

LifestyleProtect

Policy Number: BOA 1,229,000A

This is **Your Policy**.
Please read it carefully.
Please keep it safe.

Please note the words in bold typeface throughout this **Policy** have particular meanings which are set out in Part 1 below: "Meaning of words used in this Policy".

IMPORTANT: This **Policy** gives details of **Your** insurance. What **You** are covered for under this **Policy** will depend on what cover option **You** have chosen. Please refer to the **About your LifestyleProtect Policy** document for details of the cover option applicable to **You**.

This **Policy** gives details of **Your** insurance with Covéa Life Limited who provide the Life Insurance, and Covea Insurance plc who provide the **Accident/Sickness** Insurance, **Hospitalisation** Insurance, **Unemployment** Insurance, **Carer** cover Insurance and **Life Event** Insurance.

Please read the Eligibility Requirements set out immediately below this box to make sure that **You** are, and remain, eligible for this insurance cover.

If **You** change the basis of **Your Work**, for example **You**:

- become **Self-Employed**;
- move to a temporary or fixed term contract;
- **Work** less than 16 hours per week;
- become or are about to become **Permanently Retired**;
- reach, or have reached **Your** 70th birthday; or

if there is any other change in **Your** personal circumstances which makes **You** uncertain as to the impact of that change on **Your** cover under this **Policy** please call **Us** on the freephone number 0800 587 0525 (option 1). Hearing and speech impaired policyholders who wish to speak to **Us** and have a textphone available can do so by using the RNID's Typetalk Relay service. To use Typetalk, please call 18001 0800 587 0525; once **Your** call is connected a Typetalk Operator will join the call to relay **Your** message to **Us**.

Please note that (except for Life Insurance) no **Monthly Benefit** is payable unless there is a **Claim Event Balance** owing.

No benefits shall be payable until any reasonably required substantiating proof is provided to **Us**, unless there are special circumstances and **You** can otherwise reasonably satisfy **Us** of **Your** entitlement to claim.

To ensure that **You** remain covered for further claim events **You** will continue to be charged **Your** monthly premium whilst **You** are claiming a **Monthly Benefit**.

We will not change any term or condition of this **Policy**, including the premium payable, unless the change is reasonable and **We** have given **You** not less than 60 days' written notice. (**IMPORTANT:** Please see Part 2B of this **Policy** for examples of why **We** may make a change.)

Eligibility Requirements - To remain eligible to claim benefit under this **Policy**, **You** must:

- be the first named individual on the **Agreement**;
- have agreed to pay the monthly premium by way of a transaction debited to **Your** credit card account by the **Coverholder** throughout the **Period of Cover**;
- be a **UK Resident**; and

- be under 70 years of age immediately prior to an event giving rise to a claim.

If **You** have any enquiry regarding **Your** eligibility, please contact **Us** on freephone number 0800 587 0525 (option 1) or if **You** have hearing or speech impairment, **You** may contact **Us** using a textphone by calling 18001 0800 587 0525.

The events which **You** can claim for under this **Policy** are dependent upon the cover option **You** have chosen (as shown in the **About your LifestyleProtect Policy** document) and whether **You** are in **Work**, **Your** age and whether **You** are **Permanently Retired** at the time of the event, as detailed in the following table:

	In Work (other than in casual, temporary or occasional Work)	Not in Work or Permanently Retired
Life	✓	✓
Accident/Sickness	✓	X
Unemployment	✓	X
Carer cover	✓	X
Hospitalisation	✓ only if aged 65 years or above	✓ If Permanently Retired or aged 65 years or above
Life Events	✓	✓

IMPORTANT:

- The **About your LifestyleProtect Policy** document will show **You** what cover option **You** have chosen. **You** can find out detailed information about **Your** cover in Part 3 of this **Policy** and about the information **You** will be required to give **Us** in the event of a claim in Part 4 of this **Policy**.
- If **You** are **Self-Employed**, **You** should pay particular attention to the following information in this **Policy**:
 - the information regarding **Unemployment** Insurance set out in Part 3, Section (C); and
 - the Claims Procedure and evidence required to satisfy **Us** as to **Your Unemployment** set out in Part 4.

PART 1 MEANING OF WORDS USED IN THIS POLICY

*These words are listed in alphabetical order and whenever they are used in the **Policy** in bold typeface they have the meanings set out below.*

"ABOUT YOUR LIFESTYLEPROTECT POLICY": the document issued to **You** by the **Coverholder** confirming details of which cover option **You** have selected under this **Policy**.

"ACCIDENT/SICKNESS": **You** being certified as unfit to **Work**, by **Your Doctor** due solely to an accidental injury, illness or disease which starts/occurs at a time when **You** are in **Work** and which wholly prevents **You** from doing **Your Work**, or other **Work** that **Your** experience or training would allow **You** to do. Such **Accident/Sickness** shall be deemed to start on the day **You** first consult, or receive treatment from, and are certified as being unfit to **Work** by, a **Doctor**, or up to 7 days before this date if **You** self-certify before seeing **Your Doctor**. If **You** are **Self-Employed**, the **Accident/Sickness** must prevent **You** from helping, managing or carrying out any part of the day-to-day running of **Your** business.

"AGREEMENT": **Your** credit card agreement with the **Coverholder**.

