



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 your **policy schedule** to ensure it accurately reflects the cover **you** have purchased
- keep this document and the **policy schedule** safe so **you** can refer to them in the future.

IncomeAnchor

Arranged and administered by Best Risk Management and Financial Service Limited and Underwritten by Novus Underwriting Limited on behalf of Millennium Insurance Company Limited.

This **policy wording**, together with **your policy schedule**, provide **you** with everything **you** need to know about **your** Income Insurance, so it's important that **you** read them carefully and keep them in a safe place.

Your policy has been arranged by Best Risk Management and Financial Service Limited (trading as Best Insurance who are authorised and regulated by the Financial Conduct Authority, Reference Number: 583497).

In return for the payment of **your premium we** will provide the insurance cover detailed in this **policy** wording, subject to the terms, conditions, and limitations shown below or as amended in writing by **us** and during the **period of cover**.

In this **policy** wording, certain words have specific meanings wherever they appear. These words have been highlighted in bold type. A full list of these words and their meanings can be found in the 'Meaning of Words' section.

Cover Options

There are three cover options available under this **policy**:

- **Accident & Sickness** only cover
- **Unemployment** only cover
- **Accident, Sickness & Unemployment** cover

The cover option which **you** have selected, and which is applicable to **you** is shown on **your policy schedule**.

Your Insurers

This **Policy** is underwritten by Novus Underwriting Limited on behalf of Millennium Insurance Company Limited. Millennium Insurance Company Limited is regulated by the Gibraltar Financial Services Commission ("GFSC") under the Financial Services (Insurance Companies) Act to carry on insurance business. Reg No. 82939. Its principal office is PO Box 1314, 13 Ragged Staff Wharf, Queensway Quay, Gibraltar, GX11 1AA.

Novus Underwriting Limited is registered in England and Wales under Company No. 10844265, with its registered office address at 4th Floor, 34 Lime Street, London EC3M 7AT. Novus Underwriting Limited is an appointed representative of Consilium Insurance Brokers Ltd, which is authorised and regulated by the Financial Conduct Authority. Firm Reference No. 306080.

Cancellation or Non-Renewal

If **you** decide that for any reason, this **policy** does not meet **your** insurance needs then please return it to **us** within 30 days from the day of purchase or the day on which **you** receive **your policy** documentation, whichever is the later. On the condition that no claims have been made or are pending, **we** will then refund **your premium** in full.

Thereafter **you** may cancel the insurance cover at any time by informing **us** however no refund of **premium** will be payable.

We may at any time cancel or not renew **your policy** by giving 60 days' notice in writing to **your** last known address. Where there is a valid reason for doing so, **we** may cancel **your policy** with immediate effect and will confirm this in writing to **your** last known address. Valid reasons for immediate cancellation may include but are not limited to:

- Where **we** reasonably suspect fraud
- Non-payment of **premium**
- Threatening and abusive behaviour

Where any investigations carried out by **us** or the **Claims Administrator** provide evidence of fraud or a serious non-disclosure, **we** may cancel the **policy** immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us** with incomplete or inaccurate information. This may result in **your policy** being cancelled from the date **you** originally took it out.

Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return **premiums**, if **you** appear on the HM Treasury Sanctions List, OFAC sanctions list, or any other sanctions list or where this would expose **us** to any sanction, prohibition or restriction under United Nations resolutions, asset freezing or trade or economic sanctions, laws or regulations of the European Union, **United Kingdom**, and/or all other jurisdictions where **we** transact business.

Governing Law

Unless some other law is agreed in writing, this **policy** is governed by English law. If there is a dispute, it will only be dealt with in the courts of England, Scotland, Wales or Northern Ireland in which **your** main residence is situated.

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Are you eligible for cover?

It is important that **you** check that **you** meet all of the eligibility criteria below. If **you** are not sure if **you** are eligible for cover, please contact **us** for assistance.

Please note that there are special terms and conditions in this **policy** that apply if **you** are a **contract worker** or if **you** are **self-employed**, in addition to the requirements below.

On the **policy start date you**:

- Must be aged 18 or over and under 64 years of age;
- Must be a permanent lawful resident of the **United Kingdom**;
- Must be in **work**, actively **working** and continuously **employed** for at least 6 months prior to the **policy start date** with the same **employer** and must not be off **work** due to an **accident** or ill health;
- Must not be subject to any ongoing enquiry or disciplinary action by **your** employer;
- Must not be aware of any impending **unemployment** or that there is a risk **you** may become **unemployed**. If **you** are **self-employed**, **you** must not be aware of any reasons which would mean **your** business is likely to close;
- Must not be aware of any redundancies, restructure, reorganisation, financial or contractual threats within the organisation **you work** in, even if **you** do not believe these actions will result in **you** becoming **unemployed**;
- Must not be in temporary, seasonal or casual **work**;
- Must be **working** at least 16 hours per week;
- Must not be aware of any circumstances which may lead to **you** giving up **work** to become a full-time **carer**;

IMPORTANT NOTICE FOR CUSTOMERS

Information You Give to Us

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to supply accurate and complete answers to all the questions in the declaration and the application form and to make sure that all information supplied to **us** is true and correct. This also applies if **you** wish to make any changes to **your policy** during the **period of cover**, or if **you** make a claim under this **policy**. **You** must tell **us** of any changes to the answers **you** have given as soon as possible.

