



IMPORTANT: What this Policy is for –

Provided **You** have paid **Your Premiums**, **We** will pay the **Benefits** described if **You** are unable to **Work** through **Accident/Sickness** or **Unemployment**. Full details of **Your** cover, the conditions that apply, the claims process and the circumstances when claims will not be met are contained in this **Policy**.

You should read this document carefully so that **You** know what insurance **You** have.

We have tried to make the booklet clear and easy to understand. Words with special meanings are shown in **bold** throughout.

ABOUT PAYMENT PROTECTION INSURANCE

This **Policy** has been arranged by First Call Group (a trading name of First Call Payment Protection Ltd) with UK General Insurance Ltd on behalf of Great Lakes Reinsurance (UK) SE, Registered in England No. SE000083. Registered Office: Plantation Place, 30 Fenchurch Street, London EC3M 3AJ.

Claims are notified to First Call Payment Protection Ltd and administered by Advent Solutions Management Ltd.

UK General Insurance Limited, First Call Payment Protection Ltd, and Advent Solutions Management Ltd are authorised and regulated by the Financial Conduct Authority.

Great Lakes Reinsurance (UK) SE is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

This can be checked on the Financial Services Register at www.fca.org.uk/firms/systems-reporting/register or by contacting them on 0800 111 6768.

ARE YOU ELIGIBLE FOR COVER UNDER THIS POLICY?

It is particularly important that **You** check that **You** may take out cover under this **Policy**. Please note 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. **You** can be covered under this **Policy** if on the **Policy Start Date** **You** are:

1. Working and residing lawfully in the **UK**;
2. Aged over 18 but under 63 years of age;
3. In active **Work** including self-employment for at least 6 continuous consecutive months immediately prior to the **Start Date**;
4. Working for at least 16 hours per week (whether **Employed** or **Self-Employed**) – N.B Zero hours contracts are not acceptable;
5. Able to attend **Your** normal place of work unless **You** are on maternity, paternity, adoption or parental leave;
6. Seeking to protect **Your** mortgage or loan or rent repayments or **Your** income;
7. Not in casual, temporary or seasonal **Work**;
8. Not the subject of any on-going disciplinary action or enquiry by **Your** employer;
9. Not aware of any circumstances which may result in **You** becoming a full time **Carer**;
10. Not aware of any impending **Unemployment** or if 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.

Additionally

1. **Mortgage Protection** - Be the owner occupier of the property secured under the insured **Agreement** which is **Your** main residence and is not used for business purposes.
2. **Rent Protection** – Be the person named on the assured short hold tenancy **Agreement** or similar fixed term tenancy or fixed term lease **Agreement** as the occupier of the property secured under the **Agreement** which is **Your** main residence and is not used for business purposes.
3. **Loan & Car Protection** – be the person named in the loan / lease / hire purchase **Agreement**

CHANGING YOUR MIND

If the cover **You** have selected does not meet **Your** needs, please contact First Call Payment Protection Ltd to tell **Us** that **You** no longer require cover.

YOUR RIGHT TO CHANGE YOUR MIND

You may cancel this **Policy** by writing to First Call Payment Protection Ltd within 30 days of the **Start Date** or the date **You** receive **Your** documents if this is later. **We** will refund any **Premium** paid, provided no **Benefit** has been paid.

After that, **You** may then cancel this **Policy** at any time by giving 30 days' notice in writing to First Call Payment Protection Ltd in which case, as **Premiums** are paid monthly, there will be no refund of **Premium** paid.

IMPORTANT NUMBERS

Need more information? **We** are here to answer all **Your** questions. Simply call:

Policy Queries 0333 200 4866 or 01934 529420

Claims Notification Line 0333 200 4866 or 01934 529420

Between 9.00am to 5.00pm Monday to Friday

Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

CONTENTS OF YOUR POLICY

Your Policy contains the following sections:

SECTION A – Meaning of Words - this section tells **You** the meaning of words that are in the **Policy** in bold.

SECTION B - Guide to Your Policy - this section tells **You** who is insured and what **Benefits We** will consider.

SECTION C - Accident/Sickness Benefit.

SECTION D – Unemployment Benefit.

Carer Benefit (only applies if Unemployment Benefit is selected)

SECTION E – Claims - this section tells **You** what **You** must do if **You** want to make a claim under this **Policy**.

SECTION F– General Provisions - this section tells **You** the general terms that apply to **Your Policy**.

SECTION G – Customer Service Information - this section tells **You** how to contact **Us** and how to make a complaint.

SECTION A – Meaning of Words

In this **Policy**, the words listed below have special meanings when they appear in **bold text** and with a Capital Letter:

Accident/Sickness - means **You** are absent from **Work** and certified as unfit to **Work** by **Your Doctor** due to injury, illness, or disease. **Your Accident/Sickness** must have started at a time when **You** are in **Work**. **You** must be unfit to do the job that **You** are/were **Employed** to do. If due to **Accident & Sickness** **You** are no longer **Employed**, **You** must be unfit to do a job that **Your** education or experience would allow **You** to. **You** must be under the continued supervision of, and receiving treatment from, a **Doctor** throughout the period of **Your** claim. **We** will regard **Your Accident/Sickness** as starting on the day **You** first consult, or receive treatment from, and are confirmed as being unfit to **Work**, by a **Doctor**.

Agreement – means in relation to the cover **You** have selected:

- A mortgage secured by a first or second charge over a residential property within the **United Kingdom** which is **Your** main residence and is not used for business purposes and is with a lender notified by **You**, who is a member of the Council of Mortgage Lenders; or
- A loan / lease / hire purchase contract issue by a lender registered in the **United Kingdom** who is authorised and regulated by the Financial Conduct Authority and/or the Prudential Regulation Authority; or
- An assured short hold tenancy contract or similar fixed term tenancy or fixed term lease Agreement in **Your** name which conforms to the requirements of the Housing Act 1988 as amended under part 3 of the Housing Act 1996 and is in respect of a property that is **Your** main residence and is not used for business purposes.