"CARER": **You** being entirely without **Work** as a result of **You** resigning or taking a temporary unpaid leave of absence from **Work** or, if **You** are **Self-Employed**, **You** suspend trading or permanently cease to trade solely due to the need to care for a **Close Relative** on a full-time basis and being registered with the Department for Work and Pensions as a carer.

"CLAIM EVENT BALANCE":

The higher of:

- (i) the amount **You** owe the **Coverholder** under the **Agreement** at the date of:
 - **Your** death;
 - the commencement date of **Your Accident/Sickness** or **Hospitalisation**;
 - the date **You** are notified that **You** are to become **Unemployed**;
 - the date **You** finish **Work** due to the need for **You** to become a **Carer**; or
 - the date of **Your Life Event**; or
- (ii) the amount **You** owe to the **Coverholder** as shown in the last monthly credit card statement issued to **You** under **Your Agreement** immediately before any of the above dates.

"CLOSE RELATIVE": a member of **Your** immediate family including **Your Partner**, parent, sibling, child, stepchild or adopted child.

"COVERHOLDER": MBNA Limited or any other company to which MBNA Limited transfers **Your Agreement**.

"DOCTOR": a medical practitioner practising, and being fully registered to do so, in the **United Kingdom**, other than **You**, **Your Partner** or any of **Your** relatives.

"EMPLOYMENT": **You** are not **Self-Employed** and **You** are working for remuneration under a contract of employment for at least 16 hours per week, or paying Class 1 National Insurance contributions.

"END DATE": the earliest of the following dates:

- the date of **Your** death; or
- the date **You** reach the age of 70; or
- the date on which this insurance is cancelled by **You** or **Us** (**IMPORTANT**: Please see paragraphs 4 & 5 of Part 2A of this **Policy** for the circumstances in which **You** or **We** may cancel this **Policy**); or

- the date on which **Your Agreement** is terminated; or
- the date on which **You** leave the **United Kingdom** to permanently live abroad; or
- the date on which **Your Agreement** becomes three payments in arrears.

"HOSPITAL": a lawfully-operated establishment in the **United Kingdom** (other than a convalescent, nursing or rest home, or convalescent, nursing, self-care, rest section or unit of a hospital) which has accommodation for resident patients with organised facilities for diagnosis and major surgery and which provides a 24 hours a day nursing service by registered nurses.

"HOSPITALISATION": **You** being confined to a **Hospital** during the **Period of Cover** on the recommendation of a **Doctor**.

"LIFE EVENT": any one of the events set out in Part 3, Section (F) of this **Policy**.

"MONTHLY BENEFIT": is the sum payable each month under this **Policy** and shall be the greater of:

- 20% of the **Claim Event Balance**; or
- £30.00.

"PARTNER": the person to whom **You** are married, **Your** civil partner or the person with whom **You** are permanently cohabiting in a marriage-like relationship.

"PERIOD OF COVER": the period from the **Start Date** to the **End Date**.

"PERMANENTLY RETIRED": when **You** have stopped working and **You** have no intention to return to **Work**.

"POLICY": this LifestyleProtect policy document.

"SELF-EMPLOYED": **You** are self-employed if **You** are not in **Employment** and are:

- helping with, managing or carrying on business in the **United Kingdom** paying Class 2 National Insurance contributions and being assessed for tax in respect of the trading income of that business; or
- a partner in a partnership; or
- a person who exercises direct or indirect control over a business (not necessarily the majority shareholder or holder of majority voting rights).

"START DATE": the date **Your Agreement** starts, or if **You** apply for insurance at any other time, the date on which **Your** application for cover is accepted by **Us**.

"UNITED KINGDOM": England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

"UK RESIDENT": a person who lives lawfully in the **United Kingdom** for at least 40 weeks in any 52-week period throughout the **Period of Cover**.

"UNEMPLOYMENT/UNEMPLOYED": **You** being entirely without **Work** (and where **You** are **Self-Employed** this is as a result of **You** ceasing or suspending trading because **You** could not find enough **Work** to meet all **Your** reasonable business and living expenses) and (no more than 3 months later) being registered as unemployed with the Department for Work and Pensions (or equivalent in Northern Ireland, Channel Islands and the Isle of Man) and **You** are actively looking for **Work**. (**IMPORTANT**: If **You** are **Unemployed** please see further information regarding required evidence of **Your Unemployment** in Part 4 of this **Policy**.)

"WE, US, OUR": Covéa Life Limited for Life Insurance; Covea Insurance plc for **Accident/Sickness** Insurance, **Hospitalisation** Insurance, **Unemployment** Insurance, **Carer** cover Insurance and **Life Event**

Insurance.

"WORK": being in **Employment** or **Self-Employed** or, where applicable, on statutory maternity leave, parental leave or maternity absence.

"YOU, YOUR": the person who has applied for this insurance and who meets the eligibility requirements set out on the front page.

