



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.

IncomeBee 60

Arranged and administered by Best Risk Management and Financial Service Limited and Underwritten by Astrenska Insurance Ltd.

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.

Your Insurers

Astrenska Insurance Ltd, who are 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; Cutlers Exchange, 123 Houndsditch, London, EC3A 7BU. FCA Reference Number: 202846.

Cancellation

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 any insurance document by giving 30 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you**. Valid reasons may include but are not limited to:

- Where **we** reasonably suspect fraud
- Non-payment of **premium**
- Threatening and abusive behaviour
- Non-compliance with **policy** terms and conditions
- Where **you** have not taken reasonable care to provide complete and accurate answers to the questions, **we** ask.

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.

If **we** cancel the **policy** and/or any additional covers **you** will receive a refund of any **premiums you** have paid for the cancelled cover unless the reason for cancellation is fraud and/or misrepresentation **we** are entitled to keep the **premium** under the Consumer Insurances (Disclosure and Representations) Act 2012.

Sanctions

We shall not provide cover or be liable to pay any claim or other sums, including return **premiums**, 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 or of the country within the **United Kingdom** 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 **UK**;
- Must be in **work**, actively **working** and continuously **employed** for at least 6 months prior to the **policy start date** with the same employer; with no absence, due to **accident, sickness**, illness or disease, for a period greater than 1 week (5 consecutive **working** days) prior to the **policy start date**;
- Must not be subject to any ongoing enquiry or disciplinary action by **your** employer;
- Must not be aware of any impending **unemployment** or **furloughing** or that there is a risk **you** may become **unemployed** or **furloughed**. 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 **pre-existing condition**, illness, disease or injury that may cause **you** to make a claim under this **policy**, unless **you** have disclosed these to **us** and **we** have confirmed in writing that **we** have accepted these conditions and will offer **you** cover;
- 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 as **we** will not accept any amendments to a claim form once they have received it. 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.

Covid-19 & Pandemic exclusions

Please note, this **policy** does not cover any claim caused directly or indirectly by or resulting from:

- a) Coronavirus disease (COVID-19);
- b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
- c) any mutation or variation of SARS-CoV-2;
- d) any fear or threat of a), b) or c) above;
- e) any other pandemic

Section One

IMPORTANT POLICY INFORMATION

Policy Start Date

Your 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.

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.

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.

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**.

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 waiting period**. All **monthly benefits** are paid monthly in arrears

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**.

Excess Period	Waiting Period	Monthly Benefit Due On
0 days / Back to Day One	30 Days	Day 31
30 Days	60 Days	Day 61
60 Days	90 Days	Day 91

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 12 **monthly benefit** payments that would be payable for any **claim period**.

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** business traded with sufficient profits for at least 6 months before the event that forces closing and **your** declaration that **your** business has ended, have been submitted to the relevant tax authorities in the **UK**.

Claims Administrator

Means Claimsco 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 are recorded as such at Companies House, or 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** or 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 **excess period** is as chosen by **you** and will be shown on **your policy schedule**.

Furlough

Means **your** temporary leave of absence from **work** with or without **your normal income**, which may be due to economic conditions or other factors affecting **your** employer.

Hospital

Any government controlled or managed **hospital**, a National Health Service **hospital** or trust, or a private **hospital** but will not apply to any long-term nursing homes or geriatric unit or any such facilities.

Hospitalisation / Hospitalised

You are an in-patient of a **hospital** under the sole request of a **doctor** or **consultant**.

Initial Exclusion Period

60 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 Astrenska Insurance Limited who are 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; Cutlers Exchange, 123 Houndsditch, London, EC3A 7BU.

Monthly Benefit

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

- a. £1,500; 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 and dividends payments in the 12 months prior to claim before deduction of Income Tax and National Insurance Contribution Credits.

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**.

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 24 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 24 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** household.

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 **hospitalisation** 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 & HOSPITALISATION 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, sickness** or **hospitalisation** for longer than the **waiting period** **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 unfit to **work** after **your waiting period**, 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, sickness** or **hospitalisation** for which **you** are claiming.