Amendment Date – means the date a change to **Your Policy** has taken place.

Back Condition - means any **Accident/Sickness** which is due to, or arising from, any disorder of or injury to the spine, its intervertebral discs, nerve roots, or supporting musculature and ligaments. In order for **Us** to consider **Back Condition** claims, there must be radiological medical evidence of medical abnormality or visible wound or contusion confirmed by a **Consultant**.

Carer – means **You** are entirely without **Work** solely due to the need to care for a **Partner** or **Relative** and **You** are registered with **Your** local Social Services Department as a **Carer** and **You** are either in receipt of or awaiting a Carer's Allowance from the Department for Work and Pensions.

Ceased to Trade - means **You** are entirely out of paid **Work** because **Your** business has failed or the business of which **You** are a controlling director has failed, and **You** have provided accounts to **Your** last day of trading and **Your** last tax return has been placed with **Your** local tax office. This does not include a temporary break in trading of the business.

Claim Form – means the form **You** must complete to make a claim.

Claims Administrator – Advent Solutions Management Ltd, 3 Lombard Street, London EC3V 9AA
Telephone 0345 241 2155. The principal duties of the **Claims Administrator** being to manage all notified claims matters.

Company Director - means a director who owns more than 10% of the issued share capital of the company (or **You** are a **Relative** of a director who is **Working** for the same company as **You** and who owns more than 10% of the issued share capital of that company).

College - means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.

Consultant - means a medical specialist registered and practising in the **UK** who is a member of a **College** and recognised by that **College** to be a medical specialist who is not **You** or a **Relative**.

Contract Worker - means where **You are Working** for at least 16 hours a week under an **Employment** or service contract for a fixed period of time or which has a specified end date.

Coverholders - means First Call Payment Protection Ltd who will manage all **Policy** administration and deal with the first notification of claims.

Doctor – means a registered medical practitioner practising in the **UK** being a fully registered person under the Medical Act 1983 but does not include **You**, **Your** spouse, **Your** co-habitees, **Your** registered civil partner under the Civil Partnership Act 2004 or any of **Your Relatives**.

Employed/Employment - means **You** are in **Permanent Employment** contracted to work for at least 16 hours a week in the **UK** (this includes civil servants **Employed** by the **UK** Government **Working** in a British Embassy or British Consulate) or **You** are a **Contract Worker** and **Your** employer is deducting P.A.Y.E. Tax and National Insurance Contributions at the appropriate rate on **Your** behalf.

End date - means the date that cover under this policy ends as set out in Section B - Guide to Your Policy.

Excess Period - means the minimum number of consecutive days of **Accident, Sickness** or **Unemployment** which **You** have to wait before **Your** entitlement to **Monthly Benefit** commences as shown in **Your Schedule**

Initial Exclusion Period – means the period of days as stated in **Your Policy** commencing from **Your Start Date** or **Amendment Date** where **You** cannot make an **Unemployment** claim.

Monthly Benefit / Benefit – means the lowest of the following amounts:

- 1) The amount of cover **You** have selected under this **Policy** as stated on **Your Schedule**
- 2) 50% of **Your Normal Income** before tax
- 3) 150% of **Your** monthly mortgage or rent payment as specified in **Your Agreement**
- 4) The monthly payment amount specified in **Your Agreement**
- 5) £2,000.

Normal Income - means, if **You** are:

- 1) **Employed** or a **Contract Worker** – the average monthly earnings before deduction of Income Tax and National Insurance **You** have received from **Your** employer in the twelve months immediately prior to **Your** claim. Commissions and bonus payments which are a regular feature of **Your** income can be included.

Please note that **We** will not include car allowances, overtime payments and expenses claims as part of **Your Normal Income**.

- 2) **Self Employed** – the monthly average of the annual income before deduction of Income Tax and National Insurance **You** declared to the Inland Revenue on **Your** self-assessment tax return and as stated on the HMRC form SA302 or equivalent for the previous tax year (the tax year immediately prior to the tax year in which the claim occurs). **We** will not consider claims for income which has not been declared to and processed by the relevant UK tax authorities.

Partner – means the person, of either sex, that **You** live with as if married.

Payment in Lieu of Notice - means one of the following:

- 1) The payment **You** receive relating to the notice period **Your** employer should have given **You** under the terms of **Your** contract of employment or letter of appointment; or
- 2) Any part of compensation payment for loss of office (including any part of a payment made under a compromise agreement), which directly or indirectly relates to the notice period **Your** employer should have given **You** under the terms of **Your** contract of employment or letter of appointment.

Period of Cover - means the period from the **Start Date** to the **End Date**.

Permanent Employment - means **You** are **Employed** on a permanent basis and **Your** job has no fixed or pre-defined finishing date other than the usual **Retirement** age for **Your** occupation or if **You** are a **Contract Worker**, **You** have been in continuous **Employment** either on a yearly contract which has been renewed at least once or on a renewable fixed term contract with the same employer for at least 2 continuous years.

Permanent Retirement / Permanently Retire – means the date when **You** stop **Work** and are no longer in **Employment** and have no intention of returning to **Work**.

Policy - means the insurance documents issued to **You** on the basis of the information **You** have provided as part of the on-line application process including these Terms and Conditions and **Your Schedule**.

