);
- **your doctor's** name and address;
- bank statements for **your** business, or evidence of **your** payment of class 2 national insurance contributions, covering the period immediately

before the date from which **your claim starts**.

- Throughout any period during which **you** continue to make a claim for **inability to work** cover **you** may be asked to provide, at **your** expense, such reasonable proof that **you** continue to be certified as unfit to **work** by **your doctor** and by completing continuing claim statements confirming such information as **we** may reasonably require.

### Unemployment claims

When **you** make a new claim for **unemployment** cover, the information **we** may require depends upon whether **you** were, at that time, **employed** or **self-employed**:

Where **you** were **employed** **we** will require:

- the written communication from **your** employer terminating **your employment**;
- **your** employer's name and address;
- evidence of **your** receipt of jobseeker's allowance or that **you** are making active attempts to find **employment**, such as copies of letters to/from prospective employers and copies of job applications;
- if **you** are claiming after 3 months of being **unemployed**, a copy of **your** awards letter from the Department for Work and Pensions (or equivalent in Northern Ireland).

Where **you** were **self-employed** **we** will require:

- evidence of **your** payment of the appropriate class 2 national insurance contributions, covering the period immediately before the date from which **your claim starts**, or evidence of the

income from **your** business covering the six-month period before the date from which **your self-employment** ended;

- evidence that **your** business has ceased or suspended trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses.

**We** may require evidence such as that **you** have declared this to HM Revenue And Customs, bank statements, accounts, or a letter from **your** accountant with evidence that **your** business was no longer viable, that **your** business has ceased or suspended trading and that **you** are not receiving an income from the business;

- evidence of **your** receipt of jobseeker's allowance or that **you** are making active attempts to find **employment**, such as copies of letters to/from prospective employers and copies of job applications;
- if **you** are claiming after 3 months of being **unemployed**, a copy of **your** awards letter from the Department for Work and Pensions.
- Where **you** were a **Company director**, in addition to the above as applicable, **we** will require evidence that the company has been closed by a creditor who is not a director of the company.
- Throughout any period during which **you** continue to make a claim for **unemployment** benefit **you** may be asked to provide reasonable proof and evidence that **you** are actively looking for **work**. This may include monthly bank statements showing the payment of jobseeker's allowance or replacement benefit (after the first 3 months of a claim) and/or monthly documentary evidence that **you** are actively seeking **work**, such as copies of letters to/from prospective employers and copies of job applications except:
  - if **you** are **self-employed**, and are ineligible for

jobseeker's allowance (or replacement benefit), **we** will waive any requirement to provide evidence that **you** are in receipt of this, but **we** will require evidence that **you** are receiving national insurance credits; or

- such other ongoing alternative evidence that is reasonably acceptable to **us** that **you** are **unemployed** and actively seeking **work**.

If **you** are made **unemployed** whilst on maternity/paternity leave, **you** will be entitled to receive a monthly **unemployment** benefit whilst **you** can evidence that **you** are in receipt of statutory maternity/paternity pay.

## Carer claims

When **you** make a new claim for **carer** cover, the information **we** may require depends on **your work** status at the time of the event giving rise to the claim:

Where **you** permanently leave **work** to become a **carer** **we** will require:

- **your** employer's name and address;
- such evidence as **we** reasonably require to confirm that carer's allowance (or any benefit which replaces carer's allowance) has been awarded.

Where **you** take a period of unpaid leave of absence from **work** **we** will require:

- **your** employer's name and address;
- such evidence as **we** reasonably require to confirm that **your** employer has granted **you** temporary unpaid leave in order to become a **carer**;
- a letter from the **doctor** of **your close relative** confirming the nature of the condition suffered and when it was first diagnosed.

