

## Welcome

Thank **You** for choosing this Policy which is sold and administered by Union Income Benefit Holdings Limited (“Union Income Benefit” or “UIB”) and underwritten by ACE Europe Life Limited.

The Policy, consisting of this booklet, a **Policy Schedule** and the information provided by **You**, is a contract between **You** and **Us**. **We** agree to insure **You** and, if **You** have asked **Us** to, **Your** partner. The information **You** gave UIB over the telephone, by written communication with UIB or through their website is part of **Your** contract with **Us**. The **Policy Schedule** shows the details of **Your** cover. This booklet and the **Policy Schedule** must be read together. It is important that **You** check these carefully to be sure the cover meets **Your** needs. If **You** have any questions please contact UIB on 0845 026 1101.

Unless otherwise agreed, this Policy shall be governed and construed in accordance with the Laws of England and Wales and the English Courts alone shall have jurisdiction in any dispute. All communication of and in connection with this Policy shall be in the English language.

It is **Your** responsibility to provide complete and accurate information to **Us** when **You** take out **Your** Policy and throughout the life of **Your** Policy. It is important that **You** ensure that all statements **You** made over the telephone, by written communication with **Us** or through the website are full and accurate. Please note that if **You** fail to disclose any material information to **Us** this could invalidate **Your** insurance cover and could mean that part or all of a claim may not be paid.

One of **Our** authorised representatives must sign the **Policy Schedule** for **Your** cover to be valid.

Andy Hollenberg

Chief Executive Officer  
ACE Europe Life Limited

## Definitions

Throughout the policy, there are words and phrases which appear in **bold** and have special meaning. These are listed here.

### ‘Accident / Accidental’

Any sudden and unforeseen event which happens by chance after the **Start Date** of the policy and results in bodily injury or death.

### ‘Death by Natural Causes’

Death that is not directly or indirectly caused by, resulting from or connected with any accidental, violent or visible means.

### ‘Grace Period’

The 60-day period after a premium is due, but unpaid.

### ‘Joint Policy’

A policy where both **You** and **Your Partner** are covered on the same policy.

### ‘Partner’

**Your** spouse or civil partner (registered pursuant to the Civil Partnership Act) or someone of either sex with whom **You** have been living for at least three months as though they were **Your** spouse or civil partner.

### ‘Permanently Resident’

You spend at least 7 out of 12 months in the UK.

### ‘Person Insured’

**You** or **Your Partner**

### ‘Persons Insured’

**You** and **Your Partner** under a **Joint Policy**

### ‘Policy Schedule’

The certificate attached to this policy.

### ‘Policy Term’

The length of **Your** policy from the **Start Date** until **You** reach age 70.

### ‘Qualified Medical Practitioner’

A doctor or specialist registered or licensed to practise medicine under the laws of the country in which they practise who is neither:

- One of the **Persons Insured**, or
- A relative of one of the **Persons Insured** unless approved by **Us**.

### ‘Single Policy’

A policy where only one **Person Insured** is covered on the policy.

### ‘Start Date’

The day, month and year shown in the **Policy Schedule** for the cover to start.

### ‘Sum Insured’

The amount **We** pay in the event of the **Person Insured’s** death as shown on the **Policy Schedule**.

### ‘We’, ‘Our’, ‘Us’

ACE Europe Life Limited.

### ‘You’, ‘Your’

The person named in the **Policy Schedule** who has taken out the policy. For a **Joint Policy**, ‘you’ means both **You** and **Your Partner**.

## Life Cover Policy Wording

This policy is a level term insurance sold and serviced by Union Income Benefit Holdings and underwritten by ACE Europe Life Limited.

This policy wording details the terms and conditions of **Your** Life Cover policy and should be read together with **Your Policy Schedule** as one document.

### The cover We provide

#### Pre-requirement for cover to apply

**You**, and **Your Partner** if applicable, must:

- Be **Permanently Resident** in England, Scotland, Wales, Northern Ireland, the Channel Islands or the Isle of Man; and
- Not be serving full time in the armed forces of any country or international organisation; and
- Be aged over 18 and under 66 at the **Start Date**.

#### When and where cover applies

The cover applies 24 hours a day anywhere in the world.