Pre-existing Condition - means any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not which **You**:

- 1) Knew about or should have known about at the **Start Date**; or
- 2) Had seen or arranged to see a **Doctor** or **Consultant** about (including for regular or routine examination or consultations to monitor the condition) in the 12 months before the **Start Date**. This includes any appointments to see a **Doctor** or **Consultant** which **You** did not keep.

Premium – means the amount payable by **You** in respect of insurance as set out on **Your Schedule** including any insurance premium tax at the current standard rate.

Relative - means **Your** spouse, partner or any other immediate family member related to **You** by blood, law or marriage.

Schedule - means the document confirming the detail of the cover **You** have selected under these **Policy** Terms and Conditions.

Self-Employed / Self-Employment - means **You** are **Working** alone, or in partnership with others in the **UK** for remuneration or profit, registered with HMRC as **Self-Employed**, and paying Class 2 National Insurance Contributions (or being credited in respect of such contributions) and being assessed for Income Tax under Schedule D Case I or II.

Start Date - means the date **Your** cover under this **Policy** commences, as set out in Section B - Guide to Your Policy.

Terrorism – means any act including but not limited to the use, or threat, of violence or force by any person or organisation involving, causing or threatening harm or putting the public or any section of the public in fear if it is likely that the purpose is of a political, religious, ideological (of an intellectual or rational nature) or similar nature.

UK, United Kingdom - means England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Unemployed or Unemployment - means a period during which **You** must be no longer **Employed** or **Self-Employed** and be:

- 1) Receiving the appropriate class of National Insurance contribution credits;
- 2) Available for and actively looking for **Work** in the **UK**;
- 3) Registered as without **Work** with the appropriate government agency;
- 4) Entirely without **Work**;
- 5) Not receiving wages;
- 6) Not in receipt of **Payment in lieu of notice**, including any compensation payment for loss of **Employment** or payment received under a compromise agreement.

If **You** are **Self-Employed**, in addition to 1) to 5) above **You** must also have **Ceased to Trade**. If **You** are a **Company Director**, **Your** company must have been wound up by a creditor who is not a director of that company.

We, Us, Our, Insurer - means UK General Insurance Ltd on behalf of Great Lakes Reinsurance (UK) SE

Work, Working - means being in **Permanent Employment** or **Self-Employed** (including being on statutory maternity, paternity or adoption leave)

You, Your - means a **UK** resident who is eligible for and has applied and been accepted for this insurance under this **Policy** and who is named on the **Schedule**.

SECTION B - GUIDE TO YOUR POLICY

1. Who are Your insurers?

UK General Insurance Ltd on behalf of Great Lakes Reinsurance (UK) SE

2. Who is insured?

The person named in the **Schedule**.

3. When does my insurance cover start?

The **Start Date** of **Your Policy** is shown in **Your Schedule**.

4. When does my insurance cover end?

The **End Date** of **Your Policy** is the earliest of the following dates:

- 1) The date of **Your** death; or
- 2) The date **You Permanently Retire** from **Work** or reach the age of 65, whichever is the earlier; or
- 3) The date **You** fail to pay **Your Premium** for this **Policy** on the date it is due; or
- 4) The date **You** or **We** cancel this **Policy**; or
- 5) The date **You** make the final payment under **Your Agreement**.

5. What Benefits will We pay?

The cover **You** have selected is shown in **Your Schedule**

There are three levels of cover:

Accident and Sickness (See Section C)

Unemployment Only (See Section D)

Accident, Sickness and Unemployment (See Sections C and D)

In the event of a valid claim, **We** will pay the **Monthly Benefit** as defined in **Your Policy** and in respect of the level of cover **You** have chosen.

6. How do You qualify for payment of Monthly Benefits?

There are four **Excess Period** options

EXCESS PERIOD							CLAIM WILL BE PAID FROM	1 st MONTHLY BENEFIT PAID ON OR AFTER
0 Day Excess	1		30				DAY 30 BACK TO DAY 1	DAY 31
You wait →								
30 Day Excess	1			60			DAY 60 BACK TO DAY 31	DAY 61
You wait →								
60 Day Excess	1				90		DAY 90 BACK TO DAY 61	DAY 91
You wait →								
90 Day Excess	1					120	DAY 120 BACK TO DAY 91	DAY 121
You wait →								

You have to be unable to work for the **Excess Period** selected and then wait a further period of 30 consecutive days before a claim will be paid. Payments are made monthly in arrears.

Please note '0 Days' **Excess Period** is sometimes referred to as 'Back to Day 1' cover by other providers.

You are responsible for any of **Your** monthly outgoings due for payment in the **Excess Period** **You** have selected. Once **We** have started making payments to **You**, it is **Your** responsibility to ensure **Your** monthly outgoings are paid.

a) Accident/Sickness

If **You** have selected a 0 Days **Excess Period**:

You must have been unable to **Work** due to **Accident/Sickness** for 30 consecutive days and **We** will then pay one **Monthly Benefit**. If **You** continue to remain unable to **Work** due to **Accident/Sickness**, **We** will pay a sum equal to one thirtieth of the **Monthly Benefit** for each additional day **You** remain continuously unable to **Work** due to **Accident/Sickness**, monthly in arrears.

If **You** have selected a 30, 60 or 90 Days **Excess Period**:

You must have been unable to **Work** due to **Accident/Sickness** for longer than the number of days as stated under the **Excess Period** on **Your Schedule** and **We** will then pay a sum equal to one thirtieth of the **Monthly Benefit** for each additional day **You** remain continuously unable to **Work** due to **Accident/Sickness**, monthly in arrears.

b) Unemployment.