PART 2A TERMS AND CONDITIONS

1. **Your** insurance is for monthly periods and the monthly premium is paid to **Us** by the **Coverholder** and debited as a transaction to **Your** credit card account by the **Coverholder** under the arrangements **You** have with the **Coverholder**. **You** will be considered to have paid **Your** premium to **Us** once it is debited as a transaction to **Your** credit card account by the **Coverholder**. During the **Period of Cover** **Your** insurance under this **Policy** is renewed automatically on the same date each month, provided the premium is paid. Please note that if **You** fail to make any payment due to the **Coverholder** in accordance with **Your Agreement**, the **Coverholder** will refuse to authorise further transactions, including the premium payable under this **Policy**. If **Your Agreement** becomes three payments in arrears **Your Policy** will be cancelled.
2. If any claim under this **Policy**, or information provided by **You** to **Us**, is intended to mislead **Us** or if misleading means are used by **You**, or anyone acting on **Your** behalf, to obtain benefit under this **Policy**, any payment of benefit under this **Policy** shall end and **We** are entitled to recover any benefit paid, and costs incurred.
3. **We** may make reasonable changes to the terms and conditions of this **Policy**, or the premium, where there is a valid reason for doing so. **We** will give **You** at least 60 days written notice of any such change to **Your** last known address. Please see Part 2B of this **Policy** for examples of valid reasons.
4. **You** may cancel **Your Policy** at any time by giving notice either in writing or by telephone. The cancellation will be effective from the date the **Coverholder** receives your cancellation request. **You** will find details of how to do this in the Box at the end of Part 2B of this **Policy** titled “**Your Rights to Cancel**”. If **You** cancel this **Policy**, **You** will not be entitled to a refund of any premiums already paid for this **Policy**. If **You** give notice of cancellation, **We** will continue to pay any **Monthly Benefit** that is due to **You** under this **Policy** in respect of any event giving rise to a claim which occurred prior to the cancellation date. **You** will not be covered for any event giving rise to a claim on or after the cancellation takes effect.
5. **We** may give **You** (to **Your** last known address):
 - notice of immediate cancellation of **Your Policy** if any event occurs, beyond **Our** reasonable control, which makes it impossible or impractical for **Us** to continue to carry out **Our** obligations to **You** under this **Policy**; or
 - at least 60 days’ written notice in advance to cancel **Your Policy** for either of the following reasons:
 - any event which **We** consider would cause the continuation of this **Policy** to act to the detriment of **Our** other policyholders; or
 - any event that **We** reasonably expect to have a significant impact on future claims that **We** could not have previously foreseen.

If **We** give **You** notice of cancellation, **We** will continue to pay any **Monthly Benefit** that is due to **You** under this **Policy** in respect of any event giving rise to a claim which occurred prior to the cancellation date.
6. **You** cannot transfer this **Policy** to anyone else.
7. All benefits paid under this **Policy** (other than provided under Part 3, Section (A) Life Insurance) will be entirely paid to the **Coverholder** for the repayment of indebtedness under the

Agreement.

8. The laws of England and Wales allow parties to choose the law applicable to a contract. The contract will be subject to the law applicable to the region of the **United Kingdom** in which **You** reside.
9. Insurers share information with each other, to prevent fraudulent claims, via a register of claims. Any information **You** supply on a claim, together with information **You** have supplied on any application form and other information relating to a claim, may be provided to the register participants. Please note that where **We** reasonably suspect dishonesty **We** may use surveillance to appropriately protect **Our** business interest.
10. **We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations. Further information about the compensation scheme arrangements is available from the FSCS. Contact them at www.fscs.org.uk or call them on Freephone 0800 678 1100.
11. Information **You** supply may be used by **Us** or any firm acting on **Our** behalf for insurance, administration, statistical analysis, claims handling, research, customer services and home visits to discuss the claim. **We** may disclose **Your** information to **Our** service providers, agents and business partners for these purposes, including to the **Coverholder** for the purpose of credit underwriting.
12. Data Privacy: For detail of how and when **We** process **Your** personal information please visit <https://www.coveainsurance.co.uk/privacy-notices/payment-protection-insurance-section/> for the section of **Our** Privacy Policy that relates to this **Policy**.

PART 2B**CHANGES TO THE PREMIUM/TERMS AND CONDITIONS OF YOUR POLICY MADE BY US AND YOUR/OUR RIGHTS TO CANCEL**

The following are some examples of valid reasons which may lead **Us** to change **Your** monthly premium or **Your Policy's** terms and conditions subject to **Us** giving **You** 60 days advance notice. There may be other valid reasons that do not appear in this list.

1. to reflect changes in the law, codes of practice or the way **We** are regulated, or changes in taxation that affects **Us** or **Your** cover; or
2. to reflect a decision or recommendation made by, or a requirement of, a court, ombudsman, regulator or similar body, or any undertaking given to any such body that affects **Us** or **Your** cover; or
3. to reflect changes to standards published by other bodies (for example, the Association of British Insurers) which apply to **Your** cover; or
4. to reflect new information arising from industry analysis of claims on this type of cover which indicates that the risk associated with providing **Your** cover has increased; or
5. to reflect new information arising from claims already paid on this type of cover which indicates that the risk associated with providing **Your** cover has increased; or

6. to reflect any event outside **Our** control which **We** reasonably conclude results in **Our** having to increase the cost of **Your** cover in order that **We** can continue to meet **Our** obligations to **You** under the terms and conditions of the **Policy**; or
7. to reflect any event outside **Our** control that **We** expect to impact on future claims and that **We** could not have foreseen previously; or
8. to take account of changes in the relevant insurance market which are beyond **Our** reasonable control and which affect **Our** overall underwriting risk, requiring **Us** to adjust premiums up or down for different types of policyholders; or
9. to reflect changes in the economy which are outside **Our** control and have an impact on the amount of money **We** set aside to ensure **We** are able to pay claims on this type of **Policy**; or
10. to reflect changes to **Our** administrative costs caused by changes to **Our** services and the level of those services or the way in which they are delivered; or
11. to add cover or to remove exclusions to **Your** cover or to otherwise make changes to this **Policy** which are for **Your** benefit.

