

Section 5 – How Do You Make a Claim?

To notify the **Insurer** of a claim in the first instance **You** (or **Your** personal representatives for a Life claim) should telephone the Helpline number on **0845 309 8765**, Textphone 18001 0845 309 8765, to request a claim form. The Helpline is open 9am to 5pm, Monday to Friday. Calls may be recorded.

Please fill in the form fully and accurately, and where applicable arrange for **Your Doctor**, an official of the Department for Work and Pensions and **Your** employers to fill in the appropriate sections, and return it to the address shown on the form.

In order to verify **Your** claim, **You** will have to provide any proof that is reasonably asked for (at **Your** own expense, if any). If adequate proof is not received **Your** claim may not be paid.

You (or **Your** personal representative for a Life claim) may also be asked for more information, for example:

Life claims – an original death certificate (in English) or an office copy Grant of Probate/Letters of Administration.

Accident and Sickness claims – a certificate from **Your Doctor** and employer saying that **You** are not **Working**; **You** may also be required to be examined (at the **Insurer's** expense) by a **Doctor** of the **Insurer's** choice.

Unemployment claims – a copy of the Jobseekers Agreement that **You** signed with the Department for Work and Pensions, or a record of any job applications **You** have made. If **You** are **Self-Employed** the **Insurer** will require satisfactory proof of **Your** bankruptcy or the involuntary insolvency of **Your** business and ceasing to trade.

Carers – Evidence that **You** are required to care for an immediate family member, a Community Care Assessment or Carers' Assessment and that **You** were not aware of the need for **You** to become a **Carer** at the **Commencement Date**.

You will also be asked to fill in a continuation claim form (at **Your** own expense, if any) for each month that **You** continue to claim for Accident and Sickness or **Unemployment**. **You** should send this to the **Insurer** on a monthly basis unless otherwise stated. **Your** claim may be delayed if the **Insurer** cannot verify it because **You** are late in sending the **Insurer Your** continuation claim form.

As soon as **You** go back to **Work You** should tell **Your Insurer**, so that the correct final payment can be made and **Your** claim closed.

Any claim supported by a false declaration or found to be fraudulent, unfounded or intentionally exaggerated will not be paid. If this happens or if **You** carry on claiming after **You** have returned to **Work Your** insurance will be cancelled and action will be taken to recover any overpayments.

The **Insurer** will only pay one type of benefit (Accident, Sickness or **Unemployment**) at a time. All **Monthly Benefits** will be paid to the **Lender**.

If **You** or **Your** partner are receiving any State benefit, **You** should advise the appropriate authority if **You** are also claiming under this policy. In some circumstances, the amount of **Monthly Benefit You** receive under this policy may affect **Your** entitlement to State benefit. **Your** local employment authority will be able to provide **You** with further information.

Section 6 – How Can You Change Your Claim?

If the **Insurer** is paying an Accident or Sickness claim and **You** become **Unemployed** or vice versa please tell the **Insurer** as soon as possible.

Depending on the situation the **Insurer** may send **You** a new claim form, which will need completing by **Your Doctor**/employers and/or Department for Work and Pensions to ensure **Your** claim is valid.

The **Insurer** will treat **Your** Accident, Sickness and **Unemployment** claims as one continuous claim and payments will continue without a further waiting period up until the **End Date** or until the maximum number of **Monthly Benefits** have been paid.

Section 7 – Important Information

Your Right to Cancel

If this cover does not meet **Your** requirements, please return all **Your** documents within 30 days following initial receipt to **Tesco Bank**, PO Box 5747, Southend-on-Sea, SS1 9AJ, with a covering letter stating **Your** name, address and credit card details. **Your** cover will be cancelled and any premium paid will be returned in full provided no claims have been made on the policy during that time.

Should **You** choose to cancel **Your** policy after the initial 30 days following receipt of **Your** documents, the **Insurer** requires 30 days' notice. **You** will be charged for the statement month **You** are in and **Your** policy will be cancelled and **Your** final premium collected on the date of **Your** next statement.

Complaints Procedure

Should there ever be an occasion where **You** need to complain, please call the **Insurer** on **0845 309 8765**, Textphone 18001 0845 309 8765, lines are open 9am-5pm Mon-Fri. Calls may be recorded. If **You** wish to write, then address **Your** letter to Customer Liaison Unit, UK Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ.

