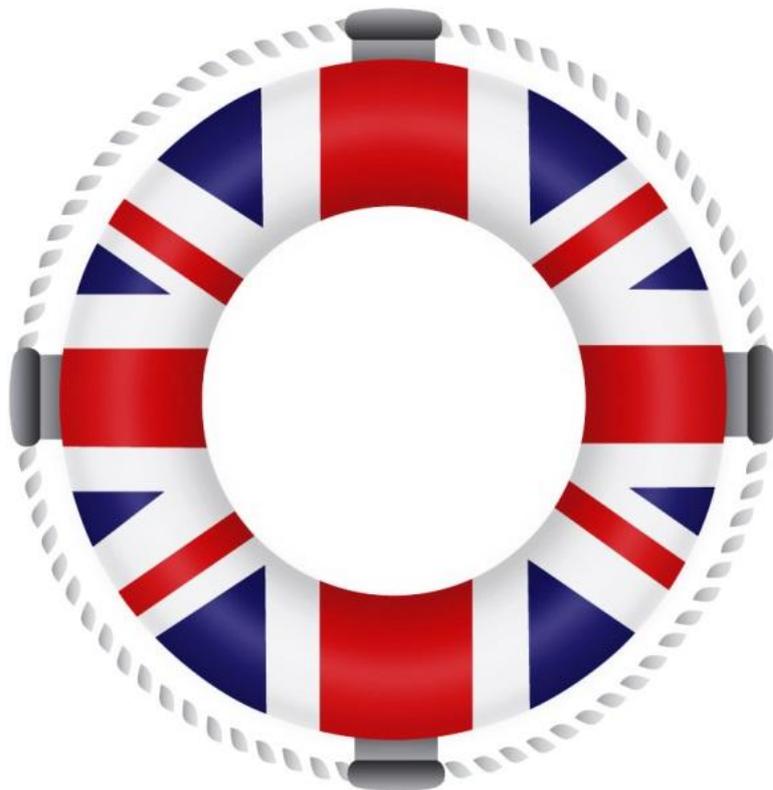


national
assurance



Income, Mortgage and Commitments Protection Insurance

keyfacts[®]

Arranged by National Assurance and Issued by Trent Services. (Administration) Ltd.
Underwritten by Tokio Marine Kiln Syndicates Limited at Lloyd's of London

Policy
Wording

keyfacts[®]

Income, Mortgage and Commitments Protection

National Assurance has made arrangements with Trent Service (Administration) Ltd to make available and issue policies of income, mortgage and commitments protection insurance.

This Policy is underwritten by Tokio Marine Kiln Syndicates Limited at Lloyd's of London and Trent Services (Administration) Ltd acts as administrator. **You** have applied for and **We** have accepted **Your** application for income, mortgage and commitments protection insurance with Tokio Marine Kiln Syndicates Limited. In return for the appropriate **Premium**, this **Policy** confirms **You** are insured from the **Policy Start Date** against **Accident, Sickness or Unemployment** (to the extent specified in **Your Schedule** and subject to the terms, exclusions and conditions of the insurance contract as set out in this **Policy**).

Your proposal, **Policy** and **Schedule** combine to form this insurance contract.

PLEASE NOTE: **You** have a statutory right to cancel this **Policy** and obtain a refund of any **Premium** paid for a short period of time after the **Policy Start Date**. Details of these cancellation rights are set out under the heading **CANCELLATION** in this **Policy**.



Are you eligible for cover?

You are eligible to take out Income, mortgage and commitments protection insurance if on the **Policy Start Date**:-

- **You** are aged 18 or over and are under 60 years of age; and
- **You** have been **Working** in the **United Kingdom** continuously for the last 6 months; and
- **You** have been **residing** in the **United Kingdom** continuously for the last 6 months; **and**
- **You** are a United Kingdom **Homeowner**; and
- **You** are seeking protection in the event of **Accident, Sickness or Unemployment** to the extent covered by this **Policy**.