IMPORTANT:

If **You** are not happy with the proposed changes **You** may cancel **Your Policy** at any time in line with the right to cancel notice below.

YOUR RIGHTS TO CANCEL

You may cancel this **Policy** at any time. If **You** want to cancel this **Policy**, please do so either by writing to Head of Insurance, MBNA Limited, Chester Business Park, Chester CH4 9YR or by telephoning 0800 587 0525 (option 2). If **You** have a hearing or speech impairment, **You** may contact **Us** using a textphone by calling 18001 0800 587 0525 (option 2). Please note that **You** will not receive a refund for any premiums already paid.

PART 3 BENEFITS

(A) Life Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”.

If **You** die during the **Period of Cover** and there is:

- a **Claim Event Balance** of £5,000 or more, **We** will pay the **Claim Event Balance** (up to a maximum of £100,000) to the **Coverholder**; or
- a **Claim Event Balance** of less than £5,000, **We** will pay the **Claim Event Balance** to the **Coverholder** and a sum equal to the difference between £5,000 and the **Claim Event Balance** to **Your** Personal Representatives; or
- no **Claim Event Balance**, **We** will pay £5,000 to **Your** Personal Representatives, provided that **You** have used **Your** credit card under **Your Agreement**, and a premium has been paid for cover under this **Policy** within the period of 6 calendar months immediately before **Your** date of death.

What is Not Covered by Life Insurance?

There are no exclusions under this section of the **Policy**.

(B) Accident/Sickness Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”.

If, during the **Period of Cover**, **You** are in **Work** and become unable to **Work** due to **Accident/Sickness** for a continuous period of 15 days, **We** will pay one **Monthly Benefit** to the **Coverholder**.

1. If **You** remain unable to **Work** due to **Accident/Sickness** after that 15-day period, **We** will pay to the **Coverholder**, at 30-day intervals thereafter, in arrear, 1/30th of the **Monthly Benefit** in respect of each day during which **You** are continuously unable to **Work** due to **Accident/Sickness**, until the earliest of the following dates:
 - a. the date on which **You** are no longer unable to **Work** due to **Accident/Sickness** or **You** fail to provide proof that **You** are unable to **Work** due to **Accident/Sickness**; or
 - b. the date on which **You** return to **Work**; or
 - c. the date on which **We** have paid 6 **Monthly Benefits** in respect of that **Accident/Sickness** claim; or
 - d. the date of **Your** death, provided that a benefit is paid by **Us** under Part 3, Section (A) of this **Policy**; or
 - e. the date **You** have received the maximum number of **Monthly Benefits** **You** are entitled to under paragraph 2 below.
2. If, during payment of an **Accident/Sickness** claim, **You** are made **Unemployed**, **We** will treat **Your** claim as being made under the **Unemployment** Insurance part of this **Policy**, once **You** have been signed fit for **Work** by a **Doctor**, and without interruption and at the same **Monthly Benefit**, subject to maximum of 6 **Monthly Benefits** payments between the two claims.
3. If **You** are, at the date of the event giving rise to an **Accident/Sickness** claim, currently receiving **Monthly Benefit** for a claim under any other section of this **Policy** (“**Your Existing Claim**”), **You** will not be eligible to receive benefits under this **Accident/Sickness** part of **Your Policy** until those **Monthly Benefit** payments have stopped, and then only to the extent that no more than 6 **Monthly Benefits** are paid in total under **Your Existing Claim** and **Your Accident/Sickness** claim. For example, if **You** have received 4 **Monthly Benefits** under **Your Existing Claim**, **You** will only be entitled to claim up to 2 **Monthly Benefits** under **Your Accident/Sickness** claim.

What is Not Covered by Accident/Sickness Insurance?

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

- i. self-harm; or
- ii. **Your** consumption of alcohol or **You** taking drugs, otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence).

(C) Unemployment Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”. This is particularly important if You are Self-Employed.

If, during the **Period of Cover**, **You** are in **Work** and become **Unemployed** for a continuous period of 15 days, **We** will pay one **Monthly Benefit** to the **Coverholder**.