You must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out or make changes to **your policy**. If any information **you** provide is not complete and accurate, this may mean **your policy** is invalid and that it does not operate in the event of a claim or **we** may not pay any claim in full.

Change of circumstances

You must immediately advise **us** if any of the following circumstances change, at any point during the **period of cover**:

- **You** change jobs or employers, or change **your working** hours;
- **You** change from being **employed** to **self-employed**;
- **You** stop **working** or permanently retire;
- **You** have been convicted of and/or charged with any offence (other than motoring convictions and/or spent convictions);
- **Your** earnings reduce;
- **You** no longer **work** within the **UK**;
- **You** are no longer a permanent lawful resident of the **UK**;
- **You** change **your** address;
- **You** have insurance cancelled, or declined, or withdrawn by any other insurance provider.

If **you** are not sure if a change in circumstances is relevant to **your policy**, please contact **us** for advice.

Monthly Benefit

It is important to note that the **monthly benefit** under this **policy** will not change automatically with any increase or decrease in interest rates.

Claims

It is important that **you** answer all questions accurately and honestly. Claims which are dishonest, exaggerated, or fraudulent will not be accepted by **us** and in the event that any such claim is attempted, **we** reserve the right to decline the claim and report the matter to the relevant law enforcement authorities and **we** may cancel **your policy**.

Other Policies

Please note that if **you** hold other policies that provide **Accident & Sickness, Unemployment** or **Carer** cover then,

on acceptance of any claim, the amount payable under this **policy** will be reduced by the greater of the amount covered or the amount by which the combined benefit would exceed 65% of **normal income**. If **you** are uncertain as to how this may affect **you**, please contact us.

Section One

IMPORTANT POLICY INFORMATION

Policy Start Date

You cover will commence on the date shown on **your policy schedule**; this is known as the **policy start date**.

Policy End Date

Cover under this **policy** will end when:

- **You** stop **work** and permanently retire, or **you** reach the age of 65; or
- **You** are no longer permanently resident in the **UK** or **you** are no longer registered with the **UK** tax authorities in respect of **your employment** or **self-employment**; or
- **You** or **we** cancel this **policy**; or
- **You** do not pay the **premium** associated with this **policy** on the date that it becomes due; or
- **You** die.

Whichever of the above events occurs first. **We** will also inform **you** if **we** are unable to continue **your** cover. **We** will give **you** at least 60 days' notice and will tell **you** why **we** are unable to continue **your** cover.

Payment of Premiums

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** from **us**. If **you** do not pay the **premium** on 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.

You will be covered for one month from the **start date** and for each further consecutive monthly period for which **we** accept a **premium** from **you**, until **your** 65th birthday or until this insurance is cancelled.

Payment of Monthly Benefits

Once **we** have accepted a claim from **you**, **we** will pay **you** 1/30th of the **monthly benefit** as shown on **your policy schedule** in respect of the cover option **you** have chosen, for each day **you** remain continuously unable to work or are without **work** after **your excess period** and for longer than **your waiting period**. All **monthly benefits** are paid monthly in arrears.

There are two **excess period** options:

Excess Period	Waiting Period	Monthly Benefit Due On
30 Days	60 Days	Day 61
60 Days	90 Days	Day 91

We will not pay more than one **monthly benefit** at a time, for example if **you** are **unemployed** and also unable to **work** due to **accident** and/or **sickness**.

N.B. **You** must be **unemployed** and/or unable to **work** for the duration of the **waiting period** applicable to be eligible for **your claim**.

Meaning of Words

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

Accident or Sickness

A bodily injury or illness or disease which results in **you** being unable to **work**.

Please note:

Your accident or sickness must start while **you** are in **work** and after seven continuous days of absence (including the first day of **your** absence) from **your work you** must be certified as unfit to **work** by a **doctor or consultant** as a direct result of **your accident or sickness**. **You** must be receiving treatment and under the continued care of a **doctor or consultant** due to the **accident or sickness**, for the duration of **your** claim. The commencement of any **accident or sickness** claim submitted by **you** will be deemed as the day when **you** first became unfit to **work** as a result of the **accident or sickness**.

Administrator

Means Best Risk Management and Financial Service Limited (trading as Best Insurance) who handle **policy** administration on behalf of the **Insurer**.

Amendment Date

The date a change to **your policy** has taken place.

Back Condition

Accident or sickness which arises from or is due to any disorder of the neck or spine, or any injury to the neck or spine, its intervertebral discs, nerve roots or

ligaments or supporting musculature. In order for **us** to consider **back condition** claims, there must be radiological medical evidence of an abnormality or injury confirmed by a **consultant**. Unspecified or unidentified back pain is not covered.

Benefit Period

A maximum number of 6 or 12 **monthly benefit** payments that would be payable for any **claim period** as specified on **your policy schedule**.