If the **Insurer** is unable to resolve the differences or does not resolve the complaint to **Your** satisfaction, **You** may refer **Your** complaint to the Financial Ombudsman Service (FOS). Their address is:

South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone 0845 080 1800.

If **You** do refer **Your** complaint to the Financial Ombudsman Service, this will not affect **Your** right to take legal action.

A copy of the **Insurer's** complaints procedure leaflet is available on request.

Choice of Law

The law applying to this insurance shall be the law of England and Wales unless there is a written agreement to the contrary.

Claims Investigations

In the event of a claim, any information, which **You** provide or have provided to the **Insurer**, will be put on the Register of Claims through which insurers share information to prevent fraudulent claims. A list of participants and the name and address of the operator are available from the **Insurer**.

Cost

The basis of calculating the monthly cost is 79p per £100, or part thereof, of the highest balance on your statement that month. This will be calculated monthly and added to **Your Outstanding Credit Card Balance** as at the date of the statement.

Termination of Contract

The **Insurer** has the right to cancel **Your** policy by giving **You** 30 days' written notice at **Your** last known address. **You** also have the same right. The **Insurer** will continue paying **Monthly Benefits** under the terms of the policy for any valid claim, which is being paid at the cancellation date.

Business Language Used

The language used in this and all other documents relating to this policy is English. All future communications both verbal and written will be in English.

Assignment

You cannot transfer **Your** rights or interest in this policy to any other person. If the **Insurer** transfers their rights and interests in this policy to any other person **Your** rights and interests under this policy will not be diminished and the level of service received under this policy will not be diminished.

The Insurers

Accident, Sickness and **Unemployment** Insurance is underwritten and provided by UK Insurance Limited, Registered Office, The Wharf, Neville Street, Leeds, LS1 4AZ. Registered in England No 1179980. The Life Insurance is underwritten and provided by Direct Line Life Insurance Company Limited, 6 Atlantic Quay, 55 Robertson Street, Glasgow, G2 8JB. Registered Office, 3 Edridge Rd, Croydon, Surrey. CR9 1AG. Registered in England No 2199286. Both companies are authorised and regulated by the Financial Services Authority.

Details About Our Regulator

The Financial Services Authority website which includes a register of all regulated firms can be visited at www.fsa.gov.uk/register, or the Financial Services Authority can be contacted on 0845 606 1234. UK Insurance Limited is entered in the FSA's register under number 202810, Direct Line Life Insurance Company Limited is entered under number 170956.

Under the Financial Services and Markets Act 2000, should the company be unable to meet all its liabilities to policyholders, compensation may be available. Insurance advising and arranging is covered for 90% of the claim without any upper limit. Information can be obtained on request, or by visiting the Financial Services Compensation Scheme website at www.fscs.org.uk.

Connected Companies

UK Insurance Limited and Direct Line Life Insurance Company Limited are connected companies as they are all members of The Royal Bank of Scotland Group.

🔒 YOUR INFORMATION

Who we are

Accident, Sickness and **Unemployment** cover is arranged by Tesco Personal Finance trading as **Tesco Bank** and underwritten by UK Insurance Limited (“UKI”). Life Cover is underwritten and provided by Direct Line Life Insurance Company Limited (DLL). In this Information statement, “we” “us” and “our” refers to Tesco Personal Finance, UKI, and Direct Line Life Insurance unless otherwise stated.

You are giving **Your** information to UKI, DLL and Tesco Personal Finance. UKI and DLL are both members of The Royal Bank of Scotland Group (The Group). Tesco Personal Finance is part of the Tesco Group. In this information statement ‘we’ ‘us’ and ‘our’ refers to UKI, DLL and Tesco Personal Finance, unless otherwise stated.

For information about our Group of companies please visit www.rbs.com and click on ‘About Us’, or for similar enquiries please telephone 0131 556 8555 or Textphone 0845 900 5960.

For information about the Tesco Group, please visit www.tesco.com.

Your electronic information

If **You** contact us electronically, we may collect **Your** electronic identifier e.g. Internet Protocol (IP) address or telephone number supplied by **Your** service provider.

How we use Your information and who we share it with

We will use **Your** information to manage **Your** insurance policy, including underwriting and claims handling. This may include disclosing it to other insurers, third party underwriters and reinsurers.

Your information includes all the details we, Tesco or the RBS Group hold about **You** and **Your** transactions, and includes information obtained from third parties.