You are not eligible for cover if: -

- **You** are aware of any impending **Unemployment** which may affect **You**, or
- **You** are in casual, seasonal or temporary **Work**, or
- **You** are **Working** less than 16 hours per week, or
- **You** are currently unable to attend **Work** due to an **Accident** or **Sickness** (this does not apply if **You** are on maternity leave, paternity leave, adoption leave or parental leave).

It is very important that **You** provide **Us** with all the information **We** reasonably require in order to administer **Your** insurance. It is particularly important that **You** remember to contact the **Administrator** if **You** change **Your** address.

Income, Mortgage and Commitments Protection





What the words mean

Some of the words and phrases **We** use in this **Policy** have special meanings and appear in bold typeface. Except where the context otherwise requires, the masculine shall include the feminine, the singular shall include the plural and vice versa, as appropriate.

Accident or Sickness	Means incapacity resulting solely from an accident or sickness and which is certified by a Doctor as preventing You from doing Your normal Work or any similar Work for which You are reasonably qualified and as a result of which You are not doing any Work .
Act of Terrorism	Means an act, including but not limited to the use of force of violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
Administrator	Means Trent-Services (Administration) Ltd, who is the policy administrator appointed to administer all premium and policies issued under this policy and whose offices are situated at Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD. Telephone Number: 01285 626054 or Email: admin@trent-services.co.uk
Benefit Period	Means the maximum number of Monthly Benefit payments that would be payable for any Claim Period as shown on Your Schedule .
Business	Means a company, profession, trade or industry registered in the United Kingdom.
Business Failure	Means the total cessation of Your Business caused entirely by circumstances beyond Your control or the control of any director or partner in Your Business .
Claim Period	Means any separate period of time during which You are unable to Work due to an Accident, Sickness or Unemployed and receiving Monthly Benefit under this Policy .
Claims Administrator	Means Trent-Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire GL7 1XD.
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, other than You, Your Partner or any of Your relatives who is a member of a College and recognised by that College to be a consultant.
Contract Employment	Means You are employed on a fixed term contract of at least 13 weeks duration.
Controlling Interest	Means owning individually or jointly 20% or more of the issued shares.
Disabled/Disability	Means you have a medical condition certified by a Doctor or Consultant as preventing You from doing Your normal Work or any similar Work which You are reasonably able to do given Your experience, education or training and You are not doing any other Work for payment or reward.
Doctor	Means a medical practitioner, other than You, Your Partner or any of Your relatives, practising in the United Kingdom being a fully registered person under the Medical Act 1983.
Homeowner	Means You own Your normal place of residence either outright or with a mortgage.
Initial Exclusion Period	Means the 90 days immediately following the Policy Start Date when You cannot claim for Unemployment unless You take out a new mortgage within 30 days of the Policy Start Date in which case this period will be reduced to 60 days. If You are transferring cover from an existing income protection product We will waive this period provided the existing insurance has been in force and claims free for the previous 6 months. If You increase Your Monthly Benefit from Your existing cover, the applicable standard 90 day or 60 day exclusion will apply to this increase.
Monthly Benefit	Means the amount of cover You have selected as shown on Your Schedule up to a maximum of £2,000 or 65% of your Normal Monthly Income whichever is the lesser.