Carer

You have given up **work** entirely as a result of having to look after a **relative** on a full-time basis. **You** must be registered with the appropriate government authority as a full-time **carer** and **you** must also be in receipt of carer's allowance benefit.

Ceased to Trade

Your self-employment has permanently ended due to failure of **your** business because it became financially insolvent (was unable to pay its debts) and this has been confirmed by a qualified, certified or chartered accountant and formally confirmed to HM Revenue and Customs; a temporary break in trading does not count as cessation. Please note:

You must provide accounts made up to **your** final day of trading along with evidence that **your** declaration that **your** business has ended has been submitted to the relevant tax authorities in the **UK**.

Claims Administrator

Means Claimscoq Limited who handle claims administration on behalf of the **Insurer**.

Claim Period

Means any separate period of time during which **you** are unable to **work** due to **accident, sickness, hospitalisation or unemployment** or being a **carer** and receiving **monthly benefit** under this **policy**.

Company Director

Where **you** or a close relative of **yours** (or together) are a director of **your** employer and own or control more than 5% of the shares of the company, or where **you** or a close **relative** of **yours** (or together) own or control (whether through trust or otherwise) more than 5% of the shares of the company that **you work** for.

Consultant

A medical specialist who is a member of a Royal College and recognised by that College as a medical specialist. The **consultant** must be registered and practising in the **UK** and must not be **you** or a **relative** of **yours**.

Contract Worker

Where **you** are **working** for at least 16 hours a week under an **employment** contract for a fixed period of time or which has a specified end date or ends when a specific task is completed. **You** must be receiving a salary or wages and paying Income Tax and National Insurance Contribution Credits.

Please note:

This includes **working** as a subcontractor, for example where **you** have agreed to perform part or all of the obligations of another's contract. This excludes casual and **temporary work**.

Doctor

A qualified medical practitioner who is registered with the General Medical Council and practising in the **UK**. The **doctor** must not be **you** or a **relative** of **yours**.

Employed, Employment

You are contracted to **work** for at least 16 hours a week on a permanent basis, or **you** are a **contract worker**, in exchange for a salary or wage from which **your** employer is deducting P.A.Y.E tax and National Insurance Contributions at the appropriate rate applicable to employees, on **your** behalf. **Your** employer must be declaring any such deductions to the relevant tax authorities in the **UK**.

End Date

The date when cover under this **policy** will cease, as described in 'Section 1 – Important **Policy** Information'.

Excess Period

The period as chosen by **you** and shown on **your policy schedule** for which no claim payments will be made.

Initial Exclusion Period

120 days immediately following the **policy start date** or **amendment date** when **you** cannot claim for **unemployment**. **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 **monthly 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 **excess period you** requested is lower

than the current **excess 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 **unemployment** cover. The decision whether to waive the **initial exclusion period** is at **our** discretion.

Insurer

Means Novus Underwriting Limited on behalf of Millennium Insurance Company Limited. Millennium Insurance Company Limited is regulated by the Gibraltar Financial Services Commission ("GFSC") under the Financial Services (Insurance Companies) Act to carry on insurance business. Reg No. 82939. Its principal office is PO Box 1314, 13 Ragged Staff Wharf, Queensway Quay, Gibraltar, GX11 1AA.

Monthly Benefit

The amount chosen by **you** and shown on **your policy schedule**. This will be the LOWER amount of:

a. £2,500; or

b. 65% of **your normal income**;

Normal Income

If **you** are **employed** or a **contract worker**, this is the average of **your** monthly gross taxable earnings for the 12-month period immediately preceding the commencement of **your** claim. This includes regular commission and bonus payments which **you** have received for the 12-month period immediately preceding the commencement of **your** claim.

Please note that **we** will not include car allowances, overtime payments and expenses claims as part of **your normal income**.

If **you** are **self-employed**, this is the average of the annual income before deduction of Income Tax and National Insurance, which **you** declared to the relevant **UK** tax authorities on **your** self-assessment return for the complete tax year immediately preceding the commencement of **your** claim. **We** will not consider claims for income which has not been declared to and processed by the relevant **UK** tax authorities.

Payment in Lieu of Notice

Is one of the following:

- The payment received by **you** in relation to the notice period **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment; or
- Any compensation payment or part payment made for loss of office which relates to the notice period - whether directly or indirectly - that **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment. This includes payments made under a settlement agreement.

Period of Cover

The period of time between the **policy start date** and the **end date**. This is a monthly rolling policy.

Permanent Employment

You are **employed** with no fixed or pre-defined finish date other than the usual **retirement** age for **your** occupation. If **you** are a **contract worker**, please refer to the '**contract worker**' section in 'Meaning of Words'.

Policy

The contract of insurance between **you** and the Insurer. It should be read in conjunction with **your** current **policy schedule**. This is based upon the information **you** provided as part of the application process and includes any insurance documents issued to **you** in

relation to the contract, including but not limited to this wording and any amendments or variations which have been issued by **us** in writing.

Policy Schedule

The document issued by **us** to **you** which accompanies this wording and confirms **your** details, based on the information which **you** have supplied to **us** as well as other details specific to **you**. For example, details of the cover **you** have selected.