If **You** have selected a 0 Days **Excess Period**:

You must have been unable to **Work** due to **Unemployment** for 30 consecutive days and **We** will then pay one **Monthly Benefit**. If **You** continue to remain unable to **Work** due to **Unemployment**, **We** will pay a sum equal to one thirtieth of the **Monthly Benefit** for each additional day **You** remain continuously unable to **Work** due to **Unemployment**, monthly in arrears.

If **You** have selected a 30, 60 or 90 Days **Excess Period**:

You must have been **Unemployed** for longer than the number of days as stated under the **Excess Period** on **Your Schedule** and **We** will then pay a sum equal to one thirtieth of the **Monthly Benefit** for each day during which **You** remain continuously unable to **Work** due to **Unemployment**, monthly in arrears.

7. When will Monthly Benefits be paid?

Payment of **Monthly Benefits** will be made by the **Claims Administrators** monthly in arrears.

8. What limits are there on the amount of a Monthly Benefit and how many Monthly Benefits can You receive at any one time?

The maximum amount of a **Monthly Benefit** is limited to £2,000 or 50% of **Your Normal Income** or 150% of **Your** monthly Mortgage repayments / rent payments or the amount specified in **Your Agreement**, whichever is lesser.

We will not pay two **Monthly Benefits** if **You** are **Unemployed** and unable to **Work** due to **Accident/Sickness** at the same time.

If **You** are receiving **Monthly Benefits**, **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy** otherwise **Your** claim will cease.

The amount of **Monthly Benefit** **You** receive in the event of a claim is linked to the amount specified in **Your Agreement** and **Your Normal Income**. **You** must advise the **Coverholders** of any change in **Your** mortgage / rent payments or **Your Normal Income** where it is likely to affect the amount **You** are entitled to receive as **Monthly Benefit**. In the event of an undisclosed reduction in mortgage / rent payments or salary which becomes known at the time of a claim, any over payment of **Premiums** will be reimbursed.

9. Changes in Your Circumstances

In the event that **You** wish to change **Your Benefit**, **You** must contact the **Coverholders** and advise them of the new amount. **You** may increase **Your Benefit** at any time subject to **Our** or the **Coverholders'** prior agreement. If the increase is as a result of an increase in the amount specified in **Your Agreement**, and this can be substantiated by **You**, no additional **Policy** terms will be imposed. If the increase has resulted from any other reason, no increase in **Benefit** or the change in proportion of **Your Benefit** will be paid for:

- 1) An **Unemployment** claim which **You** were aware of at the time in the increase in **Benefit** or occurs or is notified to **You** in the 120 days following the increase; or
- 2) **You** knew of, or should have known of **Your** impending **Unemployment**, on the date that **You** applied for the increase in **Benefit**; or
- 3) A disability claim which resulted from an **Accident/Sickness** for which **You** received treatment or attended a **Doctor** in the 12 months preceding **Your** increase in **Benefit**.

You must immediately advise the **Coverholders** 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** are convicted of a criminal offence, or receive a police caution;
- **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** are no longer a signed party on the mortgage agreement for **Your** main residence, or **You** settle the mortgage for **Your** main residence;
- **You** have insurance cancelled, or declined, or withdrawn or terms applied by another insurance provider.

Failure to advise the **Coverholders** of a change in your circumstances may mean that **Your** policy could become invalid and that it does not operate in the event of a claim or may prejudice **Your** level of cover.

10. Payment of Premiums

Your Policy is monthly, open ended, starting from the **Policy Start Date** shown on **Your Schedule**. **Premiums** are due monthly, payable by Direct Debit and **You** must pay the **Premium** associated with this **Policy** in order to maintain cover, this includes periods when **You** may be receipt of or awaiting authorisation of a claim under this **Policy**.

If **You** do not pay the **Premium** on or near the date it becomes due, **We** reserve the right to cancel **Your Policy** from the date when the payment became due and all cover under this **Policy** will cease.

If there are any changes to the rate of insurance premium tax (IPT) or if **We** are required to impose any other tax or charges in respect of **Your Premium**, **We** will amend **Your Premium** payment from the dates which those changes take effect.

SECTION C – ACCIDENT / SICKNESS BENEFIT

This cover will only apply if it is shown on **Your Policy Schedule**.

1. What will We pay if You become unable to Work due to Accident/Sickness?

We will pay **Monthly Benefit** if You suffer **Accident/Sickness** during the **Period of Cover**, subject to these Terms and Conditions, even if You receive or continue to receive pay from **Your Employer**.

Where You are on statutory maternity, paternity or adoption leave immediately before **Your Accident/Sickness**, **Your Doctor** must confirm that **Your Accident/Sickness** would wholly stop You from carrying on **Your Work** as if You were not on statutory maternity, paternity or adoption leave.

2. For how long will Monthly Benefits be paid?

We will pay the **Monthly Benefits** until the earliest of the following dates:

1. The date when You stop being unable to **Work** due to **Accident/ Sickness**; or
2. The date when You do not give Us proof that You are unable to **Work** due to **Accident/Sickness**; or
3. The date when You return to **Work**; or
4. The date when We have paid the maximum number of **Monthly Benefits** in total for **Accident/Sickness** claims as stated in the **Schedule**; or
5. The **End Date**.

3. How do I qualify for Accident/Sickness Benefits?

We will only pay **Accident/Sickness Benefits** if You are in **Work** immediately before the date when You became unable to **Work** due to **Accident/Sickness**.

If We stop paying **Monthly Benefit** because We have paid the maximum number of **Monthly Benefits** for a claim as shown in the **Schedule**, You stop being unable to **Work** due to **Accident/ Sickness**, You do not give Us proof that You are unable to **Work** due to **Accident/Sickness**, or You return to **Work** then We will not pay any further **Monthly Benefit** under the **Accident/Sickness** insurance section of this **Policy** until You have returned to **Work** for a continuous period of at least:

- 1) 6 months before You can claim for the same **Accident/Sickness** again; or
- 2) 3 months before You can claim for a different, unrelated **Accident/Sickness** again; or
- 3) 1 month before You can claim for **Unemployment**.