Normal Monthly Income	Means either or the following: If You are employed the average of the gross amounts shown on Your payslips from Your employer during the last 12 months; or If You are Self Employed the monthly average of the gross income You declared to the Inland Revenue for the previous tax year.
Partner	Your spouse, Your civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) with whom You are permanently cohabiting in a relationship equivalent to marriage.
Period of Cover	Means the period between the Policy Start Date and the Termination Date for which the correct Premium has been paid by You .
Permanent Employment	Means You are in paid employment under a contract of service, paying Class 1 National Insurance contributions and Your employment has no fixed or pre-defined finishing date other than the normal retirement age for Your occupation.
Policy	Means the cover provided to You under the terms and conditions of this insurance contract.
Policy Review Date	Means the date 12 months after Your Policy Start Date and annually thereafter.
Policy Start Date	Means the date cover commences as shown on Your Schedule .
Pre-Existing Condition	Means any sickness, condition or injury whether diagnosed or not about which You :- - knew or should reasonably have known at the Policy Start Date ; or - had seen or arranged to see a Doctor during the 12 months prior to the Policy Start Date .
Premium	Means the amount You must pay for cover under this Policy .
Relative	Means a parent, brother, sister or lineal descendant.
Schedule	Means the document accompanying this Policy which confirms the Benefit Period , Policy Start Date , Waiting Period and Monthly Benefit which You have applied for and which We have accepted.
Self Employed/Self Employment	Means You carry on a Business in the United Kingdom alone or with others and pay Class 2 National Insurance contributions and are classed as Schedule D for income tax purposes or You can control the affairs of a Business You Work for because You or a relative or a member of Your household individually or jointly have a Controlling Interest in that Business .
Termination Date	Means the earliest of the following to occur:- a) You die or; b) You retire from Work or reach the state pension age, whichever is the earlier or; c) You stop residing or Working in the United Kingdom or; d) You default on Your Premium payment or; e) You no longer have a mortgage or an income (unless you are in a Claim Period) or; f) You cancel this Policy or; g) We cancel this Policy .
Unemployed/Unemployment	Means You are out of Work directly due to circumstances beyond Your control and You must be:- a) receiving Income Support, Job Seekers Allowance or You do not qualify for these benefits because You have been entitled to make reduced National Insurance contributions in the past; b) actively seeking Work ; c) registered as available for Work at a Job Centre Plus or the Department of Health and Social Security in Northern Ireland; d) entirely without Work ; and e) not in receipt of wages in lieu of notice.
Waiting Period	Means the period shown in Your Schedule during which You will need to be continuously Unemployed or unable to Work due to an Accident or Sickness before You are entitled to receive Monthly Benefit .
We or Us or Our	Means Means Tokio Marine Kiln Syndicates Limited, 20 Fenchurch Street, London EC3M 3BY
Work or Working	Means gainful Permanent Employment , Contract Employment or Self Employment within the United Kingdom for a minimum of 16 hours per week and paying the appropriate National Insurance contributions.



You or Your or Yourself

Means the person named on **Your Schedule**.



Payment of Premiums

Premiums are payable by direct debit, monthly in advance by **You**. If **Your Premium** remains unpaid for 30 days after the due date **Your cover** under this **Policy** will cease.

If **You** are in receipt of **Monthly Benefits You** must continue to pay **Your monthly Premium** as it falls due in order to ensure continuous cover under this **Policy**.

We will review **Your Policy** at the **Policy Review Date** and any changes **We** wish to make will take effect from that date. Following the review **We** can make changes to **Your Premium** and **Policy** 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 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 **Policy Review Date**.

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

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

The review will not be directly affected by whether **You** have made a claim or not. The only exception to this would be in the event of a change in:

- Law, regulation, taxation; or
- Recommendation of an Ombudsman

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



Payment of claims

4.1 Accident and Sickness

If **You** are **Working** and become unable to **Work** due to an **Accident or Sickness** during the **Period of Cover** for longer than the **Waiting Period**, **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously unable to **Work** due to an **Accident or Sickness** following the **Waiting Period**. After that **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously unable to **Work** due to **Accident or Sickness**, monthly in arrears.

We will continue to pay until the **Termination Date** or: -

- the last consecutive day of **Your Accident or Sickness**, or
- the date **You** stop providing due proof that **You** remain continuously **Disabled**, or
- the date **We** have paid you a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule**.