Pre-existing Condition

Any injury, **sickness**, disease or related condition and/or associated symptoms, where either, in the 12 months before the **start date** or the **amendment date**:

- **you** received advice, treatment, medication or a consultation; or
- **you** were made aware of, or experienced symptoms of, or should reasonably have known about; or
- **you** have seen or arranged to see a **doctor**, whether a diagnosis was made or not. Once **you** have been symptom free and have not received any medical advice or treatment for a period of 12 consecutive months after the **start date** of this **policy** or the **amendment date**, then the condition will no longer be classed as pre-existing and may be accepted by **us** in connection with a claim, subject to **policy** terms and conditions.

Premium

The amount payable by **you** in return for this insurance cover, as detailed on **your policy schedule** including any insurance premium tax at the prevailing rate.

Relative

Your spouse, civil partner as detailed by the Civil Partnership Act 2004, domestic partner, parent or child, related to **you** by blood, law, marriage or domestic

partnership, co-habitation or a permanent member of **your** family.

Retirement

The date when **you** stop **work** and are no longer in **employment** and have no intention of returning to **work**.

Self-Employed

You are **working** in the **UK** alone or in partnership with others and **you** are registered as **self-employed** with the relevant **UK** tax authorities and are liable to pay Income Tax and National Insurance contributions, at the rate applicable to **self-employed** persons; or **you** are a **company director**.

Start Date

The date when **your** cover under this **policy** commences as shown on **your policy schedule**.

Temporary Work

Engagement including, but not limited to, seasonal work, irregular work, agency work, zero hours contract, overarching contract or **work** that is not guaranteed.

UK, United Kingdom

England, Scotland, Wales and Northern Ireland.

Unemployed, Unemployment

You are without **work** due to **your employment** ending unexpectedly and due to circumstances beyond **your** control. **You** must be:

- Registered as **unemployed** at the Jobcentre and have a valid Jobseeker's agreement for the duration of **your claim**. **You** must be able to provide third party documentation as requested to support this each month and third party documentation to demonstrate that **you** are regularly and actively

seeking work. This could be a combination of copies of job applications, invitations to interviews, job rejections and confirmation of registration with employment agencies.

- If **you** are not eligible for a Jobseeker's agreement or if **you** have paid sufficient National Insurance Contribution Credits and are no longer required to register at the Jobcentre **you** must provide evidence of this and in addition provide acceptable, on-going, alternative evidence that **you** are **unemployed** and that **you** are regularly and actively seeking **work**. This could be a combination of copies of job applications, invitations to interviews, job rejections and confirmation of registration with employment agencies; and
- Not in receipt of **payment in lieu of notice**, including any compensation payment for loss of office or payment received under a settlement agreement.
- If **you** are **self-employed**, then in addition to all of the above, **your** business must have **ceased to trade** and if **you** are a **company director** then **your** company must have been wound up by a creditor who is not a director of that company.

Waiting Period

The period shown on **your policy schedule** in which **you** will need to be continuously **unemployed** or unable to **work** due to an **accident, sickness** or due to becoming a full-time **carer**, in order to be entitled to receive **your monthly benefit**.

We, Us, Our

Means the **Insurer**.

Work, Working

You are in **permanent employment** or are **self-employed** or a **company director**.

This includes if **you** are on maternity, paternity or adoption leave as agreed with **your** employer as long as **you** are still classed as being their employee for that period of time.

You, Your

The person named as the policyholder on the **policy schedule** which attaches to this **policy**.

Section Two

ACCIDENT & SICKNESS COVER

This cover will only apply if it is shown on **your policy schedule**.

What is Covered & Making a Claim

If **you** are unfit to **work** during the period of cover due to **accident** or **sickness** for longer than the **excess period** and the **waiting period you** have selected, then **we** will pay **you** one **monthly benefit**. Thereafter **we** will pay **you** 1/30th of the **monthly benefit** shown on **your policy schedule** for each day that **you** remain unfit to **work** after **your waiting period**, monthly in arrears, subject to the policy terms and conditions.

In order for **us** to pay **your** claim **you** must have been certified as unfit to **work** by **your doctor** or **consultant** following **your waiting period** including the first day of **your** absence from **work**, as a direct result of the **accident** or **sickness** for which **you** are claiming.

You must supply **us** with evidence in order to support **your accident** or **sickness** claim, including but not limited to – sick notes from **your doctor** or **consultant**, letters from **your employer** confirming **your** absence from **work** and access to **your** medical records. If **you** are unwilling or unable to supply **us** with evidence to support **your accident** or **sickness**, then **we** may not be able to accept **your** claim or be able to continue paying **your** claim.

Monthly benefit will be paid until:

- The date when **your doctor** or **consultant** advises that **you** are no longer unfit for **work** as a result of the **accident** or **sickness** which prevented **you** from **working** at the start of **your** claim; or
- The date when **you** do not supply **us** with proof that **you** are unfit for **work** as a result of **accident** or **sickness**; or
- The date when **you** return to **work**; or
- The date when **we** have paid 12 months of benefit for a single claim under this section; or
- The **policy end date**.

