

Please be advised that this policy has been updated to reflect the following:
- A new address for the Financial Services Compensation Scheme (FSCS).
Please see the Financial Services Compensation Scheme section on page 19.

The cover provided to you under the terms and conditions of your MortgageProtector policy is unaffected by this update.

Mortgage Payment Protection Insurance

Including Employment Legal
Protection and Health Assistance

Policy Document

NUI/PS/010



Customer Helpline 0845 6011 050
Claims Helpline 0845 643 7279

Important changes

Contacting The Financial Ombudsman Service (FOS)

The Financial Ombudsman Service (FOS) was set up by parliament to resolve complaints that customers and financial businesses are not able to resolve. FOS is an independent service free to customers.

If you have a complaint about any aspect of our service, you should contact us in the first instance. If you remain dissatisfied with our response or 8 weeks have elapsed from the date we received your complaint, you may be eligible to refer your complaint to FOS.

Details on Paymentsshield's complaints process are included in the complaints section of this policy document. The updated contact details for the Ombudsman, can be found below:



The Financial Ombudsman Service
Exchange Tower
London
E14 9SR



0300 123 9 123

(calls to this number cost no more than calls to 01 and 02 numbers.

Monday – Friday, 8am – 8pm, Saturday, 9am – 1pm)



0800 023 4 567

(calls to this number are now free on mobile phones and landlines.

Monday – Friday, 8am – 8pm, Saturday, 9am – 1pm)



complaint.info@financial-ombudsman.org.uk



www.financial-ombudsman.org.uk

Contacting Paymentsshield

We have updated all our telephone numbers to start with 034. This means Paymentsshield's customer services number has changed to:



0345 6011 050

Calls to this number will be charged at the basic rate. Please use this number for all future enquiries.

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Introduction

This **policy** booklet provides **you** with everything **you** need to know about **your** Mortgage Payment Protection Insurance. It contains the full details of **your policy** including the exclusions. It is important that **you** read this booklet carefully along with **your certificate of cover** (which confirms the details of **your** cover) and please keep them together in a safe place. This **policy** uses words and phrases that have specific meanings, **you** will find these explained in the 'Definitions' section. Defined words are shown in '**bold**' wherever they appear in this booklet.

Please make sure that **you**:

- are eligible for the insurance cover
- know what this insurance does and does not cover
- understand how changes to **your work** affect **your** eligibility and the terms and conditions of making a claim.

Changing Your Mind – Your Cancellation Rights

This insurance is optional and **you** have a right to cancel **your policy** during a period of 30 days from the day of purchase of the **policy** or the day on which **you** receive **your policy** booklet, whichever is the later. This is called the 'statutory cooling off period'.

If **you** wish to cancel during this period, **you** will be entitled to a full refund of the premium paid. If **you** have made a claim and then cancel within this period, **we** may seek to recover any monies paid to **you** in settlement of the claim.

To exercise **your** right to cancel in the statutory cooling off period, please call the Paymentsshield Customer Helpline on 0845 6011 050 or write to Paymentsshield Customer Services Team at Paymentsshield Limited, PO Box 229, Southport PR9 9WU.

If **you** do not exercise **your** right to cancel **your policy** in the statutory cooling off period, it will continue in force and **you** will be required to pay the monthly premium.

For **your** cancellation rights after the statutory cooling off period, please see the 'When Does **Your Policy** End' section of this **policy**.

Important Numbers

If **you** have any questions about **your** eligibility for this insurance or changes to **your** circumstances **you** should call:

Paymentsshield Customer Helpline: 0845 6011 050

Lines open between 8.00am-7.00pm Monday to Friday (8.00am-1.00pm Saturdays).

To register a claim (or check progress on a claim) call:

Paymentsshield Claims Helpline: 0845 643 7279

Lines open between 9.00am-5.15pm Monday to Friday.

If **you** are registering a claim **you** should read the '**Your Claim – Making a Claim**' section before calling to make sure **you** have the relevant information available.

Telephone calls may be recorded and monitored.

Customers With Disabilities

This **policy** is also available in large print, audio and Braille.