You must supply **us** with evidence in order to support **your accident, sickness** or **hospitalisation** claim, including but not limited to – sick notes from **your doctor** or **consultant**, letters from **your** employer confirming **your** absence from **work**, access to **your** medical records. If **you** are unwilling or unable to supply **us** with evidence to support **your accident, sickness** or **hospitalisation**, then they 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, sickness** or **hospitalisation** 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, sickness** or **hospitalisation**; 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, Gemini Business Centre, 136-140 Old Shoreham Road, BN3 7BD. 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 they 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, sickness or hospitalisation** is not supported by medical evidence from **your doctor or consultant**.
- b. **Accident, sickness or hospitalisation** which is caused by a **pre-existing condition**.
- c. Claims that are due to or arise from Acquired Immune Deficiency Syndrome (AIDS) or infection by the Human Immunodeficiency Virus (HIV), unless a **consultant** certifies that the condition prevents **you** from **working**.
- d. 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).
- e. Any claim for a **back condition** where the diagnosis is unspecified or unidentified back pain.
- f. 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.
- g. **Accident, sickness or hospitalisation** 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.
- h. **Accident, sickness or hospitalisation** 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, sickness or hospitalisation** which arises as a direct result of any unforeseen complication directly relating to such treatments or procedures, subject to the **policy** terms and conditions.
- i. 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.
- j. Claims where **you** are already receiving **unemployment** benefit under this **policy** – please refer to 'Converting a Claim' for further details.
- k. Claims where **we** have already paid 12 months of benefit for an **accident, sickness or hospitalisation** claim, unless **you** have returned to **work** for a minimum of 6 consecutive months immediately prior to **your** new claim for **accident, sickness or hospitalisation** – please refer to 'Making Another Claim' for more details.
- l. Claims for symptoms which are normally associated with pregnancy or abortion where those symptoms are generally temporary and do not represent a medical danger to **you** or **your** baby for example fatigue, morning sickness or for childbirth, including delivery by caesarean section or any other medically assisted delivery which does not cause any medical complications as a result of that procedure.
- m. Claims where **you** have not paid the **premium** due under this **policy**, or where **you** have not complied with the **policy** terms and conditions.

- n. Claims arising after the **policy end date**.
- o. 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 Underwriters.
- p. If **you** add **accident, sickness & hospitalisation** to **your** existing **unemployment policy** or add **unemployment** to **your** existing **accident, sickness or hospitalisation 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**.
- q. If **you** enhance the **monthly benefit** for any of **your** policies, the **initial exclusion period** will apply to the increased portion of **your policy** in the same way as it would to a new **policy**.
- r. Claims where **you** have not been in continuous **employment** for at least 6 months prior to the **policy start date** with the same employer.

Note: Clause b) will not apply if **you** have been free of all symptoms of the **pre-existing condition** for a minimum of 24 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 12 months of benefit 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, Gemini Business Centre, 136-140 Old Shoreham Road, BN3 7BD. 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 they 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**.
- **you** have been **furloughed**.

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 **you** are under a **furlough** or have been **furloughed** in the last 6 months

i. 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**.

j. 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.

k. Claims where **you** have been **self-employed** and are unable to provide satisfactory evidence that **your** business has **ceased to trade**.

l. Claims where the person **you** are caring for is not a **relative**.

m. Claims where **you** are already in receipt of **monthly benefit** payments for **accident, sickness** or **hospitalisation** under this **policy** – please refer to 'Converting a Claim' for further details.

n. Claims where **we** have already paid 12 months of benefit 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.

- o. Claims where **you** have not paid the **premium** due under this **policy**, or where **you** have not complied with the **policy** terms and conditions.
- p. Claims arising after the **end date** of the **policy**.
- q. 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.
- r. Claims for periods whilst **you** are **working**, including periods of **temporary work** – please see below.
- s. 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 Underwriters.
- t. **Your employment** ends as a result of the expiry of an apprenticeship or a training contract.
- u. **You** are made **unemployed** as a result of participating in an industrial action.
- v. If **you** are made **unemployed** due to **accident, sickness** or **hospitalisation** and don't have the **accident** or **sickness** as part of **your** cover.
- w. **You** failed to pass a trial or probationary period.

Special Note for **Contract Workers**

Condition j) will not apply if **you** have been a **contract worker** for a period of at least 24 consecutive months with the same employer immediately before being made **unemployed** and **your** contract is terminated early.

Temporary Work

If **you** are offered **temporary work** during the period of **your unemployment** claim, **we** may consider suspending **your** claim with them 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**, they reserve the right to immediately stop **your** claim and pursue the recovery of any **monthly benefit** which they 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, sickness or hospitalisation Claims

- If **you** have claimed for **accident, sickness or hospitalisation** and wish to make another claim for the same or related **accident, sickness or hospitalisation** 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 12 months of benefit – please see 'Continuing a Claim' for further details.
- If **your** claim is in respect of an **accident, sickness or hospitalisation** which **you** have not already claimed for, then it will be treated as a new claim so long as it is not a **pre-existing condition** and the **waiting period** will apply to the new claim.
- If **you** have claimed for **accident, sickness or hospitalisation** and wish to make another claim for the same or related **accident, sickness or hospitalisation** and **you** have already received 12 months of benefit 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 12 months of benefit – please see 'Continuing a Claim' for further details.
- If **you** have already received 12 months of benefit 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 waiting 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 of 12 months of **monthly benefit** applicable under the **policy**.