If **you** need to make a claim, please contact the **Claims Administrator**, ClaimscoG Limited, 4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0333 344 7508 (all calls are recorded for training, compliance and claims purposes) or email contact@claimscoG.co.uk as soon as possible.

You will be asked to complete a claim form; it is important that **you** answer all questions accurately and honestly as **we** will not accept any amendments to a claim form once **we** have received it. Claims which are dishonest, exaggerated or fraudulent will not be accepted and in the event that any such claim is attempted **we** reserve the right to decline the claim and report the matter to the relevant law enforcement authorities and **we** will cancel **your** **policy**.

What is not covered

- a. Claims where **your** absence from **work** due to **accident** or **sickness** is not supported by medical evidence from **your doctor** or **consultant**.
- b. **Accident or sickness** which is caused by a **pre-existing condition**.
- c. Claims for **back conditions** where **you** are unfit to **work**, unless there is radiological medical evidence of an abnormality or injury confirmed by a **doctor** or **consultant** (for a full definition of **Back conditions** see section 1).
- d. Claims for anxiety, depression, stress or any other mental health condition where **you** are unfit to **work**, unless **your** condition has been diagnosed by a **consultant** or **your** local Primary Care Trust's mental health trust or action team and they have certified that **you** are unfit for **work** solely as a result of that condition. **You** must be under the continuing care of a **consultant** or **your** local Primary Care Trust's mental health trust or action team in respect of the condition which has rendered **you** unfit for **work** and on which **your** claim is based.
- e. **Accident** or **sickness** which is alcohol and/or drug related. This exclusion does not apply to drugs which are taken under the direction of **your doctor** and where **you** have not exceeded the prescribed dose and have followed their advice in connection with taking such drugs.
- f. **Accident** or **sickness** which is the result of treatment or surgery which was not medically necessary or was carried out at **your** request. This includes cosmetic surgery and beauty treatments. However, **we** will pay for any **accident** or **sickness** which arises as a direct result of any unforeseen complication directly relating to such treatments or procedures, subject to the **policy** terms and conditions.
- g. Claims where **you** are unfit for **work** due to self-inflicted injuries, deliberate exposure to danger (unless this was in connection with an attempt to save a human life) or self-harm.
- h. Claims where **you** are already receiving **unemployment** benefit under this **policy** – please refer to 'Converting a Claim' for further details.
- i. Claims where **we** have already paid the **benefit period** for an **accident** or **sickness** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **accident** or **sickness** – please refer to 'Making Another Claim' for more details.
- j. Claims where **you** have not paid the **premium** due under this **policy**, or where **you** have not complied with the **policy** terms and conditions.
- k. Claims arising after the **policy end date**.
- l. Claims where **you** have delayed reporting the claim to **us** without good reason and where this delay has caused an adverse and prejudicial effect to **us**.

Note: Clause b) will not apply if **you** have been free of all symptoms of the **pre-existing condition** for a minimum of 12 consecutive months immediately following the **start date** of this **policy**, and **you** have not received medical advice or treatment about the **pre-existing condition** during this time

Section Three

UNEMPLOYMENT BENEFIT & CARER COVER

This cover will only apply if it is shown on **your policy schedule**

What is Covered & Making a Claim

If **you** become **unemployed** or **you** have to stop **work** entirely in order to become a **carer** to a **relative**, during the **period of cover** outside of the **initial exclusion period** and for longer than the **waiting period** which **you** have selected, then **we** will pay **you** 1/30th of the **monthly benefit** shown on **your policy schedule** for each day that **you** remain **unemployed** or a **carer** after **your waiting period**, subject to the **policy** terms and conditions.

Monthly benefit will be paid until:

- The date when **you** return to **work**; or
- The date when **you** do not supply **us** with suitable proof that **you** are **unemployed**; or
- The date when **we** have paid the **benefit period** for a single claim under this section; or
- The date when **you** stop being a **carer** or are no longer registered with the appropriate government authority as a **carer** or;
- The **end date** of the **policy**.

If **you** need to make a claim, please contact the **Claims Administrator**, ClaimscoG Limited, 4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0333 344 7508 (all calls are recorded for training, compliance and claims purposes) or email contact@claimscoG.co.uk as soon as possible.

You will be asked to complete a claim form and supply **us** with evidence to support **your** claim. This may include but is not limited to; letters from **your** employer confirming redundancy, bank statements, tax returns, payslips, evidence showing that **you** are registered as a **carer**.

Please note that if **you** are unwilling or unable to supply **us** with evidence to support **your unemployment** or **your** requirement to stop **work** due to being a **carer**, then **we** may not be able to accept **your** claim or be able to continue paying **your** claim.

What is not covered

- a. Claims where **we** have not received sufficient evidence to confirm **your unemployment**; for example claims where **you** are unable to provide evidence that **you** were previously **employed** or where **you** are unable to provide evidence that **you** are registered as **unemployed** with the appropriate government agency and actively seeking **work**.
- b. Claims where **we** have not received sufficient evidence to confirm **your** requirement to stop **work** entirely due

to becoming a full-time **carer**. For example, where **you** are not registered with the appropriate government authority as a **carer**; or **you** are not in receipt of **carer's** allowance benefit.