If You are on statutory maternity, paternity or adoption leave during this period, **Your Doctor** must confirm that You have been fit for **Your Work** for a continuous period of at least 6 months as if You were not on statutory maternity, paternity or adoption leave.

4. Special note

If We have paid less than the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule**, You must return to **Work** for at least one month before You can claim again for a different **Accident/Sickness**.

If We have paid less than the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule** and You return to **Work** but are again unable to **Work** resulting from the same **Accident/Sickness** within 3 months of the date of Your return to **Work**, We will consider paying **Monthly Benefits** for the reoccurrence of that inability to **Work**. We will treat this as one claim. Please note this will be subject to the maximum number of **Monthly Benefits** for a claim as stated in the **Schedule** being paid.

5. When will We not pay Accident/Sickness Benefit?

We will not pay **Monthly Benefit** if the **Accident/Sickness** results directly or indirectly from:

- 1) Any injury, illness, disease or sickness which is due to a **Pre-Existing Condition**; or
- 2) **Your** consumption of alcohol; or
- 3) **Your** taking drugs; or
- 4) Stress, anxiety or depression or any mental or nervous disorder unless the condition has been diagnosed by a psychiatric **Consultant** who certifies that solely the condition prevents **You** from **Working** and **You** are under the continued supervision of and receiving treatment from a psychiatric **Consultant**; or
- 5) Intentionally self-inflicted bodily injury; or
- 6) A **Back Condition** unless there is radiological evidence of medical abnormality, visible wound or contusion, and a **Consultant** certifies that solely the condition prevents **You** from **Working**; or
- 7) Medical operations or treatments which are not medically necessary to maintain **Your** quality of life and which are carried out at **Your** request; or
- 8) Attempted suicide or wilful exposure to danger (except in an attempt to save human life); or
- 9) Any of the exclusions shown in Section D point 6.

We will not pay **Monthly Benefit** if the **Accident/Sickness** is not supported by medical evidence from a **Doctor**.

6. Special Note

- 1) **We** will not apply (5.1) above If **You** have been free of all symptoms of the **Pre-existing Condition** for a period of at least two years following the **Start Date** and **You** have not consulted or arranged to consult a **Doctor** about the **Pre-existing Condition** in that period.
- 2) **We** will not apply (5.3) above If **You** are taking drugs under the qualified medical advice or supervision of a **Doctor** (and provided **You** have not exceeded the prescribed dose or failed to comply with any advice given in connection with taking such drugs).

SECTION D – UNEMPLOYMENT BENEFIT

This cover will only apply if it is shown on **Your Policy Schedule**.

1. What will We pay if You become Unemployed?

We will pay **Monthly Benefit** if, during the **Period of Cover**, **You** become **Unemployed**.

2. How do You qualify for Monthly Benefits?

Monthly Benefits are only payable if **You** have been in **Work** continuously for at least 6 months immediately before the date of **Your Unemployment**.

3. What if You want to do temporary Work?

If **You** are eligible to claim for **Unemployment** under this insurance and **You** are offered a temporary job, **You** can suspend **Your** claim as long as:

- 1) **You** tell the **Claims Administrator** who **You** will be **Working** for (even if **You** will be **Self-Employed**), how many hours **You** will be **Working** for and how long the temporary **Work** will last; and
- 2) **Your** temporary job lasts for at least one week and no longer than twelve months, and **You** do not have more than three separate jobs during any one claim; and
- 3) **You** continue to meet the conditions of this insurance and tell **Us** immediately if any of the circumstances above change.

You are eligible to claim for **Unemployment** when a temporary job ends as long as **You** have kept to the above conditions. **We** will begin paying **You Monthly Benefit** payments again up to the maximum number stated on the **Schedule**.

4. For how long will Monthly Benefits be paid?

We will pay **Monthly Benefit** until the earliest of the following dates:

- 1) The date when **You** stop being **Unemployed** or do not provide proof that **You** are **Unemployed**; or
- 2) The date when **You** return to **Work**; or
- 3) The date when **We** have paid the maximum number of **Monthly Benefits** for any one **Unemployment** claim as stated in the **Schedule**; or
- 4) The **End Date**.

5. How do You re-qualify for Monthly Benefits?

If **We** have paid the maximum number of **Monthly Benefits** as stated in the **Schedule**, **You** must have returned to **Work** for:

- 1) 6 months before **You** can claim for **Unemployment** again; or
- 2) 1 month before **You** can claim for **Accident/Sickness**.

If **You** are **Employed** for less than 6 months between 2 periods of **Unemployment**, **We** will treat these 2 periods as one claim. **We** will not pay **Monthly Benefits** for the time **You** were **Employed** between the 2 periods of **Unemployment**. **We** will pay up to the maximum number of **Monthly Benefits** as stated in the **Schedule**.