We may use and share **Your** information with other members of the Group to help us and them:

- assess financial and insurance risks;
- recover debt;
- prevent and detect crime;
- develop our services, systems and relationships with **You**;
- understand our customers requirements;
- develop and test products and services.

We do not disclose **Your** information to anyone outside the Group and Tesco except:

- where we have **Your** permission; or
- where we are required or permitted to do so by law; or
- to other credit reference and fraud prevention agencies and other companies that provide a service to us or **You**; or
- where we may transfer rights and obligations under this agreement.

We may transfer **Your** information to other countries on the basis that anyone to whom we pass it provides an adequate level of protection. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

From time to time we may change the way we use **Your** information. Where we believe **You** may not reasonably expect such a change we shall write to **You**. If **You** do not object to the change within 60 days, **You** consent to that change.

Sensitive Information

Some of the personal information we ask **You** for may be sensitive personal data, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We will not use such sensitive personal data about **You** or others except for the specific purpose for which **You** provide it and to provide the services described in **Your** policy documents.

You will have been asked to agree to this when **You** called but please ensure that **You** only provide us with sensitive information about other people with their agreement.

By signing **Your** credit agreement (which includes your Tesco Payment Protection Insurance) **You** are agreeing to this.

Dealing with other people

If **You** would like someone else to deal with **Your** policy on **Your** behalf on a regular basis please let us know. In some exceptional cases **We** may also deal with other people who first contact us on **Your** behalf, with **Your** consent. If at any time **You** would prefer us to deal only with **You**, please let us know.

Fraud prevention agencies

If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies.

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking applications for, and managing credit and other facilities and recovering debt;
- Checking insurance proposals and claims;
- Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the credit reference and fraud prevention agencies we use if **You** would like a copy of **Your** information held by them. Please contact us at the address below. The agencies may charge a fee.

If **You** would like a copy of the information **We** hold about **You**, please write to: The Data Protection Officer, Regulatory Risk Department, Churchill Court, Westmoreland Road, Bromley, Kent BR1 1DP quoting **Your** reference. A fee may be payable.

If **You** would like to obtain information held about **You** by Direct Line Life Insurance Company Limited please write to: The Data Protection Officer, Regulatory Risk Department, Churchill Court, Westmoreland Road, Bromley, Kent BR1 1DP.

If **You** would like to obtain information held about **You** by Tesco Bank please write to: The Data Protection Officer, **Tesco Bank**, Cards Customer Services, PO Box 5747, Southend-on-Sea SS1 9AJ.

TESCO

Credit Cards

Payment Protection Terms & Conditions

Important Information

Please ensure you read this policy documentation within the cancellation period to ensure the cover meets your needs.

TESCO Bank

Tesco Bank is a trading name of Tesco Personal Finance plc. Registered in Scotland No. SC173199. Registered office: Interpoint Building, 22 Haymarket Yards, Edinburgh EH12 5BH.

Authorised and regulated by the Financial Services Authority (FSA) no. 186022. You can check these details by visiting the FSA's register on www.fsa.gov.uk or by calling 0845 606 1234.

Tesco Personal Finance plc is licensed by the Office of Fair Trading to carry on consumer credit business, license no: 0431827.



Please read this document carefully. Please refer to your policy wording for full terms and conditions. This document does not form part of the contract between you and your insurer. Please read your policy carefully to ensure it meets your needs.

Who is the Insurer?

Accident, Sickness and **Unemployment** cover is underwritten by UK Insurance Limited. Life cover is provided by Direct Line Life Insurance Company Limited.

What Are the Features of Tesco Payment Protection?

This Tesco Payment Protection policy can repay 10% of the outstanding balance as at the incurred date for a maximum of 12 months, on **Your** Tesco Credit Card, if **You** are unable to work for more than 14 days in a row as a result of accident, sickness or **Unemployment**.

In the event of **Your** death, the **Insurer** will pay Tesco Bank the **Outstanding Credit Card Balance** on **Your** agreement as at the date of death (including interest), less any sum over **Your** agreed credit limit.

Are You Eligible?

On the **Commencement Date** You must:

- Be aged between 18 and 64;
- Be working in the **UK**, including self-employment, for at least 16 hours per week, or where applicable, **You** are on statutory maternity or paternity leave; and
- Be named as the principal cardholder under **Your Agreement**. (A claim cannot be considered for additional cardholders.)