The remainder of the balance of 12 months of **monthly benefit** will be paid as appropriate, subject to the **policy** terms and conditions and the claim will cease once the total of 12 months of **monthly benefit** 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, Gemini Business Centre, 136-140 Old Shoreham Road, BN3 7BD. 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 they will pay **monthly benefits** based on **you** being unfit for **work**.
- In the case of **accident, sickness** or **hospitalisation** 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, sickness** or **hospitalisation** 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, sickness** or **hospitalisation** 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, sickness** or **hospitalisation** cover combined with **unemployment** or **carer** cover, will be 12 months in any one **period of cover**.

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 transferrable.
- 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, sickness or hospitalisation or unemployment policy**, **we** reserve the right not to pay any claim **you** may make under this **policy**.
- h. **We** will not pay claims where **you** are unwilling or unable to provide them with all necessary information that they may require in order to validate **your** claim and throughout the duration of **your** claim.
- i. **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.
- j. **We** will not pay for loss or damage caused by any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation. **We** will, however, cover any loss or damage (but not related cost or expense, caused by any act of terrorism provided that such act did not happen directly or indirectly because of biological, chemical, radioactive or nuclear pollution or contamination or explosion).
- k. **We** will not pay for loss of income arising directly or indirectly in any way caused by or resulting from:
 - a) Coronavirus disease (COVID-19);
 - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - c) any mutation or variation of SARS-CoV-2;
 - d) any fear or threat of a), b) or c) above;
 - e) any other pandemic
- 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.
- n. **We** will not pay for any loss or damage to Electronic Data under any consequence, howsoever caused, including but not limited to Computer Virus in Electronic Data being lost, destroyed, distorted, altered, or otherwise corrupted.

For the purposes of this **policy**, Electronic Data shall mean facts, concepts and information stored to a form useable for communications, interpretations, or processing by electronic or electromechanical data processing or other

electronically controlled hardware, software and other coded instructions for the processing and manipulation of data, or the direction and manipulation of such hardware.

For the purposes of this **policy**, Computer Virus shall mean a set of corrupting, harmful, or otherwise unauthorised instructions or code, whether these have been introduced maliciously or otherwise, and multiply themselves through a computer system or network of whatsoever nature.

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

We will review **your policy** each year on **your policy** annual anniversary date, which shall be the date 12 months from the **start date** of **your policy** and annually thereafter.

Direct Debit payments will continue to be taken from **your** designated account, unless **you** call **us** and instruct otherwise. **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**.

We may make changes to **policy** cover and/or terms and conditions as a result of the cost of providing this cover to **you** and **your premium** may increase or decrease or remain unchanged. Any such changes that **we** wish to make will be implemented with effect from the next or nearest monthly **policy** anniversary date. Please note that there is no limit to the size or nature of the changes.

You will be notified in writing a minimum of 30 days prior to **your policy** monthly anniversary date each of any changes which **we** intend to make to **your policy**.

Data Protection

How we use the information about you

As **your insurer** and 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;
- protect **our** legitimate interests.

Some of the personal information that **you** provide may be sensitive information. This includes details about **your** health or medical records. Where **we** need **your** consent to collect and process **your** sensitive information, this

will be obtained from **you** at the relevant time. Please note that, in these cases, **we** may not be able to sell **you** an insurance **policy** or deal with a claim if **you** do not agree to **us** processing relevant sensitive information.

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, Best Risk Management and Financial Service Limited (trading as Best Insurance), Claimscog Limited, contractors, investigators, crime prevention organisations 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.cifas.org.uk/fpn and 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 **you** have with **us**;
- 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 and 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

Postal Address: Cutlers Exchange, 123 Houndsditch, London EC3A 7BU

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/>

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, Gemini Business Centre, 136-140 Old Shoreham Road, Hove BN3 7BD. Telephone: 0330 330 9465 Email: info@bestinsurance.co.uk.

If **you** would like to make a complaint regarding a claim, please contact: Claimscoq Limited, Gemini Business Centre, 136-140 Old Shoreham Road, Hove BN3 7BD. Telephone: 0333 344 7508 Email: contact@claimscoq.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 **you** have purchased the **insurance policy** online, **you** may also raise **your** complaint via the EU Online Dispute Resolution Portal at <http://ec.europa.eu/consumers/odr/>.

This will forward **your** complaint to the correct Alternative Dispute Resolution scheme. For insurance complaints in the **UK** this is the Financial Ombudsman Service. However, this may be a slower route for handling **your** complaint than if **you** contact the Financial Ombudsman Service directly.

Financial Compensation

Astrenska Insurance Ltd. are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if Astrenska Insurance Ltd. is unable to meet its obligations to **you** under this **policy**. 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.