- c. Claims where during the **initial exclusion period**:
- **you** are notified of **your unemployment** even if **your** last day in **work** falls outside of this period;
 - **you** are made aware that there is a risk **you** could be made **unemployed** even if the formal notification of **your unemployment** was issued outside of this period;
 - **you** are aware of circumstances which might lead to **you** having to stop **work** in order to become a **carer**.
- d. Claims where **you** have not been in continuous **employment** for at least 6 months prior to the **policy start date** with the same employer.
- e. Claims where **you** have not been in continuous **employment** for at least 6 months with the same employer prior to the date on which **you** have become **unemployed**.
- f. Claims where **you** were aware of the risk or possibility of **you** becoming **unemployed** or having to stop **work** in order to become a **carer** at or prior to the **start date** of this **policy**.
- g. Claims where **you** voluntarily leave **your** last **employment** or retire.
- h. Claims where **your unemployment** is due to **you** breaching **your** employer's conduct code, including fraud, dishonesty and breach of contract, or where **your unemployment** is due to **your** employer taking disciplinary action against **you**.
- i. Claims where **you** have been **working** as a **contract worker** and **your** contract has reached its expiry date, or claims where **your work** is seasonal or temporary and **unemployment** is a normal or regular occurrence in **your work** – please see 'Special Note for **Contract Workers**' for more information.
- j. Claims where **you** have been **self-employed** and are unable to provide satisfactory evidence that **your** business has **ceased to trade**.
- k. Claims where the person **you** are caring for is not a **relative**.
- l. Claims where **you** are already in receipt of **monthly benefit** payments for **accident** or **sickness** under this **policy** – please refer to 'Converting a Claim' for further details.
- m. Claims where **we** have already paid the **benefit period** for an **unemployment** or **carer** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **unemployment** or **carer** cover – please refer to 'Making Another Claim' for more details.
- n. Claims where **you** have not paid the **premium** due under this **policy**, or where **you** have not complied with the **policy** terms and conditions.

- o. Claims arising after the **end date** of the **policy**.
- p. Claims for any period where **you** are in receipt of, or are entitled to, **payment in lieu of notice**, even if that payment forms part of a settlement or settlement agreement between **you** and **your** employer.
- q. Claims for periods whilst **you** are **working**, including periods of **temporary work** – please see below.
- r. Claims where **you** have delayed reporting the claim to **us** without good reason and where this delay has caused an adverse and prejudicial effect to **us**.
- s. **Your employment** ends as a result of the expiry of an apprenticeship or a training contract.
- t. **You** are made **unemployed** as a result of participating in an industrial action.

Special Note for **Contract Workers**

Condition (i) will not apply if **you** have been a **contract worker** for a period of at least 24 months consecutive months with the same employer immediately before being made **unemployed**. If **your** contract was for a period of less than 24 months, then **you** are only covered if **your** employer terminated the contract early (not if they did not renew it when it reached its expiry date). Please note that **monthly benefit** will not be paid after the contract would have expired normally.

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 **you** to take up this **work** as long as:

- **You** obtain written permission from **us** 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 prior written permission from **us**, **we** reserve the right to immediately stop **your** claim and pursue the recovery of any **monthly benefit** which we have paid to **you**.

Section Four

CONDITIONS APPLYING TO ALL COVERS

Fraudulent Claims

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

- submits inaccurate, fraudulent, or exaggerated information in connection with a claim under this **policy**, which is intended to mislead **us** or to obtain **benefit** under this **policy** where none would otherwise be payable; or
- fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal or any adjustment to **your policy**; or
- fails to reveal or hides a fact likely to influence the **policy we** provide; or
- makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false; or
- sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false; or
- 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, then **we** reserve the right to:

- Decline the claim and not pay any **benefit** under this **policy**.
- Take legal action against **you** and inform the appropriate authorities.
- Cancel **your policy** immediately or backdate the cancellation to the date of the fraudulent claim and not return any **premium** to **you**.
- Pursue a recovery of any **benefit** paid to **you** as the result of a fraudulent or misleading claim.
- Pass **your** details onto the relevant law enforcement authorities.

Making Another Claim

If **you** have already made a claim under this **policy** and wish to make another claim, the following will apply:

Accident or sickness Claims

- If **you** have claimed for **accident** or **sickness** and wish to make another claim for the same or related **accident** or **sickness** within 6 consecutive months of **your** original claim, then subject to the **policy** terms and conditions **we** will consider treating **your** new claim as a continuation of the previous claim and no **waiting period** will apply. However, **we** will only pay **you** the remaining balance of the **benefit period** – please see ‘Continuing a Claim’ for further details.
- If **you** have claimed for **accident** or **sickness** and wish to make another claim for the same or related **accident** or **sickness** and **you** have already received the maximum **benefit period** for that claim, then **you** must have returned to **work** for a continuous period of at least 6 consecutive months for the period immediately preceding the commencement of **your** new claim.

For claims where **you** are on maternity, paternity or adoption leave, **your doctor** must be able to confirm that **you** have previously been fit for **work** for a continuous period of at least 6 consecutive months immediately preceding the commencement of **your** claim.