Important Note on Normal Pregnancy/Childbirth Related Conditions

This policy does not include cover for **Normal Pregnancy/Childbirth Related Conditions**. Therefore, when a claim is made by **You**, for a medical condition which typically occurs during pregnancy or childbirth, **We** may refer **You** to a doctor or consultant who specialises in obstetrics for an opinion as to whether the condition is a **Normal Pregnancy/Childbirth Related Condition**. We will consider this opinion to be final.

Please note:

You must have been in **Work** immediately prior to the incident which results in **You** submitting any claim under the accident, sickness or **Unemployment** cover sections of this policy.

What Are the Significant Exclusions and Limitations?

The cover is subject to exclusions, all of which are fully explained in section 4A and 4B titled 'What Are **You** Not Covered For' in the policy wording. However, listed below are the significant exclusions and limitations for **Your** information;

Type of cover	Significant Exclusions or Limitations
Unemployment	<ul style="list-style-type: none"> • Knowledge of impending Unemployment • Unemployment occurring during the initial exclusion period of 30 days • Voluntary resignation/redundancy • You must register with the Department for Work and Pensions to be able to claim • Self-employed and not ceased trading
Accident and Sickness	<ul style="list-style-type: none"> • Wilful acts including cosmetic and beauty treatments • Alcohol and drugs related
Please find more details in Terms and Conditions section.	

What is the Duration of the Policy?

Your cover will run in conjunction with **Your** Tesco Credit Card. This is a monthly policy which can run for the duration of **Your** Tesco Credit Card. **You** may want to review **Your** insurance needs periodically to ensure the cover is adequate.

Your Right to Cancel

If this cover does not meet **Your** requirements, please return all **Your** documents within 30 days of receipt. The **Insurer** will return any premium paid in full provided no claims have been made on the policy during that time.

Should **You** choose to cancel **Your** policy after the initial 30 days following receipt of **Your** documents the **Insurer** requires 30 days notice. **You** will be charged for the statement month **You** are in and **Your** policy will be cancelled from the date of **Your** next statement.

How Do You Make a Claim?

To notify the **Insurer** in the first instance, please telephone **0845 309 8765** or Tynetalk 18001 0845 309 8765.

How Do You Make a Complaint?

Should there ever be an occasion where **You** need to complain, please call the **Insurer** on **0845 309 8765** or Tynetalk 18001 0845 309 8765.

If **You** wish to write, then address **Your** letter as follows, Customer Liaison Unit, UK Insurance Limited, The Wharf, Neville Street, Leeds, LS1 4AZ.

If the **Insurer** is unable to resolve the complaint or does not resolve the complaint to **Your** satisfaction, **You** may refer it to the Financial Ombudsman Service (FOS). Their address is: South Quay Plaza, 183 Marsh Wall, London E14 9SR, telephone 0845 080 1800 or Tynetalk 18001 0845 080 1800.

Details About Our Regulator

UK Insurance Limited registration number 202810 and Direct Line Life Insurance Company Limited registration number 170956 are authorised and regulated by the Financial Services Authority. The Financial Services Authority website which includes a register of all regulated firms can be visited at www.fsa.gov.uk, or the Financial Services Authority can be contacted on 0845 606 1234.

Under the Financial Services and Markets Act 2000, should UK Insurance Limited or Direct Line Life Insurance Company Limited be unable to meet their liabilities to policyholders, compensation may be available. Insurance advising and arranging is covered for 90% of the claim without any upper limit. For compulsory classes of insurance, insurance advising and arranging is covered for 100% of the claim, without any upper limit. Information can be obtained on request, or by visiting the Financial Services Compensation Scheme website at www.fscs.org.uk.

Statement of Needs

We have not provided **You** with a personal recommendation as to whether this policy is suitable for **Your** specific needs and it's **Your** responsibility to make sure that the policy is right for **You**.

This product meets the needs of those Tesco customers who wish to ensure that their credit card repayments are covered against accident, sickness and **Unemployment** under the terms covered in the policy.

Policy Document

Tesco Credit Cards

Payment Protection Terms and Conditions

For **Your** Tesco Credit Card

Important – Please read this document carefully and keep it in a safe place. Make sure that **You** are eligible for the insurance cover. **You** should make sure **You** know what this insurance does and does not cover. If **You** are not completely satisfied, return this document, with a covering letter stating **Your** name, address and credit card details, within 30 days following initial receipt to **Your Lender**. The **Lender** will cancel the cover from the **Commencement Date** and refund the premium paid, provided no claim has been made. Cover is for one calendar month at a time and is automatically renewed every month until the **End Date**.