Where **you** were/are **self-employed** **we** will require:

- evidence of **your** payment of class of national

insurance contributions, covering the period immediately before the date from which **your claim starts**, or evidence of the income from **your** business covering the six-month period before the date from which **your self-employment** ended; or

- evidence that **your** business has ceased or suspended trading because **you** have become a **carer** and that **you** are not receiving an income from the business. **We** may require evidence such as that **you** have declared this to HM Revenue And Customs, bank statements, accounts, or a letter from **your** accountant with evidence that **your** business has ceased or suspended trading and that **you** are not receiving an income from the business; or
- such evidence as **we** reasonably require to confirm that carer's allowance (or any benefit which replaces carer's allowance) has been awarded.

Throughout any period during which **you** continue to make a claim for **carer** benefit, **you** may be asked to provide reasonable proof and evidence that **you** remain a **carer**. This may include monthly bank statements showing the payment of carer's allowance (or replacement benefit).

### Temporary Work

If **you** are offered temporary **work** during the period of **your unemployment** claim, **we** may consider suspending **your** claim with **us** to enable to **you** take up this **work** as long as:

- **You** obtain **our** written permission prior to taking up the temporary **work**; and
- **Your** temporary **work** lasts for a minimum of one week and no longer than twelve months.

**You** will be eligible to resume **your unemployment** claim once **your** temporary **work** has ended and as

long as **you** continue to meet the **policy** terms and conditions, **we** will resume paying **you** **monthly benefits** in respect of **your unemployment**.

Please note that if **you** choose to stop **working** before the end of the temporary **work** contract period, then **you** will be deemed to have made **yourself** redundant and no further **monthly benefit** will be paid to **you** and **your** claim will cease. If **you** take up temporary **work** without **our** prior written permission, **we** reserve the right to immediately stop **your** claim and pursue the recovery of any **monthly benefit** which **we** have paid to **you**.

## Premiums

**You** must pay **premiums** from the **start date** when these are due, as shown in the **policy schedule**.

**You** must pay the **premium** associated with this **policy** in order to maintain cover; this includes periods when **you** may be in receipt of or awaiting **monthly benefit** under this **policy**. If **you** do not pay the **premium** within 30 days of the date it becomes due then **we** reserve the right to cancel **your policy** from the date when payment became due and all cover under this **policy** will cease.

**Premiums** are payable monthly by direct debit or **you** can pay by one annual payment through any major credit or debit cards. All direct debits need to be paid to Best Insurance from a bank or building society in the **UK** in the currency of the **UK** or as otherwise approved by Best Insurance.

### Stopping your premiums

If at any time **you** don't pay **your premium** when it is due, Best Insurance will write to **you** to let **you** know and will allow **you** 30 days to pay the outstanding **premium**.

If **you** don't pay 2 consecutive months **premium** **your**

**policy** will be cancelled and **you** will get no **premium** refund.

Best Insurance will let **you** know if they cancel **your policy** due to non-payment of **premium**.

### Premium refunds and cash-in value

The **policy** has no cash-in or surrender value. In the event of any overpayment of **premium**, **we** will refund any such overpayment.

## Cancellation Rights

**You** have a 30 day 'cooling off' period during which **you** can change **your** mind. If **you** cancel within this period, **we** will refund any **premiums** **you** have paid. **You** can still cancel **your policy** at any time after the 'cooling off' period ends, but **we** won't refund **your premiums**. If **you** wish to cancel **your policy**, please contact Best Insurance.

Best Insurance can cancel **your policy**:-

- if **you** haven't paid all the **premiums** that are due as explained in 'Stopping **your premiums**' paragraph of this 'General Conditions' section, or
- by giving **you** 30 days' notice in writing. This does not affect **your** rights in respect of a claim arising prior to the cancellation of **your policy**, or as provided in the 'Information **you** have given **us**' paragraph of this 'General Conditions' section.

**We** will cancel a **policy** and not pay a claim where **we** find out that someone has deliberately withheld information from **us** or deliberately or recklessly provided **us** with inaccurate information.