4.1.1 Accident and Sickness Exclusions

No benefit will be payable to **You** if **Your Accident or Sickness**:-

is due to **You** deliberately injuring **Yourself**;

is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **Doctor** or **Consultant** and not for the treatment of drug addiction);

is due to stress, anxiety or depression or any mental or nervous disorder unless confirmed by a **Consultant** Psychiatrist.

results from a **Pre-Existing Condition** (but this exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from its

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symptoms, and have not consulted any **Doctor** nor received any treatment for or in connection with it, for a two year period prior to **Your** claim);

is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **Your** pregnancy or pregnancy related conditions;

results from spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **Doctor**, or a **Consultant** certifies that the condition prevents **You** from **Working**; or

arises from medical operations or treatments which in the opinion of **Our** chief medical officer are not medically necessary, including cosmetic or beauty treatments.

In addition, benefit will not be paid for **Accident or Sickness** if **You** are receiving **Unemployment** benefit under this **Policy**.

4.2 Unemployment

If **You** are **Working** and become **Unemployed** after the **Initial Exclusion Period** during the **Period of Cover** for longer than the **Waiting Period** **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously **Unemployed** following the **Waiting Period**. After that **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously **Unemployed**, monthly in arrears.

We will continue to pay until the **Termination Date** or: -

- a) the last consecutive day of **Your Unemployment**, or
- b) the date **You** stop providing due proof that **You** remain continuously **Unemployed**, or
- c) the date **We** have paid you a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule**.

Unemployment cover under this **Policy** will vary in accordance with **Your** employment status: -

(i) **Permanent Employment**

If **You** are **Working**, **You** will be insured if **You** are made **Unemployed**.

(ii) **Contract Employment**

- (a) if **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer for more than 2 consecutive years or on an annual contract which has been renewed then **You** will be insured if **You** are made **Unemployed**.
- (b) If **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer but for less than 2 years then **You** will be insured if **You** are made **Unemployed** during the term of **Your** contract. **You** will not be insured against the non-renewal of **Your** contract and any entitlement to **Monthly Benefit** under this **Policy** will automatically cease on the date **Your** contract was originally intended to terminate.

(iii) **Self Employment**

If **You** are **Self Employed** **You** will be insured due to **Business Failure** and **You** must have: -

- a) filed closing accounts with the Inland Revenue if **You** operate alone, or
- b) had **Your** company put in the hands of an insolvency practitioner following the actions of a third party outside **Your Business**, or
- c) had **Your** partnership dissolved and final accounts filed with the Inland Revenue following the actions of a third party outside **Your Business**.

4.2.1 Unemployment Exclusions

No benefit will be payable to **You** if: -

You have not been **Working** for at least 6 months prior to the **Policy Start Date**;

You were aware of the possibility of impending **Unemployment** (or in **Our** reasonable opinion **You** should have been aware) at the **Policy Start Date**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**;

You are notified of or made aware by any means, within the **Initial Exclusion Period**, of anything which might lead to **Your Unemployment** notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**;



Your Work is casual, seasonal or of a temporary nature;

You accept voluntary redundancy, resign or retire;

You failed to pass a trial or probationary period;

Your Unemployment occurs as a result of the expiry of an apprenticeship or training contract;

Your Unemployment arises as a result of **Your** own act, wilful misconduct, negligence, dishonesty or fraud;

Your Unemployment occurs while **You** are **Working** outside the United Kingdom for a period intended by **You** to be more than 90 days - this clause will not apply if **Your** reason for leaving the United Kingdom is because **You**:-

- a) **Work** for the British Armed Forces or;
- b) **Work** as a Civil Servant in a British Embassy or Consulate;

You are made **Unemployed** from a **Business** where **You** can control the affairs of the **Business You Work** for because **You** or a relative or a member of **Your** household individually or jointly have a **Controlling Interest** in that **Business**;

You are made **Unemployed** as a result of participating in any industrial action; or

You refuse any offer of reasonable alternative employment by **Your** employer, which based on **Your** qualifications, previous experience and the location of such employment it would have been reasonable for **You** to accept;

You give up work to become a carer.

Benefit will not be paid for **Unemployment** if **You** are receiving **Accident** or **Sickness** benefit under this **Policy**. If, during a **Claim Period** in respect of **Unemployment You** are not able to actively seek **Work** solely because of an **Accident or Sickness**, **We** may continue to pay **Accident** and **Sickness** benefit to **You (if selected)** but as part of one **Benefit Period** and therefore on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.