Statement of Needs

We have not provided **You** with a personal recommendation as to whether this policy is suitable for **Your** specific needs and it's **Your** responsibility to make sure that the policy is right for **You**.

This product meets the needs of those Tesco customers who wish to ensure that their credit card repayments are covered against accident, sickness and **Unemployment** under the terms covered in the policy.

The information given to the **Insurer** orally, in writing or otherwise and in the application forms the basis of the contract between **You** and the **Insurer**. **You** must tell the **Insurer** of any change to this information as soon as possible, as failure to do so could affect the cover provided.

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Section 7 – Important Information

Section 1 – Are You Eligible?

On the **Commencement Date** You must:

- Be aged between 18 and 64;
- Be **Working** in the **UK**, including **Self-Employment**, for at least 16 hours per week, or where applicable, **You** are on statutory maternity or paternity leave; and
- Be named as the principal cardholder under **Your Agreement**, have applied for cover and agreed to pay the appropriate monthly premium. (A claim cannot be considered for additional cardholders).

If **You** are **Working** but are absent from **Work** at the **Commencement Date** due to accident or sickness, **Your** Accident and Sickness cover will not start until **You** have returned to **Work** for a continuous period of at least one calendar month.

Important Note on Normal Pregnancy/Childbirth Related Conditions

This policy does not include cover for **Normal Pregnancy/Childbirth Related Conditions**. Therefore, when a claim is made by **You**, for a medical condition which typically occurs during pregnancy or childbirth, we may refer **You** to a doctor or consultant who specialises in obstetrics for an opinion as to whether the condition is a **Normal Pregnancy/Childbirth Related Condition**. We will consider this opinion to be final.

Please note

You must have been in **Work** immediately prior to the incident which results in **You** submitting any claim under the accident, sickness or **Unemployment** cover sections of this policy.

Section 2 – Meaning of Words and Phrases

These are listed in alphabetical order and have the following meanings whenever they appear in bold in the policy.

Agreement – The credit card agreement, to which this cover applies, between **You** and the **Lender**.

Carer – Being completely without **Work** solely due to the need to care for an immediate family member that requires care for at least 25 hours a week (spouse, partner, parent, child) and being registered with **Your** local Social Services Department as a **Carer** (having undertaken a Community Care Assessment or Carer's Assessment) that concludes an immediate family member requires care for at least 25 hours per week.

Commencement Date – The date on which **You** signed **Your Agreement** or the date the **Insurer** accepts **You** for insurance if this is later.

Doctor – A **UK** registered medical practitioner, practising in the **UK**, other than **You** or **Your** relatives.

End Date – The earliest of the following dates:

- **Your** insurance ends or is cancelled
- **Your** 65th Birthday

- All payments due to the **Lender** under the **Agreement** have been paid
- The date of **Your** death
- **You** permanently retire (**You** must tell the **Insurer** if **You** retire before the age of 65)
- **You** miss paying 3 monthly premiums in a row

Incurred Date –

- For sickness claims – the day after **Your** last day in **Work**
- For **Unemployment** claims – the date when **You** first knew **You** would be made **Unemployed**
- For life claims – the date of **Your** death.

Insurer – UK Insurance Limited for Accident, Sickness and **Unemployment** cover and Direct Line Life Insurance Company Limited for the Life Insurance cover.

Lender – Tesco Bank

Major Illness – a heart attack, cancer (excluding skin cancers other than melanoma), a stroke (otherwise known as cerebro-vascular accident lasting longer than 24 hours), coronary bypass, kidney failure (requiring dialysis) or major organ transplant (receiving a heart, liver, lung, pancreas, kidney or bone marrow) which leaves **You** unable to carry out the duties of **Your Normal Occupation**.

Monthly Benefit – 10% of the **Outstanding Credit Card Balance** on **Your Agreement** on the **Incurred Date** or £10 whichever is more. If **Your Outstanding Credit Card Balance** on the **Incurred Date** was nil, then **Your Monthly Benefit** will also be nil.

Normal Occupation – **Your** paid occupation immediately before **Your** accident or sickness, or similar occupation that **You** are able to perform or may reasonably become qualified to perform, based on **Your** education, training and ability.

Normal Pregnancy/Childbirth Related Conditions – Symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which are generally of a minor and/or temporary nature not representing an unusual or significant hazard to mother or baby.