6. When will We not pay Benefits?

We will not pay **Benefit** if:

- 1) **You** have not been in continuous **Employment** for at least 6 months before **Your** first period of **Unemployment**; or
- 2) **You** are notified of **Unemployment** within the **Initial Exclusion Period** of 120 days from the **Start Date** of this insurance even though **Your Unemployment** may not take place until after this period; or
- 3) **You** were aware of the possibility of impending **Unemployment** at the **Start Date**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after 120 days of the **Start Date**; or
- 4) **You** have agreed to take voluntary **Unemployment**, resign or **Permanently Retire**; or
- 5) **Your Unemployment** is due to **Your** own misconduct including failure to meet standards or targets, fraud, dishonesty, breach of contract or any other circumstance that resulted in **Your** employer taking disciplinary action against **You**; or
- 6) **You** failed to pass a trial or probationary period; or
- 7) **Your Work** is temporary or seasonal and **Unemployment** is a normal part of it, or **Unemployment** is a regular feature of **Your Work**; or
- 8) **You**, at the date of **Your Unemployment**,:
 - a) Are doing temporary **Work**; or
 - b) Are **Employed** on a fixed term contract unless:
 - (i) **You** have been **Employed** under that contract with the same employer for a continuous period of 24 months; or
 - (ii) **You** have been on a contract for at least 12 months and had the contract renewed at least once; or
 - (iii) **You** have an individually negotiated contract which has been renewed at least twice and **You** have been employed by the same employer for at least 6 months, in which case the **Monthly Benefit** is payable only if the contract is terminated early and only for the original duration of the contract; or
 - (iv) **You** were originally **Employed** on a permanent basis by **Your** employer but were transferred to a fixed-term contract by that employer without a break in **Employment**.
 - c) Are **Employed** under a contract which required **You** ordinarily to **Work** outside the **UK**; or
 - d) Are a director or a majority shareholder or **Your** husband, wife, **Partner**, parent, **Your** civil partner, child, brother, sister, or **Relative** by blood or marriage is a director and/or a majority shareholder of the company that makes **You Unemployed**, unless a liquidator or administrator has been appointed in respect of that company by its creditors; or
- 9) **You** refuse any offer of suitable alternative **Employment** by **Your** employer; or
- 10) **Your Unemployment** results directly or indirectly from radiation, contamination or the radioactive effect of any nuclear fuel or its components; or
- 11) **Your Unemployment** results from an act of **Terrorism**; or
- 12) **You** are made **Unemployed** because of a civil commotion, riot, terrorist activity, insurrection, war or any act incidental to war (whether declared or not); or
- 13) **You** are made **Unemployed** due to any of the exclusions shown in Section C Point 5.

If at the time of any event giving rise to a claim there is any other insurance **Policy** in force in **Your** name which also covers **You** for the same loss then only a proportion of the claim shall be paid. Such proportion being determined by reference to the cover provided under each of the relevant policies.

7. Special Note

- 1) **We** will not pay **Monthly Benefit** for any period in respect of which **You** have received or are entitled to receive a **Payment in Lieu of Notice**, even if the **Payment in Lieu of Notice** is part of a settlement or compromise agreement between **You** and **Your** employer.
- 2) **We** will not apply (6.4) above if **Your** voluntary redundancy is claimed under section 147 or 148 of the 1996 Employment Rights Act due to short-time working. If **You** make a claim, **You** will have to produce documentation to confirm that **Your** redundancy is within the terms of this Act.
- 3) **We** will not apply (6.2) and (6.3) above if:
 - a. Immediately prior the **Start Date** **You** have an existing policy providing **Accident, Sickness and Unemployment** cover or **Unemployment** only cover (with a company other than **Us**); and
 - b. That policy has been in force for at least 6 months and is cancelled in place of this **Policy** with no break in cover
 - c. **Your Monthly Benefit** under this **Policy** does not exceed **Your** original **Monthly Benefit** under **Your** previous policy.If **You** meet (a) and (b) above, but not (c), **We** will pay up to **Your** original **Monthly Benefit** under **Your** previous policy.

8. Carer Cover

This cover only applies if Your Schedule shows that You have chosen Unemployment cover

What We will cover

If **You** are unemployed as a result of **You** becoming a **Carer**, **We** will consider an **Unemployment** claim if **You** can provide evidence that **You** are:

- 1) Required to care for a **Partner** or **Relative** and
- 2) **You** are registered with **Your** local Social Services Department as a **Carer** and are in receipt of or awaiting a Carer's Allowance from the Department for Work and Pensions or any subsequent equivalent.

In the event of a valid claim, **We** will pay the **Monthly Benefit** as defined in **Your Schedule** and in respect of the **Waiting Period** **You** selected.

We will continue to pay **You Monthly Benefit** until:

- 1) **You** cease to be a **Carer**; or
- 2) **You** no longer provide evidence of the need for **You** to continue being a **Carer**; or
- 3) **We** have paid the maximum number of **Monthly Benefits**; or
- 4) The **End Date**

whichever happens first.

What We will not cover

We will not pay Benefit for any period of being a **Carer**:

- 1) If at the **Start Date**, **You** were aware of the need for **Your Partner** or **Your Relative** to require a **Carer**;
- 2) Where the person **You** are caring for is not **Your Partner** or **Relative**;
- 3) If **You** are also receiving disability or unemployment benefits of any kind;
- 4) Arising from war (whether declared or not), invasion, riot as an active participant, revolution or any similar event.

SECTION E – CLAIMS

1. How do You make a claim for Benefits?

In the event of a claim, **You** must contact First Call Payment Protection Ltd to register **Your** claim and to arrange for a **Claim Form** to be sent to **You**. **You** must give written notice of a claim to First Call Payment Protection Ltd within 120 days of the date of the event for which a claim is being made or as soon thereafter as possible.

The **Claim Form** will tell **You** what additional documents **You** need to send in order to process **Your** claim. **You** will need to complete these and return them as soon as possible to the **Claims Administrator** giving all the information requested to enable processing of **Your** claim. This should include any other documents requested.

We are entitled to see, and **You** must provide at **Your** expense or authorise others to provide at **Your** expense, such evidence as **We** may require from time to time to support **Your** claim. This will include a copy of **Your** Contract of Employment, notification of **Unemployment**, Bank Statements, **Agreement**, previous Medical History, **Doctor's** Certificates or forms from the relevant Government agency. **You** will be responsible for providing **Us** with the proof **We** need, including proof of Job Search. Delay in submitting a claim to **Us** may prejudice **Your** claim or result in the denial of **Your** claim. If **We** wish **You** to be medically examined at **Our** expense, **You** must allow it, otherwise **Your** claim could either be stopped or denied.

Payment of **Monthly Benefit** will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. Throughout the period for which the claim is made under this **Policy**, **We** will require **You** to provide evidence of continued **Accident/Sickness** or **Unemployment**. **Monthly Benefit** will not be paid for any period of **Accident/Sickness** or **Unemployment** for which the evidence required by **Us** is not provided within 30 days of the request.

We may arrange for an agent to visit **You**. The purpose of such a visit will be to gather details regarding the claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** do not do so, **Your Benefit** will not be paid.

If at any time **You** think **You** may not be able to provide the evidence within the time requested, **You** should write to **Us** and request further time. So long as **You** do so, permission for this will not be unreasonably withheld.

UK General Ltd is an insurer's agent and in the matters of a claim act on behalf of Great Lakes (UK) SE.

We will be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.

2. What if You want to convert a claim?

You can only convert a claim if **Your Schedule** shows that **You** have selected and paid the premiums for **Accident, Sickness** and **Unemployment** cover in which case **You** may switch between an **Accident/Sickness** and an **Unemployment** claim (and vice versa) subject to the following conditions:

1) If **We** are paying **Accident/Sickness Benefit** and at the same time **You** become **Unemployed**, **You** must write to the **Claims Administrators** immediately explaining **Your** change in circumstances. If a **Doctor** confirms **You** are fit to return to **Work** while **We** are paying **Accident/Sickness Benefit**, these **Benefits** will then stop. If **You** have not found **Work**, **You** may then make a claim for **Unemployment Benefit** and **We** will consider **Your** claim. If **You** convert a claim, the maximum number of **Monthly Benefits** payable in total will be the maximum number stated on the **Schedule** for either **Accident/Sickness** or **Unemployment**. When considering **Your Unemployment** claim, **We** will ignore the fact that **You** were not in **Work** immediately before the **Unemployment** claim and no **Waiting Period** will apply.

2.) If **You** are receiving **Monthly Benefit** for **Unemployment** and at the same time **You** become unable to **Work** due to **Accident/Sickness**, **You** must write to the **Claims Administrators** immediately explaining **Your** change of circumstances. **We** will review **Your** claim and subject to the **Policy** terms and conditions **You** may be able to convert the **Unemployment** claim to an **Accident/Sickness** claim. If **You** convert a claim, the maximum number of **Monthly Benefits** payable in total will be the maximum number stated on the **Schedule** for either **Accident/Sickness** or **Unemployment**. When considering **Your Accident/Sickness** claim **We** will ignore the requirement for **You** to be in **Work** at the date of the **Accident/Sickness** and no **Waiting Period** will apply.

If **We** do not pay **Benefits** for the **Accident/Sickness** claim, **We** will look at the original **Unemployment** claim once a **Doctor** confirms **You** are fit to return to **Work**. **You** must tell **Us** in writing that **You** are no longer unable to **Work** due to **Accident/Sickness** and if asked provide reasonable proof to **Us** of this.

Please note the maximum number of **Benefits** payable under a continuous claim is the maximum number of **Monthly Benefits** as stated on the **Schedule**, whether this relates solely to **Accident/Sickness** or **Unemployment**, or a converted claim from one to the other.

SECTION F– GENERAL PROVISIONS

1. Fraudulent claims or misleading information.

If any information provided to **Us** by **You** or anyone acting on **Your** behalf is inaccurate or if **You** do not disclose any information which might affect **Our** decision to provide insurance to **You**, **Your** right to any **Benefit** under this **Policy** will end.

If any claim under this **Policy** is fraudulent or is intended to mislead **Us** or if any misleading or fraudulent means are used by **You** or anyone acting on **Your** behalf to obtain **Benefit** under this **Policy**, **Your** right to any **Benefit** under this **Policy** will end and **We** will cancel **Your** policy with immediate effect with no refund of premium. **We** will be entitled to recover any **Benefit** paid and costs incurred as a result of any such fraudulent or misleading claim. **We** may also share this information with the appropriate law enforcement authorities.

2. Consumer Insurance Act

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 **You** make that is part of the application process and to make sure that all information supplied is true and correct. **You** must tell **Us** of any changes to the answers **You** have given as soon as possible. Failure to advise **Us** of a change to **Your** answers may mean that **Your** policy is invalid and that it does not operate in the event of a claim.

3. Payment of Benefits

All **Benefits** payable under this **Policy** will be paid to **You** unless **You** instruct **Us** otherwise.

Payment made by **Us** under this **Policy** may, in some circumstances, affect **Your** or **Your Partner's** entitlement to State benefits. It is **Your** responsibility to notify the relevant Government agency that **You** are in receipt of this **Benefit**.

All **Benefits** under this **Policy** are non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any **Monthly Benefit** any sums which by law **We** are required to deduct.

4. Legal

This **Policy**, together with any endorsement to it, any proposal and any other written statement made by **You** or on **Your** behalf on which **We** have relied when accepting **You** for cover under this **Policy** constitutes the whole of the contract between **You** and **Us**.

No provision or condition of this **Policy** may be waived or modified except by a written endorsement, which must be signed by an authorised official on **Our** behalf.

If at any time any provision or part thereof of this **Policy** becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.

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.

It is not possible for **You** to transfer **Your** rights under this **Policy**.