The **Start Date** of **Your** policy is the date described in the **Policy Schedule** as the first day of the **Policy Term**.

#### Death

If, whilst the policy is in force, **You** die, **We** will pay the **Sum Insured**, relating to **Your** cover.

If **Your** policy is a **Joint Policy**, **We** will pay the **Sum Insured** on the first death of either of the **Persons Insured**.

If a **Person Insured** disappears and, after a suitable period of time, it is reasonable for the police or registration authorities to believe that they have died, **We** will pay the **Sum Insured**. But, before **We** do this, the personal representative responsible for their estate must sign an agreement to refund the **Sum Insured** if the **Person Insured** is found to be alive.

## Return of Premiums

**Your Policy Schedule will show if you have selected this option.**

If:

- **Your** policy comes to an end because **You** have reached the age of 70; and
- **You** have paid all your premiums when due or within the **grace period**; and
- **You** have not made a claim

**You** will be entitled to a return of a premium paid by **You** during the **Policy Term**.

**Please note:** the rebate of premium will not include the monthly policy fee (set out on your **Policy Schedule**), as this covers the cost of the administration of **your** policy during the period of cover.

The proportion of premiums returnable is as shown on the **Policy Schedule** and will be calculated as follows:

- if **You** were aged 18 or over and under 51 years of age at the **Start Date** of **Your** policy, **You** will be entitled to a rebate of 100% of the premiums paid by **You**; or
- if **You** were aged 51 or over and under 61 years of age at the **Start Date** of **Your** policy, **You** will be entitled to a rebate of 50% of the premiums paid by **You**; or

- if **You** were aged 61 or over and under 66 years of age at the **Start Date** of **Your** policy, **You** will be entitled to a rebate of 25% of the premiums paid by **You**.

If **You** have a **Joint Policy** and **You** or **Your Partner** reaches age 70, the return of premium calculation above will be applied to the premiums paid under the **Joint Policy** for the **Person Insured** who reached age 70, as shown on the **Policy Schedule**, and will be based on the age of that person at the **Start Date** of **Your Joint Policy**. The policy will then become a **Single Policy** covering the remaining **Person Insured**, and the premium will adjust to the single portion of premium due for the remaining **Person Insured** as shown on the **Policy Schedule**. When the remaining **Person Insured** reaches age 70, the return of premium calculation above will be applied to the premiums paid under the **Joint Policy** for the remaining **Person Insured** plus the premiums paid under the **Single Policy**, as shown on the **Policy Schedule**, and will be based on the age of that **Person Insured** at the **Start Date** of the **Joint Policy**.

***We will return premiums only if the policy is in force until You reach the age of 70 and You have paid all the premiums under the policy. This policy has no cash value or surrender value at any time. If You cancel the policy prior to reaching the age of 70, no refund of premium will be due.***

## Illustration of the return of premium amount

### Example A

A man takes out a policy 6 months after reaching the age of 35 for a sum insured of £10,000. The monthly premium is £11.56. The man keeps the policy until he reaches age 70, pays all premiums up to date and does not make any claims:

Premiums paid over the lifetime of the policy Excluding monthly policy fee (34.5 years = 414 months):	<b>£4785.84</b>
Level of rebate entitlement at <b>Start date</b> (age 35):	<b>100%</b>

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**Total amount paid as rebate of premiums at age 70: £4785.84**

#### Example B

A woman takes out a policy 6 months after reaching the age of 55 for a sum insured of £10,000. The monthly premium is £18.18. The woman keeps the policy until she reaches age 70, pays all premiums up to date and does not make any claims:

Premiums paid over the lifetime of the policy Excluding monthly policy fee (14.5 years = 174 months):	<b>£3,163.32</b>
Level of rebate entitlement at <b>Start date</b> (age 55):	<b>50%</b>

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**Total amount paid as rebate of premiums at age 70: £1,581.66**

#### Example C

A man takes out a policy 6 months after reaching the age of 65 for a sum insured of £10,000. The monthly premium is £42.58. The man keeps the policy until he reaches age 70, pays all premiums up to date and does not make any claims:

Premiums paid over the lifetime of the policy Excluding monthly policy fee (4.5 years = 54 months):	<b>£2,299.32</b>
Level of rebate entitlement at <b>Start date</b> (age 65):	<b>25%</b>