Off Sick – A period when **You** are unable to carry out the duties of **Your Normal Occupation** due to accident or sickness as certified by a **Doctor**, which starts during the **Period of Cover**. **You** must be under the regular care and attention of a **Doctor**.

Outstanding Credit Card Balance – The amount **You** still owe to the **Lender** under the **Agreement** (including interest).

Period of Cover – The period from the **Commencement Date** to the **End Date**.

Self-Employed/Self-Employment – Actively **Working** in a profession or business alone or in a partnership and paying Class 2 National Insurance tax under the Social Security Contributions and Benefits Act 1992 and liable to pay income tax under Schedule D of the Income and Corporation Tax Act 1988, or a company director who is a controlling director.

Specialist – A **Doctor** who holds, or has held, a consultant appointment in an NHS hospital in a speciality relevant to **Your** condition.

Temporary Work – **Work** that is not permanent and is not governed by a contract of employment, fixed or otherwise, and is not **Self-Employment**. Also **Work** that is seasonal or irregular.

Tesco Bank – Tesco Bank is a trading name of Tesco Personal Finance plc.

UK – The United Kingdom, the Channel Islands and the Isle of Man.

Unemployment/Unemployed – A period when **You** are out of **Work** or **Temporary Work** involuntarily and:

- **You** are actively seeking **Work**
- **You** are not in receipt of, or entitled to, any pay in lieu of notice; and
- **You** have throughout **Your** claim been registered with the appropriate authority (the Department for Work and Pensions). If **You** have been entitled to make reduced National Insurance contributions in the past or **You** are aged over 60 and are in receipt of pension credits then **You** do not need to be registered with the Department for Work and Pensions.

Please note – if **You** are seeking **Work** in the EU for a period of up to 3 months, **You** must make arrangements with the Department for Work and Pensions to register as **Unemployed** in the country **You** are going to. **You** must obtain a form E303/3 from the Pension Service before leaving the **UK**.

War – Armed conflict between states, organisations, or domestic factions of opposing citizens of the same country, characterised by lethal violence between combatants or against civilians.

Work/Working – Being in paid employment or **Self-Employment**, for at least 16 hours a week in the **UK**, or on statutory maternity or paternity leave.

You/Your – The principal cardholder under **Your Agreement**.

Section 3 – What Are You Covered For?

Accident & Sickness Cover

If **You** are **Off Sick** for a continuous period of at least 14 days during the **Period of Cover**, the **Insurer** will pay to the **Lender** a sum equivalent to the **Monthly Benefit** divided by the amount of days that are in the month **You** are unable to **Work**, for each consecutive day that **You** are **Off Sick**. The payment will be made on a monthly basis. This entitlement will continue until the maximum of 12 **Monthly Benefits** per claim have been paid, or until the cover **End Date**, whichever happens first.

For example if **Your Monthly Benefit** is £300 and **You** are **Off Sick** for 20 days in November the payment **You** will receive will be worked out by dividing **Your Monthly Benefit** by the number of days in the month and then multiplying by the number of days in the month that **You** have been **Off Sick**, which in this example would mean **You** would be entitled to £200.

If **You** are **Off Sick** for two periods, both resulting from the same cause, that are separated by three months or less, the **Insurer** will treat this as one claim, but will not pay any **Monthly Benefit** for the time in between. Otherwise, if the cause is the same condition and if the period of time between the two claims is more than 3 months, **You** will not be able to make the second Accident and Sickness claim until **You** have been back at **Work** for six continuous months. This will not apply,

if the cause is the same and is defined under this policy as a **Major Illness** which will mean **You** will be able to make a claim within this period. The **Insurer** will treat this claim and the previous claim as one claim, but will not pay any **Monthly Benefit** for the time in between. If, however **You** are **Off Sick** for a different cause, **You** will not be able to make a second Accident and Sickness claim until, **You** have been back at **Work** for at least 30 consecutive days between each claim.

After the maximum of 12 **Monthly Benefits** have been paid for any period of Accident or Sickness, further claims for Accident or Sickness must be preceded by:-

- 6 consecutive months in **Work** if the reason for claiming is as a result of the same cause
- 30 consecutive days in **Work** if the reason for claiming is as a result of a new cause.