1. If **You** remain **Unemployed** after that 15-day period, **We** will pay to the **Coverholder**, at 30-day intervals thereafter, in arrear, 1/30th of the **Monthly Benefit** in respect of each day during which **You** are continuously **Unemployed**, until the earliest of the following dates:
 - a. the date on which **You** are no longer **Unemployed** or **You** fail to provide proof that **You** are **Unemployed**; or
 - b. the date on which **We** have paid 6 **Monthly Benefits** in respect of that **Unemployment** claim; or
 - c. the date of **Your** death, provided that a benefit is paid by **Us** under Part 3, Section (A) of this **Policy**; or
 - d. the date **You** have received the maximum number of **Monthly Benefits** **You** are entitled to under paragraph 6 below.
2. If **We** stop paying **Monthly Benefit** because **We** have paid 6 **Monthly Benefits** in respect of any one **Unemployment** claim, then **You** will not be entitled to any further **Monthly Benefit** under the **Unemployment** Insurance part of this **Policy** until **You** have returned to **Work** for a continuous period of at least 6 months.
3. If two periods of **Unemployment** are separated by 3 calendar months or less, **We** will treat this as one continuous claim but no benefit will be payable for the time in between.
4. If, whilst **You** are **Unemployed**, **You** wish to commence temporary **Work** then, provided **You** have first contacted **Us** and have given **Us** full details of the temporary **Work** and have received **Our** agreement, and if the temporary **Work** does not continue for more than 12 months, **We** will not, during that period, pay **Monthly Benefit** but will treat **Your** claim as suspended and will thereafter commence, or resume, payment of **Monthly Benefit** as if **You** had one continuous claim.
5. If, during payment of **Your Unemployment** claim, **You** are not able to actively seek **Work** because of an **Accident/Sickness**, **We** will continue to pay **Monthly Benefit** without interruption.
6. If **You** are, at the date of the event giving rise to an **Unemployment** claim, currently receiving **Monthly Benefit** for a claim under any other section of this **Policy** (“**Your Existing Claim**”),

You will not be eligible to receive benefits under this **Unemployment** part of **Your Policy** until those **Monthly Benefit** payments have stopped, and then only to the extent that no more than 6 **Monthly Benefits** are paid in total under **Your Existing Claim** and **Your Unemployment** claim. For example, if **You** have received 4 **Monthly Benefits** under **Your Existing Claim**, **You** will only be entitled to claim up to 2 **Monthly Benefits** under **Your Unemployment** claim.

What is Not Covered by Unemployment Insurance?

We will not pay **Unemployment** benefit if:

- i. **You** made the decision to no longer be in **Employment**; or
- ii. **You** ceased to be **Employed** as a result of **Your** misconduct; or
- iii. **You** have **Permanently Retired**;
- iv. **You** are, at the date **You** become **Unemployed**, engaged in:
 - a. **Work** from which **Unemployment** is a normal, regular or seasonal occurrence; or
 - b. **Work** under a fixed-term contract which will expire on a known or fixed date; or
- v. **Unemployment** occurs from **Work** which is of a casual, temporary or occasional nature, as at the original claim event date.

IMPORTANT:

Paragraph iv. b. above will not apply when **You** become **Unemployed** due to the expiry of, or during, a fixed-term contract and:

- a. immediately prior to **Your Unemployment** **You** have been employed by the same employer for at least 12 consecutive months and **Your** contract has been renewed at least once; or
- b. **You** have previously been employed by the same employer on a permanent basis but were transferred to a fixed-term contract without a break in **Employment**.

Paragraph v. above will not apply if this **Work** started immediately after a loss of other **Work** that would have given rise to a valid claim under the **Unemployment** Insurance part of this **Policy** or during a period when **You** are receiving **Unemployment** Insurance benefit.

(D) Carer Cover Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”.

If, during the **Period of Cover**, You stop **Work** to become a **Carer** for a continuous period of 5 days, **We** will pay one **Monthly Benefit** to the **Coverholder**.

1. If You remain a **Carer** after that 5-day period, **We** will pay to the **Coverholder**, at 30-day intervals thereafter, in arrear, 1/30th of the **Monthly Benefit** in respect of each day during which You are continuously a **Carer**, until the earliest of the following dates:
 - a. the date on which You stop being a **Carer** or You fail to provide proof that You are a **Carer**;
or
 - b. the date when You return to **Work**; or
 - c. the date on which **We** have paid 6 **Monthly Benefits** in respect of that **Carer** claim; or
 - d. the date of Your death, provided that a benefit is paid by **Us** under Part 3, Section (A) of this **Policy**; or
 - e. the date You have received the maximum number of **Monthly Benefits** You are entitled to under paragraph 4 below.
2. You must be in receipt of Carer’s Allowance (which in this paragraph also means any benefit which replaces Carer’s Allowance) or if not eligible for Carer’s Allowance You must be able to demonstrate that You have given up **Work** (permanently or temporarily) to care for **Your Close Relative** by providing **Us** with a letter from the **Doctor** of **Your Close Relative** confirming the nature of the condition suffered and when it was first diagnosed.
3. If **We** stop paying **Monthly Benefit** because **We** have paid 6 **Monthly Benefits** in respect of any one **Carer** claim, then You will not be entitled to any further **Monthly Benefit** under the **Carer** cover Insurance part of this **Policy** until You have returned to **Work** for a continuous period of at least 6 months.
4. If You are, at the date of the event giving rise to a **Carer** claim, currently receiving **Monthly Benefit** for a claim under any other section of this **Policy** (“**Your Existing Claim**”), You will not be eligible to receive benefits under this **Carer** part of **Your Policy** until those **Monthly Benefit** payments have stopped, and then only to the extent that no more than 6 **Monthly Benefits** are paid in total under **Your Existing Claim** and **Your Carer** claim. For example, if You have received 4 **Monthly Benefits** under **Your Existing Claim**, You will only be entitled to claim up to 2 **Monthly Benefits** under **Your Carer** claim.

What is Not Covered by Carer Cover Insurance?