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**Total amount paid as rebate of premiums at age 70: £574.83**

## What We do not cover

**We** will not pay any claim which is caused by or results from:

- War or any act of war, whether the war is declared or not;
- Suicide, attempted suicide or deliberate self-inflicted injury by the **Person(s) Insured**, regardless of the state of their mental health;
- Participating in any illegal acts;
- Alcohol abuse, in the opinion of our Chief Medical Adviser
- Drug abuse in the opinion of our Chief Medical Adviser, unless the drug is properly prescribed and was not taken for the treatment of drug addiction;
- Not following the advice of a **Qualified Medical Practitioner**;
- Nuclear explosion or accident.

Within the first 24 months of the policy, **We** will only pay for **Accidental** death. If a **Death by Natural Causes** occurs, **We** will refund all premiums paid under the policy for the deceased person. If the policy is a **Joint Policy** it will change to a **Single Policy**.

## Paying Your premiums

The amounts **You** must pay, and when, are shown in the **Policy Schedule**. If **You** have a **Joint Policy**, **Your Policy Schedule** will show the premium payable for each **Person Insured**.

**Your** premium is guaranteed for the term of **Your** policy. All premiums are payable monthly and will be collected in advance in the beginning of each month for that month's cover. The first month's cover is free of charge. Once the applicable free period has ended, if **You** do not start paying the premiums, this policy will not provide any cover.

Your policy will end if **You** do not pay any premium when it is due or within the **Grace Period**.

## Making a claim

### How to claim

In the event of the death of a **Person Insured**, **We** must be notified as soon as possible. **We** will then ask the **Person Insured's** legal representatives to complete a claim form.

**Our** contact details are:

ACE Europe Life Limited  
Claims Department  
200 Broomielaw  
Glasgow G1 4RU

Telephone: 0845 841 0059

Email: [claims@acegroup.com](mailto:claims@acegroup.com)

**We** will need to be sent any medical certificates or other documents which **We** ask for. **We** will not pay for these.

**We** may insist on a post-mortem examination if the law allows **Us** to ask for one. **We** will pay for this.

### Paying claims

**We** will pay the amount of the **Sum Insured** shown on the **Policy Schedule**.

### Your commitment to Your policy

**You** and **Your Partner**, if insured, must keep to the terms of **Your** Policy. If **You** or **Your Partner** do not, **We** may not accept a claim.

### Dishonest claims

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

If any claim under this policy is fraudulent or is intended to mislead **Us** or if any misleading or fraudulent means are used by **You** or anyone acting on **Your** behalf to obtain benefit under this policy, **Your** right to any

benefit under this policy will end and **We** will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.

## Ending or changing Your cover

### Changing your cover

Once your policy starts you cannot increase the lump sum benefit on your cover. If you need more cover you can set up an additional policy, as long as the maximum amount of cover for all your ACE Life policies arranged by UIB is not more than £30,000. If you need to reduce the lump sum benefit on your cover for any reason then you can do so.

### Your right to cancel this policy in the first 30 days

If, for any reason, **You** are not satisfied with this policy **You** may, within 30 days of receipt, telephone Union Income Benefit on **0845 026 1101** and they will cancel it. If this happens, Union Income Benefit will refund any premiums **You** have paid.

### If You want to cancel this Policy after 30 days

**You** can telephone **0845 026 1101** and tell Union Income Benefit to cancel the policy or write to them at:

Customer Service Department  
Union Income Benefit Holdings Limited  
Linton House  
39/51 Highgate Road  
London NW5 1RT

E-mail: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Union Income Benefit will cancel it from the last day of the month on which they receive **Your** cancellation request, provided that the premium for that month was fully paid. No refund of premium will be made.

## Data protection

Please read this notice as it explains the purposes for which **We** will use **Your** personal data (information) and any sensitive personal data (information) that **We** may hold.

**We** accept fully **Our** responsibility to protect the privacy of customers and the confidentiality and security of information entrusted to **Us**.

Where **You** have provided information about another person in connection with the purchase and performance of this insurance policy **You** confirm that they have appointed **You** to act for them, that they have consented to the processing of their personal data, including sensitive personal data and they have consented to the transfer of their information abroad. **You** also agree to receive on their behalf any data protection notices from **Us**.