Suspending an unemployment claim for temporary employment

If **You** make a claim for **Unemployment** under this **Policy** and **You** are offered temporary **Work We** will suspend (rather than end) claim payments provided that: -

- a) **You** tell **Us** who **You** will be **Working** for (even if **You** will be **Self Employed**), how many hours of **Work** a week **You** will be **Working** for and the duration of **Your** temporary **Work**; and
- b) **Your** temporary **Work** lasts for at least one week and no longer than six months and **Your** temporary **Work** does not comprise of more than three separate jobs during any one **Claim Period**; and
- c) **You** continue to comply with the terms and conditions of this **Policy** and tell **Us** immediately if any of the above circumstances should change.

If **You** are again **Unemployed** when temporary **Work** within the above provisos ends **You** will be eligible to continue **Your** claim for **Unemployment** as if **You** had one continuous claim and **We** will recommence the claim payment but on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.



General Exclusions

No benefit will be payable in respect of **Accident, Sickness** or **Unemployment** arising as a result of:-

- war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power;
- a) radioactive contamination from: -
 - (i) ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - (ii) the radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment; or
 - b) biological or chemical contamination due to or arising from an **Act of Terrorism**.





Claim requalification

A **Waiting Period** will not be applied by **Us** in respect of a claim which occurs within 6 months of a prior **Claim Period** if the subsequent claim is in respect of **Unemployment** or the same **Accident** or **Sickness** and the claim will be treated as one **Claim Period**.



Cancellation

You have a statutory right to cancel this **Policy** by giving notice to the **Administrator** within 30 days of the **Policy Start Date**. In these circumstances **We** will refund all of any **Premium You** have paid provided **You** have not made a claim under this **Policy**.

Thereafter **You** may cancel **Your** cover under this **Policy** by contacting the **Administrator** and quoting **Your Policy** number. **Your** cover will cease on the date **We** receive **Your** request. No refund of **Premium** will be made if **You** cancel **Your** cover under this **Policy** more than 30 days after the **Policy Start Date**.

We may cancel **Your Policy** by giving **You** 90 days notice prior to **Your Policy Renewal Date**. **We** will only do this for a valid reason as below. (this list is not exhaustive):

- Non payment of premiums
- A change in risk occurring which means that **We** can no longer provide **You** with insurance cover;
- Non-cooperation or failure to supply any information or documentation we request;
- Fraudulent claim made by the policyholder (in accordance with the Insurance Act 2015)

This will not affect any rights to **Monthly Benefit** which **You** may have already received under this **Policy**.



Data protection act and disability discrimination act

You should understand that any information **You** have provided will be collected and processed by **Us**, in compliance with the provisions of the Data Protection Act 1998 (DPA), for the purpose of providing insurance and handling claims, if any which may necessitate **Us** providing such information to other parties for this purpose. The DPA gives you the right to a copy of **Your** personal data held by **Us** upon payment of a fee.

In accordance with the Disability Discrimination Act 1995 **We** are able to provide upon request a text-phone facility, audio tapes, large print documentation and Braille documentation. **You** should advise **Us** if any of these services are required so that **We** can communicate in the appropriate manner.



General Conditions

- a) This **Policy** and any endorsements to it together with the proposal and **Schedule** and any written statement of medical or other information made by **You** make up the insurance contract between **Us** and **You**.
- b) No alterations, variations, or relaxation of any of the terms of this **Policy** can be made except in writing by one or more of **Our** authorised officials and never less than two months prior to renewal.
- c) The parties to this insurance contract may choose the law which shall govern it. In the absence of any agreement to the contrary this **Policy** is subject to English law and subject to the exclusive jurisdiction of the courts of England and Wales.
- d) In the event of a fraudulent claim made by **You**, **We** may:
 - refuse to pay the claim; and/or
 - recover any monies already paid for that claim; and/or
 - terminate the **Policy** with effect from the time of a fraudulent act, without a return of premium and refuse to pay any claim occurring after the date of the fraudulent act, however, **We** still remains liable for legitimate claims where the loss event occurs before the fraudulent act.
- e) If at any time any provision or part thereof of this insurance contract becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- f) All benefits under this insurance contract are currently 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.
- g) A person who is not a party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- h) In deciding to accept this policy and in setting the terms and premium, **We** have relied on the information **You** have given **Us**. **You**