We will not pay benefit if:

- i. **Your Work** ceases for any other reason not associated with the need to become a **Carer**; or
- ii. **Your** resignation is from **Employment** which is of a casual, temporary or occasional nature; or

iii. **You have Permanently Retired.**

(E) Hospitalisation Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”.

Please note that cover under this Hospitalisation Insurance part of the Policy is only available to You if You have reached the age of 65 years at the date of the event giving rise to the claim or have Permanently Retired.

If, during the Period of Cover, You have reached the age of 65 or have Permanently Retired and are confined to Hospital for a period of not less than 3 consecutive days, We will pay one Monthly Benefit to the Coverholder.

1. If You remain confined to Hospital after that 3-day period We will pay to the Coverholder, at 30-day intervals thereafter, in arrear, 1/30th of the Monthly Benefit in respect of each day of Your Hospitalisation, until the earliest of the following dates:
 - a. the date on which You cease to be confined to Hospital or You fail to provide proof that You are confined to Hospital; or
 - b. the date on which We have paid 6 Monthly Benefits in respect of that Hospitalisation claim; or
 - c. the date of Your death, provided that a benefit is paid by Us under Part 3, Section (A) of this Policy; or
 - d. the date You have received the maximum number of Monthly Benefits You are entitled to under paragraph 2 below.
2. If You are, at the date of the event giving rise to a Hospitalisation claim, currently receiving Monthly Benefit for a claim under any other section of this Policy (“Your Existing Claim”), You will not be eligible to receive benefits under this Hospitalisation part of Your Policy until those Monthly Benefit payments have stopped, and then only to the extent that no more than 6 Monthly Benefits are paid in total under Your Existing Claim and Your Hospitalisation claim. For example, if You have received 4 Monthly Benefits under Your Existing Claim, You will only be entitled to claim up to 2 Monthly Benefits under Your Hospitalisation claim.

What is Not Covered by Hospitalisation Insurance?

We will not pay benefit if the Hospitalisation results, directly or indirectly, from:

- i. self-harm; or
- ii. Your consumption of alcohol or You taking drugs, otherwise than under the direction of a Doctor (provided that such direction is not given due to Your treatment for drug addiction or dependence).

(F) Life Events Insurance

If a claim is to be made under this Section of Your Policy, please carefully read Part 4 “Claims Information and Procedure”.

If, during the **Period of Cover**, any **Life Event** occurs, **We** will pay three **Monthly Benefits** (up to a maximum of £3,000 each) to the **Coverholder**.

1. Bereavement

If **Your Close Relative** dies during the **Period of Cover**.

2. Retirement

If **You** have **Permanently Retired**.

3. Purchase of a Principal Home

If **You** buy a property which is to be **Your** principal residence for **You** and **Your** family.

4. Marriage/Civil Partnership

If **You** marry or enter into a civil partnership.

5. Divorce

If **Your** marriage or civil partnership ends.

6. Birth/Adoption

Upon the birth/adoption of a child where **You** are the legal guardian or parent.

7. Graduation

If **You**, **Your Partner** or **Your** child graduates from higher education. **Your** child includes natural, legally adopted, stepchild or a child for which **You** are the legal guardian. It does not include a foster child.

8. Entering Full-Time Education

If **You** finish **Work** to enter full-time education.

9. Jury Service

If **You** are summoned for jury service and consequently attend court as a juror.

IMPORTANT:

You can only make 2 **Life Event** claims in any one 12-month period.

Only one **Monthly Benefit** shall be payable under this **Policy** at a time. **Monthly Benefit** shall not be payable under the **Life Events** Insurance part of this **Policy** if **You** are, at the date of that **Life Event**,

currently receiving **Monthly Benefit** under any other section of this **Policy**, including **Monthly Benefit** in respect of another **Life Event**. However, in the event of overlapping claims, if **Monthly Benefit** stops being paid in respect of a claim within 3 months of a **Life Event** occurring, **We** will pay a **Monthly Benefit** for the remainder of that **Life Event**, being the period between the original **Monthly Benefit** stopping being paid and the date 3 months after the **Life Event** occurrence.

PART 4 CLAIMS INFORMATION AND PROCEDURE

Claims Information

The events for which **You** can claim under this **Policy** (and information as to what is not covered) is set out in Part 3 of the **Policy**. Please read the relevant section of Part 3 carefully before making **Your** claim. If **You** then wish to make a claim, or **You** are not sure if **You** can make a claim, please contact **Us** (details below).

The amount which may be paid out under this **Policy** is based upon **Your Claim Event Balance**, except in the case of a claim for Life benefit under Part 3, Section (A) of this **Policy**.

Except for Life Insurance, the maximum benefit payable under any claim will be **6 Monthly Benefits**, or for **Life Event Insurance**, **3 Monthly Benefits**. In order that **You** remain covered for further claim events, **You** will continue to be charged **Your** monthly premium whilst **You** are claiming a **Monthly Benefit**.

When **You** make a claim (except in the case of a claim for Life benefit) **We** may arrange for an agent to visit **You**. The purpose of any such visit will be to gather details relating to **Your** claim in order to ensure an accurate assessment. It is essential that **You** make yourself reasonably available for any such visit. If **You** fail to do so, this may lead to **Us** having insufficient evidence of **Your** claim and, as a consequence, this may result in benefit not being payable.

How to Claim

To register a claim (or to discuss whether **You** can claim), please telephone **Us** on 0800 587 0525 (option 1). It is important that any claim should be notified to **Us** as soon as possible, together with such information and proof as **We** may reasonably require.