## Information you have given Best Insurance

Best Insurance will ask **you** questions during the application process and may also request additional information from **you** in order to assess **your** application and offer **you** a **policy**. **You** must take care when answering any questions and ensure that all information provided is accurate and complete.

If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your policy** and refuse to pay the **monthly benefit**. In these circumstances **we** may not refund any **premiums** **you** have paid.

If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your policy** to reflect the terms that **we** would have offered had the accurate information been provided during the application process. This may mean:

- **we** cancel **your policy** and return all **premiums** **you** have paid – if **we** would not have issued **you** with a **policy** had the accurate information been known;
- **we** reduce the **monthly benefit** to reflect higher **premium** that would have applied had the accurate information been known;
- **we** make changes to these terms and conditions to reflect the terms and conditions that would have applied had the accurate information been known and treat **your policy** as if it had been issued on these amended terms and conditions.

## Policy changes

If **your** circumstances change, **you** need to contact Best Insurance. For example if **you**:

- move house; or
- cease to be a **resident** of the **UK**, Channel Islands or Isle of Man; or
- change from **employed** to **self-employed** (or vice versa).

**We** may make changes to these terms and conditions and **your premium** that are reasonable, including but not limited to where there is any change in applicable law, regulation or taxation or where these changes make the terms easier to understand or fairer to **you** or would not be to **your** disadvantage. In such event **we** will give **you** 30 days' notice in writing of any changes and how these may impact **you**.

**We** will review the cost of the cover, at least annually, and **we** may change to the rate of **your** monthly **premium** if there is a change in (or **we** reasonably expect that there will be a change in):

- the rate of any relevant taxation, including Insurance Premium Tax;
- the costs of operating **your policy**;
- any law, regulation or industry guidance that affects
  - **our** insurance business; or
  - the risk of underwriting **your policy**;
- the risk of underwriting **your policy** arising from changes to the incidence, prevalence or strength of any illness or disease.

**We** may also change the rate of **your** monthly **premium** if there is a change in (or **we** reasonably expect there will be a change in) the risk of underwriting **your policy**

arising from any change in the cost or number of claims incurred in relation to this type of **policy**.

In addition, **we** may change the rate of **your premium** if **we** have a valid reason for doing so.

Any change to the rate of **your premium** will reflect the change in the rate of any relevant taxation or will be a fair proportion, as reasonably estimated by **us**, of the impact of the underlying change in the costs **we** incur in **our** insurance business.

## When does your policy end?

**Your** cover will end on the date:

- of **your** death; or
- **you** reach 70; or
- **you permanently retire**; or
- once a claim has been fully paid and where the monthly payments paid under that claim take the total number of **monthly benefits** which **we** have paid during the life of this **policy** to 60 or over
- **you** are no longer **resident** in the **UK**, Channel Islands or Isle of Man; or
- either **you** or **we** cancel **your policy** as detailed in the 'Cancellation Rights' paragraph of this 'General Conditions' section.

## Governing Law

English law applies to this **policy**. Unless otherwise agreed, the terms and conditions and other information relating to this **policy** will be in English.



## Large print, Braille, audio material

In order to make **our** documentation accessible, **we** are able to provide **you** with **our** literature in audio, large print or Braille.

Please contact **us** if **you** require any of these services to be provided.

## Data Privacy

### HOW WE USE THE INFORMATION ABOUT YOU

As a data controller, **we** collect and process information about **you** so that **we** can provide **you** with the products and services **you** have requested. **We** also receive personal information from **your** agent on a regular basis while **your** policy is still live. This will include **your** name, address, risk details and other information which is necessary for **us** to:

Meet **our** contractual obligations to **you**;

- issue **you** this insurance policy;
- deal with any claims or requests for assistance that **you** may have
- service **your** policy (including claims and policy administration, payments and other transactions); and,
- detect, investigate and prevent activities which may be illegal or could result in **your policy** being cancelled or treated as if it never existed.