Unemployment & Carer Claims

- If **you** become **unemployed** or become a **carer** within 6 consecutive months of having made an **unemployment** or **carer** claim under this **policy**, then subject to the **policy** terms and conditions **we** will consider treating **your** new claim as a continuation of the previous claim and no **waiting period** will apply. However, **we** will only pay **you** the remaining balance of the the **benefit period** – please see ‘Continuing a Claim’ for further details.
- If **you** have already received the maximum **benefit period** for **your** previous claim for **unemployment** or **carer** cover under this **policy**, then **you** must have returned to **work** for a period of 6 consecutive months preceding the commencement of **your** new claim.

Continuing a Claim

Where **we** have advised **you** that **you** have a continuous claim, then **your excess period** will not be applied to the second part of the claim. However, this will only apply if **you** have not already received the maximum **benefit period** applicable under the **policy**.

The remainder of the balance of the **benefit period** will be paid as appropriate, subject to the **policy** terms and conditions and the claim will cease once the total **benefit period** has been paid to **you**. Once the **monthly benefit** limit has been reached, **you** will need to return to **work** as outlined in ‘Making Another Claim’, in order to be eligible to claim again.

Converting a Claim

If **you** are in receipt of **monthly benefit** under this **policy** for either **accident** or **sickness** cover or **unemployment** or **carer** cover and **your** circumstances change **you** must notify the **Claims Administrator**, ClaimscoG Limited, 4th

Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0333 344 7508 (all calls are recorded for training, compliance and claims purposes) or email contact@claimscog.co.uk immediately.

- In the case of **unemployment** or **carer** claims, where **you** are already in receipt of **monthly benefit** under this **policy** and become unfit to seek **work** due to **accident, sickness** or **hospitalisation, your unemployment** or **carer** claim will stop on the day **you** notify the **Claims Administrator** of the change in **your** circumstances. **We** will then consider **your accident** or **sickness** claim and subject to the **policy** terms and conditions we will pay **monthly benefits** based on **you** being unfit for **work**.
- In the case of **accident** or **sickness** claims where **you** are already in receipt of **monthly benefit** under this **policy** and **you** become **unemployed** or become a **carer, we** will continue to pay **your monthly benefit** for **accident** or **sickness** subject to **policy** terms and conditions. **Your monthly benefit** will cease once **you** are fit for **work** or when maximum **benefit** has been paid to **you** or when **you** are no longer able to provide **us** with satisfactory evidence of **your accident** or **sickness** claim. Once **benefit** has ceased **you** will not be eligible to claim until **you** have found **employment** and have been in **work** for the time periods outlined in Section 4 'Making Another Claim'.

In all cases where a claim is converted, the maximum amount of **monthly benefit** payable for either **accident** or **sickness** cover combined with **unemployment** or **carer** cover, will be the **benefit period** as specified on **your policy schedule**.

General Policy Conditions & Exclusions

- a. All **monthly benefit** will be paid to **you** only.
- b. Payments made under this **policy** may affect **your** entitlement to certain State Benefits. In the event of a claim it is **your** responsibility to ensure that **you** have informed the relevant authorities that **you** are receiving **monthly benefit** from this **policy**.
- c. **Monthly benefits** are not taxable, although if taxation legislation changes in the future, **we** will deduct any sums from **your monthly benefit** as required by law.
- d. This **policy** is not transferable.
- e. This **policy** together with **your policy schedule**, any endorsement, proposal or other written statement made by **you** or on **your** behalf, constitutes the whole of the contract between **you** and **us**. None of the **policy** terms and conditions may be waived or modified unless **we** have issued written confirmation of this waiver to **you**. If at any time any part or provision of this **policy** becomes illegal, invalid or unenforceable then the remaining parts and provisions shall continue in full force and effect.
- f. No person, persons, company or other party who or which is not covered under this **policy** shall have any right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term or condition of this **policy**. This will not affect any right or remedy of a third party that exists or is available apart from that Act.
- g. In the event that **you** are entitled to receive benefit from any other **accident** or **sickness** or **unemployment**

policy, we reserve the right not to pay any claim **you** may make under this **policy**.

- h. If **you** add **Accident & Sickness** to **your** existing **unemployment policy** or add **unemployment** to **your** existing **accident** or **sickness policy**, exclusions will apply from the **amendment date** for the additions made to **your policy**. The exclusions that will apply will be the same if the additions were taken out as a new **policy**.
- i. **We** will not pay claims where **you** are unwilling or unable to provide us with all necessary information that we may require in order to validate **your** claim and throughout the duration of **your** claim.
- j. **We** will not pay for loss or damage caused by any direct or indirect consequence of war, civil war, invasion, acts of foreign enemies (whether war be declared or not), rebellion, revolution, insurrection, military or usurped power, or confiscation, nationalisation, requisition, destruction of or damage to property by or under the order of any government, local or public authority.
- k. **We** will not pay claims occurring directly or indirectly as a result of an act of terrorism. This includes but is not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- l. **We** will not pay for loss or damage caused by any direct or indirect consequence of:
 - Irradiation, or contamination by nuclear material; or
 - The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or
 - Any device or weapon which employs atomic or nuclear fission or fusion or other comparable reaction or radioactive force or matter.