Unemployment Cover

If **You** are **Working** and become **Unemployed** for a continuous period of at least 14 days during the **Period of Cover**, the **Insurer** will pay to the **Lender** a sum equivalent to the **Monthly Benefit** divided by the number of days that are in the month that **You** are out of **Work**, for each consecutive day that **You** are **Unemployed**. The payment will be made on a monthly basis. This entitlement will continue until the maximum of 12 **Monthly Benefits** have been paid, or until the cover **End Date**, whichever happens first.

For example if **Your Monthly Benefit** is £300 and **You** are **Unemployed** for 20 days in November, the payment **You** will receive will be worked out by dividing **Your Monthly Benefit** by the number of days in the month and then multiplying by the number of days in the month that **You** have been **Unemployed**, which in this example would mean **You** would be entitled to £200. After the maximum of 12 **Monthly Benefits** have been paid for any period of **Unemployment**, any further claims for **Unemployment** must be preceded by 6 consecutive months in **Work**.

If two periods of **Unemployment** are separated by three months or less, the **Insurer** will treat this as one claim, but will not pay any **Monthly Benefit** for the time in between. If the two periods of **Unemployment** are separated by more than three months, **You** will not be able to make the second **Unemployment** claim, until **You** have been back at **Work** for six continuous months.

If **You** are receiving **Unemployment** benefit and want to start **Temporary Work** which will continue for less than six months, please tell the **Insurer** before **You** start this **Work**. The **Insurer** will not pay any **Monthly Benefit** during the period of **Temporary Work**. However, when the **Temporary Work** finishes, **Your Unemployment** claim may continue in which case the **Insurer** will treat this as one continuous claim until the **End Date** or until the maximum of 12 **Monthly Benefits** have been paid.

If **Your Work** ends due to the need for **You** to become a **Carer**, **You** may claim under this section. **You** will however be required to provide evidence to substantiate **Your** claim, which is detailed in 'Section 5 – How Do **You** Make A Claim?'

Life Cover

In the event of **Your** death during the **Period of Cover**, the **Insurer** will pay the **Lender** the **Outstanding Credit Card Balance** at that date, less any amount over **Your** agreed credit limit.

Section 4 – What Are You Not Covered For?

A. This policy does not cover **You** for any Accident, Sickness or **Unemployment** claim arising wholly or partly from:-

- **Your** wilful or deliberate actions during the **Period of Cover**;
- Anything which occurs as a result of taking alcohol or drugs, unless they are taken under the direction of a **Doctor** and are not for the treatment of drug addiction;
- **War**;
- Any medical operations or treatments not medically necessary, including cosmetic or beauty treatments.

B. This policy does not cover **You** for any period of **Unemployment**:

- Which occurred before the **Commencement Date**;
- If **You** are informed, within the first 30 days immediately after the **Commencement Date**, that **You** are to lose **Your** employment or **You** knew it to be impending at the **Commencement Date**, whether or not **You** had received official notice;
- If **You** received, or are entitled to receive payment in lieu of notice. After this period **You** will have to be **Unemployed** for 14 days in a row before **You** will be able to make a claim;
- If it results from **Your** resignation, voluntary redundancy or early retirement or if **You** are **Self-Employed** and **Your** business voluntarily ceases trading;
- If it results from **Your** dismissal which is caused by **Your** own misconduct;
- If it results in the non-renewal of a fixed-term contract; however this exclusion will not apply if **You** are **Working** on a regularly renewable contract and benefit will be paid if;
- **You** have been on a contract with the same employer for at least 12 months and had the contract renewed at least once;
- **You** have been under contract with the same employer for a period of 24 months;
- **You** were originally **Working** on a permanent basis with the same employer but were transferred to a fixed-term contract by the employer without a break in **Work**; or
- **You** are **Working** on a contract which is not regularly renewable but individually negotiated, and **You** have been with the same employer for at least 6 months and had **Your** contract renewed at least twice, and **Your** contract is terminated before it was due to expire. If this is the case, then otherwise subject to the terms of the policy, the **Insurer** will restrict payments to the period up to the original contract expiry date;
- If **You** are **Self-Employed** and **Your** business stops trading temporarily;
- If **You** are in **Temporary Work**; however, if **You** are claiming under the Policy and **You** take any **Temporary Work**, the claim will freeze while **You** are in **Temporary Work**. When the **Temporary Work** finishes, **Your** claim will continue from the point it was at before **You** took the **Temporary Work** (with any accumulated time that was put towards fulfilling the 14 day waiting period, continuing once **Temporary Work** has ended).