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must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete. If **We** establish that **You** deliberately or recklessly provided **Us** with false or misleading information **We** will treat this **Policy** as if it never existed and decline all claims.

If **We** establish that **You** carelessly provided **Us** with false or misleading information it could adversely affect **Your Policy** and any claim. For example, **We** may:

- treat this **Policy** as if it had never existed and refuse to pay all claims and return the **Premium** paid. **We** will only do this if **We** provided **You** with insurance cover which **We** would not have offered;
- amend the terms of **Your** insurance. **We** may apply these amended terms as if they were already in place if a claim has been impacted by **Your** carelessness;
- charge **You** more for **Your Policy** or reduce the amount **We** pay on a claim in the proportion the **Premium** **You** have paid bears to the **Premium** **We** would have charged **You**; or
- cancel **Your Policy** in accordance with the cancellation condition above.

We will write to **You** if **We**:

- intent to treat **Your Policy** as if it never existed; or
- need to amend the terms of **Your Policy**; or
- require **You** to pay more for **Your** insurance.

If **You** become aware that information **You** have given **Us** is inaccurate, **You** must inform **Us** immediately.

- i) The benefits of this insurance contract may not be assigned to a third party.
- j) **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.
- k) If, at the time of a claim, there is any other policy in force, insuring anything covered by this **Policy**, **We** shall only be liable for **Our** proportional share.
- l) This **Policy** will not have any cash-in or surrender value.
- m) Lloyd's insurers are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to **You** under this **Policy**. If **You** were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of the policy. Further information about the Scheme is available from the Financial Services Compensation Scheme (10th Floor, Beaufort House, 15 St. Botolph Street, London EC3A 7QU) and on their website: www.fscs.org.uk.
- n) The Insurer shall not be liable to provide the insurance or to pay claims under this **Policy** where to do so would breach applicable sanctions, prohibitions or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, England and Wales and the United States of America.



How to claim

You must give **Us** notice of a claim by telephoning the **Claims Administrator** on 01285 626054.

You should do so as soon as reasonably possible and within 30 days after the end of the **Waiting Period**. **We** will send **You** the claim forms. **You** will need to complete these and return them to **Us** as soon as reasonably possible, giving **Us** all the information **We** ask for to enable **Us** to process **Your** claim. This should include at least wage slips, termination notice and P45 or, if **Self Employed**, bank statements, invoices and annual accounts, Inland Revenue and National Insurance records, **Doctor** and **Consultant** reports and medical records. **You** will be responsible for providing **Us** with the proof **We** need. Delay in submitting a claim to **Us** may make **Your** claim harder to confirm and lead to delay in making payment or result in the non payment of **Your** claim. **We** may ask **You** to be medically examined at **Our** expense. If **You** do not agree to this **Your** claim could either be stopped or denied. If **You** are transferring cover from an existing income protection product **We** will require a copy of your old policy document and proof that you have not made a claim in the previous 6 months, **You** can send this information to us as soon as **You** receive your policy documentation or in the event of a claim. Payment of 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 insurance contract **We** will require **You** to provide evidence of continuing to be unable to **Work** due to **Accident**, **Sickness** or **Unemployment**. Benefit will not be paid for any period of **Accident**, **Sickness** or **Unemployment** for which the evidence required by **Us** is not provided. **We** may require **You** to produce this **Policy** as proof of purchase. Once a claim has been accepted, benefit will be paid to **You** monthly in arrears.



Complaints procedure