Annual Review, Changes to Policy Terms and Conditions, and Monthly Premiums

We will review **your policy** at least annually and will write to **you** at least 30 days prior to the anniversary of **your policy start date** to remind **you** of the cover **you** have in place so that **you** may check that **your** cover still meets **your** needs. As part of this annual review **we** may need to make changes to the price **you** pay for **your** insurance, depending on **your** age.

You must make **us** aware of any change in **your** circumstances at the time of review or any changes in the way **you** pay **your premiums**.

If **we** decide that **we** need to change **your** cover or the price **you** pay for **your** insurance at any time other than age related changes at **your** annual review, **we** will give **you** at least 2 months written notice. Notice of the change will be sent to **your** last known address.

We will only change **your premium** and/or the terms and conditions of **your policy** at any time other than at **your** annual review for the following reasons:

- To make minor changes to **your** policy wording that do not affect the nature of the cover and benefit provided such as changes to make the policy wording easier to understand;
- To reflect changes in the law, in regulation (including any decision of a regulatory body), or to any code of practice or industry guidance affecting **us** or **your policy**;
- To reflect changes to taxation applicable to **your policy** (including, but not limited to, insurance premium tax);
- To reflect increases or reductions in the cost (or projected cost) of providing **your** insurance, including, but not limited to, 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, but not limited to, the removal of one or more policy exclusions(s); or
- To cover the cost of changes to the systems, services or technology in support of this insurance.

Once **we** have made an alteration, no further changes will be made outside of age related changes at your annual review to the terms and conditions or the **premium** for **your policy** for at least 6 months – unless **we** are obliged to do so by law, regulation or any code of practice or industry guidance.

We can make changes immediately and advise **you** within 30 days of the change having been made if the change is favourable to **you**. A favourable change could include, but is not restricted to, a reduction in the rate of insurance premium tax, a general reduction in the price of **your policy** or an improvement to the cover and benefits.

Upon receiving notice of any changes or proposed changes, **you** may cancel cover if **you** are unhappy with the change or proposed change.

If there are any changes to the rate of insurance premium tax or if **we** are required to impose any other tax or charges in respect of **your premium**, then **we** will amend **your premium** payment from the date when those changes take effect. The premium will alter if **you** alter **your monthly benefit**, waiting period and/or cover option.

Data Protection

We and the **administrator** are the data controller(s) (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 will be available on **our** website Privacy policy and Terms of use - MIC Insurance – Millennium.

Complaints

It is the intention to give **you** the best possible service but if **you** do have any questions or concerns about this insurance or the handling of a claim **you** should follow the Complaints Procedure below.

If **you** would like to make a complaint regarding the sale or administration of **your policy**, please contact: Best Insurance, 4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0330 330 9465 Email: info@bestinsurance.co.uk.

If **you** would like to make a complaint regarding a claim, please contact: Claimsco Limited ,4th Floor, Telecom House, 125-135 Preston Rd, Brighton BN1 6AF. Telephone: 0333 344 7508 Email: contact@claimsco.co.uk

Depending on the nature of the complaint, Best Insurance or the **Claims Administrator** will acknowledge and record **your** complaint and try to resolve it by the close of business on the third working day following receipt. Some complaints may take longer to resolve and Best Insurance or the **Claims Administrator** will then write to **you** to let **you** know the name of the complaints reviewer who is investigating **your** complaint.

Should **you** remain dissatisfied with Best Insurance or the **Claims Administrator's** decision or fail to receive a final answer within 8 weeks of **us** receiving **your** complaint **you** may, if **you** wish, refer **your** complaint to the Financial Ombudsman Service (FOS). The FOS is a free independent service in the UK for settling disputes between consumers and businesses providing financial services. **You** can refer **your** complaint to the FOS at any time. If **you** decide to refer **your** complaint to the FOS, their contact details are: Financial Ombudsman Service, Exchange Tower, London, E14 9SR. Telephone: 0800 023 4567 (calls to this number are free from "fixed lines" in the UK) or 0300 123 9123 (calls to this number are charged at the same rate as 01 and 02 numbers on mobile phone tariffs in the UK). E-mail: complaint.info@financialombudsman.org.uk Website: www.financial-ombudsman.org.uk.

Please note that if **you** wish to refer this matter to the FOS **you** must do so within 6 months of **our** final decision. **You** must have completed the above Procedure before the FOS will consider **your** case. This complaints procedure is without prejudice to **your** right to take legal proceedings.

If it is not possible to reach an agreement, **you** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **you** are insured in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff. **You** may contact the Financial Ombudsman Service at:

The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London, E14 9SR, Tel: 0300 123 9 123

The above complaints procedure is in addition to **your** statutory rights as a consumer. For further information about **your** statutory rights, contact **your** local authority Trading Standards Service or Citizens Advice Bureau.

Financial Compensation

Millennium Insurance Company Limited is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if Millennium Insurance Company Limited cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts

are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk. **You** may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or **you** can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY