



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 PROTECTION INSURANCE

This **Policy** has been arranged by First Call Insurance Services (a trading name of First Call Payment Protection Ltd) with UK General Insurance Ltd on behalf of Great Lakes Insurance SE. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

Claims are notified to First Call Insurance Services 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 Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

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**

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. **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 10% or more 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 10% or more 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 Insurance Services 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) Up to 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 Insurance 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 Insurance 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.

11. Other Policies

Please note that if **You** hold any other policies which cover **You** for the same loss and entitle **You** to benefit for accident, sickness or unemployment then **We** reserve the right to only pay a proportionate amount of any claim **You** may make. If **You** are uncertain as to how this may affect **You** please contact First Call Insurance Services for clarity.

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 recurrence 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.

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 **Excess 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 Insurance Services 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 Insurance Services 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 Insurance Limited is an insurer's agent and in the matters of a claim act on behalf of Great Lakes Insurance 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 **Excess 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 **Excess 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.

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

1. fails to reveal or hides a fact likely to influence whether **We** accept **Your** proposal, **Your** renewal, or any adjustment to **Your** policy;
2. fails to reveal or hides a fact likely to influence the cover **We** provide;
3. makes a statement to **Us** or anyone acting on **Our** behalf, knowing the statement to be false;
4. sends **Us** or anyone acting on **Our** behalf a document, knowing the document to be forged or false;
5. makes a claim under the policy, knowing the claim to be false or fraudulent in any way; or
6. makes a claim for any loss or damage **You** caused deliberately or with **Your** knowledge

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

2. Your Responsibility

You must take reasonable care to:

- a) supply accurate and complete answers to all the questions **Your** (administrator / agent) may ask as part of **Your** application for cover under the policy
- b) to make sure that all information supplied as part of **Your** application for cover is true and correct
- c) tell **Your** (administrator / agent) of any changes to the answers **You** have given as soon as possible.

You must take reasonable care to provide information that is accurate and complete answers to the questions **Your** (administrator / agent) ask when **You** take out, make changes to and renew **Your** policy. If any information **You** provide is not accurate and complete, 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.

If **You** become aware that information **You** have given **Your** (administrator / agent) is inaccurate or has changed, **You** must inform them as soon as possible.

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. UK General Insurance Ltd privacy notice

We are UK General Insurance Ltd, referred to as "we/us/our" in this notice. Our data controller registration number issued by the Information Commissioner's Officer is **Z7739575**.

This privacy notice is relevant to anyone who uses our services, including policyholders, prospective policyholders, and any other individuals insured under a policy. We refer to these individuals as "you/your" in this notice.

We are dedicated to being transparent about what we do with the information that we collect about **you**. We process your personal data in accordance with the relevant data protection legislation.

Why do we process your data?

The provision of **your** personal data is necessary for **us** to administer **your** insurance policy and meet our contractual requirements under the policy. **You** do not have to provide us with your personal data, but **we** may not be able to proceed appropriately or handle any claims if **you** decide not to do so.

What information do we collect about you?

Where **you** have purchased an insurance policy through one of our agents, **you** will be aware of the information that **you** gave to them when taking out the insurance. The agent will pass **your** information to us so that **we** can administer **your** insurance policy.

For specific types of insurance policies, for example when offering you a travel insurance policy, we may process some special categories of your personal data, such as information about **your** health.

We have a legitimate interest to collect this data as **we** are required to use this information as part of **your** insurance quotation or insurance policy with **us**. We may also process the data where it is necessary for a legal obligation, or as part of the establishment or defence of a legal claim.

UK General's full privacy notice

This notice explains the most important aspects of how we use **your** data. **You** can get more information about this by viewing **our** full privacy notice online at <http://ukgeneral.com/privacy-policy> or request a copy by emailing **us** at dataprotection@ukgeneral.co.uk. Alternatively, **you** can write to **us** at: Data Protection, UK General Insurance Ltd, Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, LS10 1RJ.

8. Cancellation

If **You** decide that for any reason, this **Policy** does not meet **Your** insurance needs then please return it to First Call Insurance Services 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:

- a) Where **We** reasonably suspect fraud
- b) Non-payment of premium
- c) Threatening and abusive behaviour
- d) Non-compliance with policy terms and conditions
- e) **You** have not taken reasonable care to provide complete and accurate answers to the questions **We** ask.

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, less a proportionate deduction for the time **We** have provided cover.

Where **Our** investigations provide evidence of fraud or misrepresentation, **We** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **You** provided **Your** administrator / **Your** agent with incomplete or inaccurate information. This may result in **Your** policy being cancelled from the date **You** originally took it out and **We** will be entitled to keep the premium.

If **Your** policy is cancelled because of fraud or misrepresentation, this may affect **Your** eligibility for insurance with **Us**, as well as other insurers, in the future.

9. War and civil War Exclusion Clause

We will not pay any claim that arises due to 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.

10. Terrorism Exclusion

We will not pay any claim that arises due to any direct or indirect consequence of terrorism as defined by the Terrorism Act 2000 and any amending or substituting legislation.

11. Radioactive Contamination Exclusion Clause

We will not pay any claim that arises due to 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.

12. Electronic data

We will not pay any claim that arises due to 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 form useable data 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.

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 Insurance Services, Loxley House, 21 Coker Road, Worle, Weston super Mare, BS22 6BX
Telephone: 0333 200 4866 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 please contact:

Customer Services Team, First Call Insurance Services, Loxley House, 21 Coker Road, Worle, Weston super Mare, BS22 6BX
Tel: 0333 200 4866 Email: customerrelations@fcpl.co.uk

CLAIMS

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

Customer Services Team, First Call Insurance Services, Loxley House, 21 Coker Road, Worle, Weston super Mare, BS22 6BX
Tel: 01934 529420 Email: customerrelations@fcpl.co.uk

If **Your** complaint in either case cannot be resolved by the end of the third 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 Insurance SE is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if Great Lakes Insurance SE cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS or visit www.fscs.org.uk.

You may also contact the FSCS on their Freephone number: 0800 678 1100 or 020 7741 4100 or **You** can write to: Financial Services Compensation Scheme, P O Box 300, Mitcheldean, GL17 1DY

Scheme arranged by First Call Insurance Services 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
UK General Insurance limited is authorised and regulated by the Financial Conduct Authority No 310101. Registered in England and Wales No 04506496. Registered Office: Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds. LS10 1RJ
Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of their regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.
