

Guaranteed Acceptance Income Protection Insurance

This is your Union Income Benefit Holdings Ltd. Guaranteed Acceptance Income Protection Plan.

This Certificate details the terms and conditions of your Guaranteed Acceptance Income Protection Plan and should be read together with your Schedule of Benefits as one document. Your Guaranteed Acceptance Income Protection Plan is underwritten by Stonebridge International Insurance Ltd. ("we", "us", "our"). We agree to pay the Accident and Sickness Benefits provided under this Certificate subject to all the terms and conditions of this Certificate.

Right to Cancel The Certificate

The first 30 days of your cover are free and during this period you can cancel the Certificate without penalty. You should either write to or phone the Customer Services Department giving details of your name, address and Certificate Number

After this period, you can cancel the Certificate of Insurance at any time without penalty but you will not receive a refund of any premiums paid.

A. Definitions

The words below have the meaning shown under them wherever they appear in this Certificate.

ACCIDENT AND SICKNESS BENEFIT(S)

Means the level of financial cover detailed on the Schedule of Benefits.

CERTIFICATE

Means this Certificate of Insurance for Guaranteed Acceptance Income Protection Plan.

CERTIFICATE EFFECTIVE DATE

Means the day, month and year on which your cover begins as shown on the Schedule of Benefits.

DEFERRED PERIOD

Means the period commencing on the first day of Incapacity during which the Insured Person must be continuously Incapacitated before Accident and Sickness Benefit is paid and which is shown on the Schedule of Benefits.

DISABILITY

Means accidental bodily injury or sickness or disease directly causing Incapacity certified by, and under the regular care of, a Doctor. Such Disability shall be deemed to start on the day the Insured Person first consults, or receives treatment from, and is certified as being Incapacitated by, a Doctor.

DOCTOR

Means a person who is duly licensed and legally qualified to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her licence. The Doctor may not be you, your partner, or the parent, child, brother or sister of you or your partner.

FREE COVER PERIOD

Means the period which starts from the Certificate Effective Date during which cover under the Certificate is free of charge.

INCAPACITY / INCAPACITATED

Means being under the continuing treatment of, and attendance by, a Doctor for a Disability; and the total inability of the Insured Person by reason of Disability to carry out every duty of their normal occupation. The Insured Person must also not be doing any other job for payment or reward.

INSURED ACCIDENT

Means a sudden, unforeseeable and fortuitous event that occurs while the Certificate is in force and which results directly from external and/or violent means.

INSURED PERSON (“YOU,” “YOUR,” OR “YOURS”)

Means you, the Insured Person named on the Schedule of Benefits.

NET INCOME

Means the Insured Person’s monthly salary plus the average of any overtime, commission or bonus payments (or all of them) after the deduction of any tax and national insurance contributions.

QUALIFYING PERIOD

Means 30 days after the Certificate Effective Date during which time if Incapacity occurs as a result of sickness, a claim cannot be made. The Qualifying Period does not apply to Incapacity resulting from an Insured Accident.

SCHEDULE OF BENEFITS

Means the document attached to this Certificate that details the Accident and Sickness Benefits payable in respect of Incapacity.

UNITED KINGDOM (UK)

Means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

B. Eligibility

To be eligible for this cover, you must:

- be between 18 and 65 (inclusive) years of age at the Certificate Effective Date;
- be actively employed at the Certificate Effective Date and
- live permanently in the United Kingdom for at least 7 months out of every 12 months.

If the Insured Person moves out of the United Kingdom for more than 5 months in a 12 month period then their cover will terminate on the renewal date after this period has been reached.

C. About your cover

1. Period of cover

Your insurance will begin on the Certificate Effective Date.

Renewal conditions

Your Guaranteed Acceptance Income Protection Plan is automatically renewed at the end of each complete calendar month after the Certificate Effective Date, provided you pay the amount of premium set out in the Schedule of Benefits (or at the rate in effect at the time of renewal following prior notification by us) by the due date. If you do not pay the premium by the due date you have 30 days in which to pay it. If it is not paid during that period, your cover will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

When your insurance ends

Your Guaranteed Acceptance Income Protection Plan will end on the earliest of the following dates:

- the renewal date after your 70th birthday; or
- the date you or we cancel the Guaranteed Acceptance Income Protection Plan; or
- the date the Maximum Lifetime Benefit shown on the Schedule of Benefits has been paid under this Certificate; or
- the date of your death.

2. Scope of cover

Subject to the terms and conditions of this Certificate being met, we will pay the following Accident and Sickness Benefits under this Guaranteed Acceptance Income Protection Plan in accordance with section E (Payment of Claims) as follows:

Accident and sickness benefit

If you become continuously Incapacitated for the Deferred Period or longer, we will pay you the average of your Net Income earned in the previous 12 months immediately before your Incapacity. We will deduct from this any income you earn while you are Incapacitated.

We will not take account any state benefits, compensation payments or court awards or income from savings, investments or dividends you receive.

No payment will be made if the average reduction in your Net Income is less than £100 per four weekly period.