No person, persons, company or other party who or which is/are not covered under this **Policy** or the lender 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.

5. Annual Review

We review **Your Policy** annually and any changes **We** wish to make will take effect from the anniversary of **Your Policy Start Date** each year. Following the review, **We** can make changes to the **Policy** cover and/or terms and conditions of insurance to reflect changes in the cost of providing this cover in the future.

Premiums may go up or down, or remain unchanged as a result of this review. The **Policy** cover and terms may also change as a result of this review.

There is no limit on the size or type of these changes.

We will notify **You** in writing at least 30 days before the anniversary date of **Your Policy Start Date** each year.

For each review **We** will take a fair and objective view on the likely future cost of providing this cover by considering:

- 1) **Our** experience and expectations of the cost of providing this product and/or similar insurance products; and
- 2) Widely available economic information such as rates for inflation, interest and unemployment; and
- 3) Changes in law, regulation and taxation.

The only exception to this would be in the event of a change in:

- 1) Law, regulation, taxation ; and/or
- 2) recommendation of an Ombudsman

which **We** need to implement prior to the review.

Any review will not be directly affected by whether **You** have made a claim or not.

6. Reinstatement

You may apply to have **Your Policy** reinstated within 3 months of cancelling it. The reinstatement will be at **Our** discretion and subject to **You** completing a declaration of good health and no change in **Employment** circumstances. All premiums must be brought up to date before **Your Policy** can be reinstated.

7. Data Protection – Information Uses

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence for process to other companies acting on their instructions including those located outside the European Economic Area.

The **Coverholders** may also use the information for direct marketing of their own products only and **You** have signified whether or not **You** are agreeable to this in the application and the **Coverholders** will of course follow **Your** requests in that respect. If **You** have any objections to **Us** holding **Your** information either in full or in part or wish to obtain any details of any information **We** are currently holding on **You**, please contact the **Coverholders** immediately.

8. Cancellation

If **You** decide that for any reason, this **Policy** does not meet **Your** insurance needs then please return it to First Call Payment Protection Ltd 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 the **Coverholders** however no refund of **Premium** will be payable.

The **Insurer** shall not be bound to accept renewal of any insurance and may at any time cancel any insurance document by giving 14 days notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **You** at **Your** last known address. Valid reasons may include but are not limited to:

- Fraud
- Non-payment of **Premium**
- Threatening and abusive behaviour
- Non-compliance with policy terms and conditions

Provided the **Premium** has been paid in full **You** will be entitled to a proportionate rebate of **Premium** in respect of the unexpired period showing on the insurance.

9. War and civil War Exclusion Clause

Notwithstanding anything to the contrary contained herein this Policy does not cover Loss or Damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any government or public or local authority.

10. Terrorism Exclusion

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, it is agreed that this Policy excludes loss, damage, cost, or expense directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with any act of terrorism, as defined herein, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

An act of terrorism includes any act, or preparation in respect of action, or threat of action designed to influence the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological, or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, and which:

- (i) involves violence against one or more persons; or
- (ii) involves damage to property; or
- (iii) endangers life other than that of the person committing the action; or
- (iv) creates a risk to health or safety of the public or a section of the public; or
- (v) is designed to interfere with or to disrupt an electronic system.

This Policy also excludes loss, damage, cost, or expense directly or indirectly caused by, contributed to by, resulting from, or arising out of or in connection with any action in controlling, preventing, suppressing, retaliating against, or responding to any act of terrorism.

11. Radioactive Contamination Exclusion Clause

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this Policy excludes any loss, liability, cost or expense, or any other amount incurred by or accruing to the insured, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with:

- 1) irradiation or contamination by Nuclear Material; or
- 2) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter; or
- 3) any device or weapon employing atomic or nuclear fission and / or fusion or other like reaction or radioactive force or matter.

SECTION G – CUSTOMER SERVICE INFORMATION

How do You make an enquiry?

Any enquiry regarding any aspect of this **Policy** should be made to: -

Customer Services Team
First Call Group
Administration Centre
Loxley House
21 Coker Road
Worle
Weston super Mare
BS22 6BX

Telephone: 0333 200 4866 or
01934 529420

Email: enquiries@fcpl.co.uk

How do You make a complaint?

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:

SALE OF THE POLICY

If **Your** complaint relates to some aspect of the purchase of your policy through the website: www.firstcallpaymentprotection.co.uk please contact:

Customer Services Team
First Call Group
Loxley House
21 Coker Road
Worle
Weston super Mare
BS22 6BX

Tel: 0333 200 4866 or
01934 529420

Email: customerrelations@fcpl.co.uk

CLAIMS

If **Your** complaint relates to a claim please contact:

Customer Services Team
First Call Group
Loxley House
21 Coker Road
Worle
Weston super Mare
BS22 6BX

Tel: 0333 200 4866 or
01934 529420

Email: customerrelations@fcpl.co.uk

If **You** complaint in either case cannot be resolved by the end of the next working day, it will be passed to:

Customer Relations Department
UK General Insurance Limited
Cast House
Old Mill Business Park
Gibraltar Island Road
Leeds
LS10 1RJ
Tel: 0345 218 2685

Email: customerrelations@ukgeneral.co.uk

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.

Would I receive any compensation if the insurers were unable to meet their liabilities?

Great Lakes Reinsurance (UK) SE is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they 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

Scheme arranged by First Call Group which is a trading name of First Call Payment Protection Ltd. Registered in England and Wales No 07064423

Registered office: Loxley House, 21 Coker Road, Worle, Weston super Mare, BS22 6BX

First Call Payment Protection Ltd is authorised and regulated by the Financial Conduct Authority No 541645

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