You can write to **Us** at the following address:

Covéa Insurance
Team 104
50 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JX
Telephone: 0800 587 0525 (option 1)
Fax: 0333 130 4173

Hearing and speech impaired policyholders who wish to speak to **Us** and have a textphone available can do so by using the RNID's Typetalk Relay service. To use Typetalk, please call 18001 0800 587 0525; once **Your** call is connected a Typetalk Operator will join the call to relay **Your** message to **Us**.

Before **You** (or anyone on **Your** behalf) contacts **Us**, please read the information below, which will help **You** understand the information and evidence **We** may require in order to process any claim **You** may make in respect of any of the events covered by this **Policy**.

IMPORTANT:

No benefits shall be payable for any period for which any reasonably-required substantiating proof is not provided to **Us**, unless there are special circumstances and **You** can otherwise reasonably satisfy **Us** of **Your** entitlement to claim.

Life Claims

In the event of **Your** death, **We** will normally only need to see an original or certified copy of **Your** Death Certificate. In some circumstances **We** may need medical information to enable **Us** to assess **Your** estate's entitlement to benefit. Please see paragraph 12 of Part 2A of this **Policy** for the consent for **Us** to request this information.

Accident/Sickness Claims

When **You** make a new claim for **Accident/Sickness** benefit, the information **We** may require depends upon whether **You** are, at that time, **Employed** or **Self-Employed**:

Where **You** are **Employed** **We** will require:

- medical certificates covering the period for which **You** are making **Your** claim (**We** will accept **You** self-certifying a period of up to 7 days before **You** obtain the first such medical certificate at the start of **Your** claim);
- **Your Doctor's** name and address;
- **Your** Employer's name and address.

Where **You** are **Self-Employed** **We** will require:

- medical certificates covering the period for which **You** are making **Your** claim (**We** will accept **You** self-certifying a period of up to 7 days before **You** obtain the first such medical certificate at the start of **Your** claim);
- **Your Doctor's** name and address;
- bank statements for **Your** business, or evidence of **Your** payment of Class 2 National Insurance contributions, covering the period immediately before the date from which **Your** claim starts.

Throughout any period during which **You** continue to make a claim for **Accident/Sickness** benefit **You** may be asked to provide, at **Your** expense, such reasonable proof that **You** continue to be unable to **Work** due to **Accident/Sickness**, including providing **Us** with ongoing medical certificates and by completing continuing claim statements confirming such information as **We** may reasonably require.

Unemployment Claims

When **You** make a new claim for **Unemployment** benefit, the information **We** may require depends upon whether **You** were, at that time, **Employed** or **Self-Employed**:

Where **You** were **Employed** **We** will require:

- the written communication from **Your Employer** terminating **Your Employment**;
- **Your** Employer's name and address;
- evidence of **Your** receipt of Jobseeker's Allowance or that **You** are making active attempts to find **Employment**, such as copies of letters to/from prospective employers and copies of job applications;
- if **You** are claiming after 3 months of being **Unemployed**, a copy of **Your** awards letter from the Department for Work and Pensions.

Where **You** were **Self-Employed** **We** will require:

- evidence of **Your** payment of Class 2 National Insurance contributions, covering the period immediately before the date from which **Your** claim starts, or evidence of the income from **Your** business covering the six-month period before the date from which **Your Self-Employment** ended;
- evidence that **Your** business has ceased or suspended trading because **You** could not find enough **Work** to meet all **Your** reasonable business and living expenses. **We** may require evidence such as that **You** have declared this to HM Revenue and Customs, bank statements, accounts, or a letter from **Your** accountant with evidence that **Your** business was no longer viable, that **Your** business has ceased or suspended trading and that **You** are not receiving an income from the business;
- evidence of **Your** receipt of Jobseeker's Allowance or that **You** are making active attempts to find **Employment**, such as copies of letters to/from prospective employers and copies of job applications;
- if **You** are claiming after 3 months of being **Unemployed**, a copy of **Your** awards letter from the Department for Work and Pensions.

Throughout any period during which **You** continue to make a claim for **Unemployment** benefit **You** may be asked to provide reasonable proof and evidence that **You** are actively looking for **Work**. This may include monthly bank statements showing the payment of Jobseeker's Allowance or replacement benefit (after the first 3 months of a claim) and/or monthly documentary evidence that **You** are actively seeking **Work**, such as copies of letters to/from prospective employers and copies of job applications except:

- if **You** are **Self-Employed**, and are ineligible for Jobseeker's Allowance (or replacement benefit), **We** will waive any requirement to provide evidence that **You** are in receipt of this, but **We** will require evidence that **You** are receiving National Insurance Credits; or
- such other ongoing alternative evidence that is reasonably acceptable to **Us** that **You** are **Unemployed** and actively seeking **Work**.

If **You** are made **Unemployed** whilst on maternity/paternity leave, **You** will be entitled to receive a monthly **Unemployment** benefit whilst **You** can evidence that **You** are in receipt of statutory maternity/paternity pay.

Hospitalisation Claims

When **You** make a new claim for **Hospitalisation** benefit, and throughout any period during which **You** continue to make a claim for **Hospitalisation** benefit, **You** will be asked to provide such evidence of **Your Hospitalisation** as **We** may reasonably require. The information **We** may require will include **Doctor** or **Hospital** confirmation of the dates of **Your** admission, and discharge to and from **Hospital**.