The payment will be limited to the maximum Accident and Sickness Benefits per Incapacity or the Maximum Lifetime Benefit amounts shown on the Schedule of Benefits.

We will pay you 1/28th of the Accident and Sickness Benefit for each continuous day of Incapacity after the Deferred Period. The Accident and Sickness Benefit will be paid every four weeks in arrears and will continue to be paid for the Maximum Period of Incapacity shown on the Schedule of Benefits whilst Incapacitated.

To receive the Accident and Sickness Benefit, you must:

1. Be under the regular care of a Doctor; and
2. Be Incapacitated as the result of the Disability; and
3. Give us any evidence we ask for in order to prove your claim is valid and continues to be so.

We will continue to pay the Accident and Sickness Benefit until the earlier of:

1. We have paid the Maximum Accident and Sickness Benefit per Incapacity shown on the Schedule of Benefits; or
2. We have paid the Maximum Lifetime Benefit shown on the Schedule of Benefits or
3. You are no longer Incapacitated; or
4. You fail to provide evidence of your continuing Incapacity; or
5. Your death.

The actual amount of Accident and Sickness Benefit payable in the event of Incapacity will not exceed the Net Income of the Insured Person.

Any period of Incapacity arising from the same cause that occurs within 6 months of the end of a previous period of Incapacity will be treated as a continuous period of Incapacity and a further Deferred Period will not apply. Otherwise, it will be treated as separate periods of Incapacity.

Waiver of premium benefit

If you are in receipt of Accident and Sickness Benefit, monthly Premiums will be suspended whilst you are in receipt of this Accident and Sickness Benefit.

3. General provisions

1. The level of Accident and Sickness Benefit is that which applied at the date of Incapacity.
2. The overall maximum amount that can be claimed under this Certificate in respect of all Accident and Sickness Benefits is the Total Certificate Maximum Lifetime Benefit Payable for All Claims shown on the Schedule of Benefits.
3. Payment by us under this Certificate may, in some circumstances, affect your entitlement to State benefits.

4. Duplication of cover

This Certificate replaces any Certificate previously issued to you in respect of your Guaranteed Acceptance Income Protection Plan. No person can be insured for more than one Guaranteed Acceptance Income Protection Plan underwritten by Stonebridge International Insurance Ltd. Upon our discovery of any duplication of cover or liability in excess of the amounts described above, the Insured Person who exceeds these requirements will be considered to be covered under the insurance that provides the greatest amount of Accident and Sickness Benefits. We will refund any premiums paid on such duplicate or excess cover that may have been issued in respect of the Insured Person.

The records maintained by us shall determine the insurance provided for the Insured Person.

D. Exclusions

Accident and Sickness Benefit will not be paid for any Incapacity that:

- is due to a condition known to the Insured Person and for which the Insured Person has received medical treatment or advice and / or for which there have been symptoms in the 24 month period before the Certificate Effective Date and before the end of the Qualifying Period
- is intentionally self-inflicted while sane or insane or is due to deliberate or reckless behaviour unless the Insured Person is trying to save someone's life
- occurs while the Insured Person is under the influence of or being affected by drugs or medicines that have not been taken in accordance with medical instructions
- is due to the Insured Person's unreasonable failure to seek or follow medical instructions
- is due to war or act of war (whether declared or not), invasion, acts of foreign enemies, civil war or unrest, rebellion, rioting, or whilst on naval, military or air force duty, service or operation including training exercises
- occurs as a result of a road traffic accident where the Insured Person is the driver and has a level of alcohol in excess of the legal minimum permitted at the time and place of the accident
- is resulting from, in the opinion of a Doctor, the abuse of alcohol
- is due to normal pregnancy, childbirth or birth control
- is due to backache or related condition unless there is supporting radiological evidence of an abnormality which is causing the Incapacity
- is due to any psychiatric or mental disorder or any other condition primarily causing psychiatric symptoms
- is due to aviation activity, other than as a fare paying passenger on a regular scheduled route
- occurs whilst working as a motorcycle courier, commercial diver, steeplejack or professional sports person: or engaging in activities aboard cargo or fishing vessels operating outside the North Sea, English or Irish coastal waters, or engaging in mining, tunnelling or demolition work activities
- occurs whilst competing in any race other than on foot or while swimming
- occurs whilst participating in scuba diving, rock climbing or mountaineering of any type, pot holing or parachuting

- occurs whilst committing or attempting to commit an assault, battery, criminal offence or act of terrorism;
- is due to radiation or contamination or the effects of radiation, or due to the contamination or effects of biological or chemical agents but not involving illness caused by food poisoning derived from e-coli, salmonella or similar bacteria
- is due to any cosmetic, aesthetic or related treatment, whether or not for psychological reasons unless such treatment is a direct consequence of an Insured Accident.

- a copy of any official report you have in your possession such as a police accident report or a health and safety report
- other information about the Incapacity such as newspaper clippings
- copies of any correspondence from the Benefits Agency or any other organisation which confirms your inability to work
- evidence relating to occupation such as a job description, employment history, NI Contributions and tax
- financial evidence such as accounts.