In order to administer **your policy** and deal with any claims, **your** information may be shared with trusted third parties. This will include members of The Collinson Group, third party administrators, contractors, investigators and claims management organisations where they provide administration and management

support on **our** behalf. Some of these companies are based outside of the European Union where different data privacy laws apply. Wherever possible, **we** will have strict contractual terms in place to make sure that **your** information remains safe and secure.

**We** will not share **your** information with anyone else unless **you** agree to this, or **we** are required to do this by **our** regulators (e.g. the Financial Conduct Authority) or other authorities.

The personal information **we** have collected from **you** will be shared with fraud prevention agencies and databases **who** will use it to prevent fraud and money-laundering and to verify **your** identity. If fraud is detected, **you** could be refused certain services, finance, or employment. Further details of how **your** information will be used by **us** and these fraud prevention agencies and databases, and **your** data protection rights, can be found by visiting [www.insurancefraudbureau.org/privacy-policy](http://www.insurancefraudbureau.org/privacy-policy)

### PROCESSING YOUR DATA

**Your** data will generally be processed on the basis that it is: necessary for the performance of the contract that **we** have with **you**;

- is in the public or **your** vital interest: or
- for **our** legitimate business interests.

If **we** are not able to rely on the above, **we** will ask for **your** consent to process **your** data.

### HOW WE STORE AND PROTECT YOUR INFORMATION

All personal information collected by **us** is stored on secure servers which are either in the **United Kingdom** or European Union.

**We** will need to keep and process **your** personal information during the period of insurance and after this time so that **we** can meet **our** regulatory obligations or to deal with any reasonable requests from **our**



regulators and other authorities.

**We** also have security measures in place in **our** offices to protect the information that **you** have given **us**.

#### HOW YOU CAN ACCESS YOUR INFORMATION OR CORRECT ANYTHING WHICH IS WRONG

**You** have the right to request a copy of the information that we hold about you. If **you** would like a copy of some or all of **your** personal information please contact **us** by email or letter as shown below:

Email address: [data.protection@collinsongroup.com](mailto:data.protection@collinsongroup.com)

Postal Address: Sussex House, Perrymount Road,  
Haywards Heath, Sussex RH16 1DN

This will normally be provided free of charge, but in some circumstances, **we** may either make a reasonable charge for this service, or refuse to give **you** this information if **your** request is clearly unjustified or excessive.

**We** want to make sure that **your** personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

If **you** wish to make a complaint about the use of your personal information, please contact our Complaints manager using the details above. **You** can also complain directly to the Information Commissioner's Office (ICO). Further information can be found at <https://ico.org.uk/>

#### FINANCIAL CRIME POLICY STATEMENT

**We** will not provide any cover or be liable to provide any payment or other benefit under this policy where doing so would breach any prohibition or restriction imposed by law or regulation.

If any such prohibition or restriction takes effect during the Period of Insurance, **We** may cancel this policy immediately by recorded delivery letter to the correspondence address shown on the Schedule of Insurance. Please note that **You** will not be entitled to a

pro-rata refund of premium under these circumstances.

#### FRAUD

**You** must not act in a fraudulent way. If **you** or anyone acting for **you**:

- fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** policy;
- fails to reveal or hides a fact likely to influence the cover **we** provide;
- makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false;
- sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false;
- makes a claim under the policy, knowing the claim to be false or fraudulent in any way; or
- makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge.

If **your** claim is in any way dishonest or exaggerated, **we** will not pay any benefit under this policy or return any premium to **you** and **we** may cancel **your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.

#### The Financial Services Compensation Scheme (FSCS)

If **we** are unable to meet **our** liabilities under this **policy**, **you** may be entitled to compensation from the FSCS. Further information can be obtained from the Financial Services Compensation Scheme, PO BOX 300, Mitcheldean GL17 1DY or by visiting the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning FSCS on 0800 678 1100 or 020 7741 4100.