Carer Claims

When **You** make a new claim for **Carer** benefit, the information **We** may require depends on **Your Work** status at the time of the event giving rise to the claim:

Where **You** permanently leave **Work** to become a **Carer** **We** will require:

- **Your** Employer's name and address;
- such evidence as **We** reasonably require to confirm that Carer's Allowance (or any benefit which replaces Carer's Allowance) has been awarded.

Where **You** take a period of unpaid leave of absence from **Work We** will require:

- **Your** Employer's name and address;
- such evidence as **We** reasonably require to confirm that **Your** employer has granted **You** temporary unpaid leave in order to become a **Carer**;
- a letter from the **Doctor** of **Your Close Relative** confirming the nature of the condition suffered and when it was first diagnosed.

Where **You** were/are **Self-Employed We** will require:

- evidence of **Your** payment of Class 2 National Insurance contributions, covering the period immediately before the date from which **Your** claim starts, or evidence of the income from **Your** business covering the six-month period before the date from which **Your Self-Employment** ended; or
- evidence that **Your** business has ceased or suspended trading because **You** have become a **Carer** and that **You** are not receiving an income from the business. **We** may require evidence such as that **You** have declared this to HM Revenue and Customs, bank statements, accounts, or a letter from **Your** accountant with evidence that **Your** business has ceased or suspended trading and that **You** are not receiving an income from the business; or
- such evidence as **We** reasonably require to confirm that Carer's Allowance (or any benefit which replaces Carer's Allowance) has been awarded.

Throughout any period during which **You** continue to make a claim for **Carer** benefit, **You** may be asked to provide reasonable proof and evidence that **You** remain a **Carer**. This may include monthly bank statements showing the payment of Carer's Allowance (or replacement benefit).

Life Event Claims

When **You** make a claim for **Life Event** benefit, the information **We** will require in respect of each **Life Event** is:

1. Bereavement

A copy of **Your Close Relative's** death certificate.

2. Retirement

If **You** were **Employed**, a letter from **Your** former employer confirming that **You** have **Permanently Retired**.

If **You** are **Self-Employed**, a letter from **Your** accountant that confirms **You** no longer actively participate in the business **You** have retired from and that **You** have **Permanently Retired**.

3. Purchase of a Principal Home

A copy of a letter (e.g. from **Your** conveyancer) that confirms **Your** completion date and **We** can confirm that the address on **Your Agreement** has been changed to match.

4. Marriage/Civil Partnership

A copy of **Your** marriage or civil partnership certificate.

5. Divorce

A copy of **Your** decree nisi (for civil partnerships this will be the dissolution order) issued after the **Start Date**.

6. Birth/Adoption

A copy of the birth certificate or adoption placement document.

7. Graduation

A copy of the relevant degree certificate issued by a registered seat of learning.

8. Entering Full-Time Education

A letter from **Your** former employer confirming that **You** resigned to enter full-time education and appropriate course enrolment documentation.

9. Jury Service

A copy of a letter of confirmation from the relevant court of **Your** attendance as a juror.

PART 5 CUSTOMER SERVICE AND COMPLAINTS

We aim to provide a quality service to **Our** customers. However, if **You** have any problems regarding this **Policy**, or any matter related to it, or **You** wish to make a complaint or obtain a copy of **Our** complaints handling procedure, please contact:

- The Customer Experience Manager, Covéa Insurance, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX. Telephone 0800 587 0525 (option 1). Please supply details of **Your Agreement** Number to enable the enquiry or complaint to be dealt with promptly.

If, after following **Our** complaints procedure, **Your** complaint is still not resolved to **Your** satisfaction, **You** may refer **Your** complaint to the Financial Ombudsman Service. **You** can do this via email complaint.info@financial-ombudsman.org.uk or telephone 0800 0234 567 or 0300 1239 123. For further details see www.financial-ombudsman.org.uk/consumer/complaints.htm

Whilst **We** are bound by the decision of the Financial Ombudsman Service, **You** are not. Following the above complaints procedure does not affect **Your** right to take legal action.

IMPORTANT:

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

Confidential and Independent Counselling

Your Policy includes a confidential and independent counselling programme. The service provides **You** and **Your** immediate family with assistance, practical help and guidance on:

1. medical information;
2. stress counselling;
3. personal and legal advice.

Telephone: **0800 169 3695** and quote “Card Care”.

Lines are open 24 hours a day, 365 days a year.

There is also an **Unemployment** support helpline available which includes:

1. access to a job vacancy database;
2. practical help and guidance on returning to **Work**.

Telephone **0800 169 3695** and quote “Card Care”.

Lines are open 9am – 5pm Monday to Friday.

Fully-trained professional and advisory staff operate these helplines. These services are free of charge.

Both Covéa Life Limited (Registered in England No. 911235) and Covea Insurance plc (Registered in England No. 613259) have their Registered Offices at Norman Place, Reading, Berkshire RG1 8DA. Both Covea Insurance plc and Covéa Life Limited are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. They appear on the Financial Services Register under numbers 202277 and 202178 respectively. Covéa Life Limited writes long term insurance business and Covea Insurance plc writes general insurance business.