All original documents will be copied for our records and returned to you by special delivery post. Depending on what is disclosed in the documents you supply, we may require further information so that we may fully investigate your claim to determine whether any Accident and Sickness Benefit is payable.

Payment of claims

Unless you specify otherwise, any Accident and Sickness Benefits payable under the Guaranteed Acceptance Income Protection Plan will be paid to the Insured Person if living, otherwise to the Insured Person's Personal Representative(s), appointed in accordance with the Grant of Representation / Confirmation.

Payments will be made every four weeks in arrears on a date chosen by Stonebridge International Insurance Ltd., currently the 5th working day of the month or as soon as possible thereafter. Where the Accident and Sickness Benefit due is for less than four weeks, it will be calculated at a rate of 1/28th of the sum of four weeks Accident and Sickness Benefit.

E. Claims

Notice of claim

If you wish to make a claim, please ask for a claim form from Stonebridge Claims Department PO Box 2801, East Court, Stoke-on-Trent, ST4 9DN, or telephone our Claims Centre on the free phone number stated on your Schedule of Benefits within 30 days of the Incapacity, or as soon as possible thereafter. You must complete the claim form and send it together with the information set out below, to the above address within 90 days of the Insured Accident (or within such period as agreed by us), as failure to do so may affect the claim.

You must include with your claim form, the following information (where applicable):

- your original Certificate of Insurance
- medical certificates
- medical reports for example, from any Hospitals attended, or treating Doctors or Consultants

F. General Conditions

Review of certificate conditions

We may vary or amend the terms and conditions of your Certificate at any time provided at least 30 days' written notice is given to you prior to any alteration taking place. At any time we may both agree to vary the Accident and Sickness Benefits available under your Certificate.

Contracts (Rights of Third Parties) Act 1999

The Contracts (Rights of Third Parties) Act 1999 shall not apply to this plan.

Currency

All Accident and Sickness Benefits are payable in pounds British sterling or such other currency which may be lawful in the United Kingdom at the time of payment.

Fraud

Any fraud, mis-statement or concealment either in the information which you provide in relation to any matter affecting this insurance or when you are making a claim under this Certificate will cause this cover to be of no effect and all rights to Accident and Sickness Benefits and any Premium paid will be lost.

Governing Law and Language

Your insurance contract will be concluded in accordance with and governed by the law that applies in the part of the UK where you reside at the time the contract is concluded. All information has been provided to you in English. We will continue to communicate with you in English.

Interest

No Accident and Sickness Benefit payable under this Certificate shall carry interest.

Waiver

Failure to exercise any right conferred by this Certificate shall neither be deemed to be a waiver of such right nor in any way prejudice any right under this Certificate.

Data Protection

Stonebridge International Insurance Ltd. is committed to complying with the requirements of UK & EU Data Protection legislation. This means that in the provision of our services, appropriate personal information is processed and kept securely in strict accordance with such requirements.

Stonebridge International Insurance Ltd. is part of the international AEGON Group and uses its group facilities to assist in providing these services. Stonebridge International Insurance Ltd. may share your details with other carefully selected organisations solely for the purposes of servicing and administering your insurance and conducting analysis and market research, and meeting legal/regulatory requirements.

You have the right to ask for a copy of certain information held on our records in return for payment of a small fee, by writing to the Customer Service Department shown on the Schedule of Benefits. You also have the right to require us to correct any inaccuracies in your information.

We may record telephone calls for monitoring and training purposes.

If you need to complain

We aim to give a good service. However, there may be times when things go wrong, and you are not satisfied with the service that you receive. If this happens, please contact the manager of the department you are dealing with. He or she should be able to solve any problem to your satisfaction.

If you feel that they have not, please contact the Customer Service Department on the free phone number stated on the Schedule of Benefits. They will deal with any complaint promptly and professionally. If you are not satisfied with this response, you can refer the matter to the Managing Director of Stonebridge International Insurance Ltd.

If, after following the above procedure, your complaint has still not been adequately resolved, you may refer the matter to the Financial Ombudsman Service. The address is:

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Referral to the Financial Ombudsman Service does not affect your right to take legal action against us.

We are covered by the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme should we be unable to meet our liabilities to you. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit.

Further information about compensation arrangements are available from the FSCS at www.fscs.org.uk or by telephoning 020 7892 7300.

Other Important Information

Stonebridge International Insurance Ltd. is an insurance company providing general insurance products; its registered address is Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA and it is registered in England with No. 3321734. It is authorised and regulated by the Financial Services Authority (FSA). Its FSA Register number is 203188. You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register, or by contacting the FSA on 0300 500 5000. Stonebridge International Insurance Ltd. only provides information on its accident and sickness insurance products.

Union Income Benefit Holdings Ltd. (UIB) issued and administer this Certificate of Insurance on behalf of Stonebridge International Insurance Ltd. UIB is registered in England with No. 03877610, Registered Office 5th Floor, 7/10 Chandos Street, London W1G 9DQ. UIB is authorised and regulated by the Financial Services Authority (FSA) and its FSA register number is 307575.

You can check this on the FSA's register by visiting the FSA's website www.fsa.gov.uk/register, or by contacting the FSA on 0300 500 5000.