**We** will use

- the information **You** have provided to handle claims in connection with this life insurance policy.
- the information **You** provided when **You** took out **your** policy, together with other information that we may request during the claims process will be used by **Us** and **Our** group companies to verify a claim.

**Your** information may also be used for the purpose of investigating claims and fraud prevention including passing details to other insurers and regulatory bodies.

If **You** ask **Us**, **We** will tell **You** what information **We** hold about **You** and provide it to **You** in accordance with applicable law. Any information which is found to be incorrect will be corrected promptly.

**We** may monitor and/or record **Your** communication with **Us** either ourselves or by reputable organisations selected by **Us**, to ensure consistent claims handling levels and account operation.

**We** will keep information about **You** only for as long as it is appropriate.

**Union Income Benefit may separately have given You its own Data Protection Notice or Statement and hold personal data separately from that provided by You in connection with this policy.**

## When cover automatically ends

All cover under **Your** Policy for **You** will end:

- if the premium is not paid when due or within the **Grace Period**; or
- on the death of the first insured person for which benefit is payable; or
- **You** have a **Single Policy** and **You** reach age 70,

whichever happens first.

If **Your** cover is a **Joint Policy** and **You** request **Us** to cancel the cover for either **You** or **Your Partner** – this will be considered a cancellation of the **Joint Policy** and all cover for **You** and **Your Partner** will end.

If **You** have a **Joint Policy** and **You** or **Your Partner** reach age 70, the cover for the **Person Insured** who reached 70 will end and the policy will become a **Single Policy** covering the remaining **Person Insured**. **We** will issue a new **Policy Schedule** designating that person as the sole **Person Insured**.

## The time cover will end

Cover will stop at midnight on the day this cover ends.

## General provisions

This policy wording, together with the **Policy Schedule**, 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.

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 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.

## Complaints procedure

**We** and Union Income Benefit are dedicated to providing high quality sales, customer service and claims service and want to maintain this at all times. If **You** are not satisfied with the service provided by either **Us** or UIB please contact:

Union Income Benefit in respect of the sale of this policy or the ongoing customer service on:

Customer Service Department  
Union Income Benefit Holdings Limited  
Linton House  
39/51 Highgate Road  
London NW5 1RT  
Telephone: 0845 026 1101  
E-mail: [customercare@uibuk.com](mailto:customercare@uibuk.com)

**Us** in respect to a claim:

Life Customer Service Manager  
ACE Europe Life Limited  
200 Broomielaw  
Glasgow G1 4RU

Telephone 0800 519 9915  
E-mail [life.custserv@acegroup.com](mailto:life.custserv@acegroup.com).

Please have **Your** policy details to hand should **You** need to make contact.

**You** may approach the Financial Ombudsman Service (FOS) if **You** are not satisfied with the final response to **Your** complaint by **Us** or UIB. Contact details are given below. A leaflet explaining its procedures is available on request.

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

Telephone: 0845 080 1800 or Fax: 020 7954 1001  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The existence of these complaint procedures does not reduce **Your** statutory rights relating to this policy. For further information about **Your** statutory rights contact the Office of Fair Trading or Citizens Advice Bureau.

## Financial Services Compensation Scheme

In the unlikely event that **We** are unable to meet **Our** liabilities, **You** may be entitled to 90% of the value of **Your** claim as compensation under the Financial Services Compensation Scheme. Their contact details are:

Financial Services Compensation Scheme  
7<sup>th</sup> Floor Lloyds Chambers  
Portsoken Street  
London E1 8BN  
Telephone: 020 7892 7300 or Fax: 020 7892 7301  
Website: [www.fscs.org.uk](http://www.fscs.org.uk)

### Other important information

ACE Europe Life Limited is a limited liability company incorporated in England under registered number 5936400. It underwrites life insurance business.

The head and registered office of ACE Europe Life Limited is at 100 Leadenhall Street, London, EC3A 3BP, United Kingdom. ACE Europe Life Limited is authorised and regulated by the Financial Services Authority.

It appears on the Financial Services Authority's (FSA) Register; its register number is 461087. This can be checked at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by calling the FSA on 0300 500 5000.