If **you** require any of these formats please contact the Paymentsshield Customer Helpline.

Eligibility, Your Cover, Joint Borrowers, Moving Home or Your Mortgage

Eligibility

You are eligible for this insurance if at the start date you:

- are aged 18 years or over but under 64,
- **work** at least 16 hours per week,
- live in the **UK**,
- are paying or about to pay a **mortgage agreement**,
- are named on the **mortgage agreement** and
- are up to date with **your monthly repayments**, if **you** have an existing **mortgage agreement**.

For the purposes of this insurance **work** means any paid **work** of at least 16 hours per week.

This includes **self-employed work** and statutory maternity and parental leave but it does not include **temporary work**.

If **you** are **self-employed** or **you work** on fixed-term contracts **you** are eligible for this insurance but **you** should read the **policy** carefully to make sure it is suitable for **your** needs – **you** should pay particular attention to the 'Employment Circumstances', 'Unemployment Cover' and 'Your Claim – Things to Keep in Mind When Claiming' sections.

Your Cover

Details of the cover **you** have chosen, including the **qualification period**, **monthly benefit** and maximum number of **monthly benefit** payments will all be shown on **your certificate of cover**.

Note: The **monthly benefit** chosen should not exceed 75% of **your** monthly earned income before tax.

Joint Borrowers

If **you** have a joint **mortgage agreement** both of **you** may apply for cover if **you** are both eligible and pay the monthly premium. Provided that the amount of each person's **monthly benefit** does not exceed 75% of that person's monthly earned income before tax **you** can choose to insure:

- 100% of the **monthly benefit** which will be divided between both of **you**. **You** must decide what proportion of the **monthly benefit** will relate to each of **you** and the proportions chosen must total 100% of the **monthly benefit**, or
- 100% each of **your monthly repayment**. **You** will need to take out a separate **policy** to cover 100% each of **your monthly repayment**.

The **monthly benefit you** have each chosen will be shown on **your certificate of cover**.

Moving Home or Your Mortgage

This **policy** has been designed to be transferable if **you** move **your mortgage agreement** to another **lender**, whether **you** move home or not. If **you** need to make a change to **your** cover please call the PaymentsShield Customer Helpline.

If **your mortgage agreement** is repaid and not replaced, the cover provided by this **policy** will end and **you** should call the helpline number to cancel the cover. Please also refer to the 'When Does **Your Policy** End' section of this **policy**.

Important Notes

1. This **policy** does not cover a medical condition or related symptoms **you** knew about at the **start date** whether the condition had been diagnosed or not. This is known as a **pre-existing medical condition**. If **you** have seen a **doctor** in the last 12 months **your** ability to claim may be affected. This is explained in the 'Accident or Sickness Cover' section.
2. If **you** are off **work** due to **accident or sickness** at the **start date**:
 - **You** may still be eligible for the insurance. However, **you** should be aware that **you** will not be able to claim for **accident or sickness** cover unless **you** have been symptom-free, have not received treatment or consulted a **doctor** about the condition in the 12 months before the start of **your accident or sickness** claim.
 - If **you** do not return to **work** within the first 30 days following the **start date**, **your accident or sickness** cover will not start until **you** have returned to **work** for 30 consecutive days. In this case, any **pre-existing medical condition** will not be covered unless **you** have been symptom-free, have not received treatment or consulted a **doctor** about the condition in the 12 months before the **start date** of **your accident or sickness** claim.
3. This **policy** will not pay for any **unemployment** **you** were aware of at the **start date**. **You** will not be covered for any **unemployment** which **we** reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, when **you** took out this insurance.
4. If **you** are an **existing borrower** this **policy** will not pay for any **unemployment** which **you** were advised of or which happens within the first 90 days of the **start date**, whether **you** were aware of it or not at the **start date** (this is waived if **you** already have existing Unemployment cover in place with Paymentsshield or another Mortgage Payment Protection Insurance Policy and **you** are transferring **your** cover to this Paymentsshield **policy**).
5. This **policy** will not pay for any **unemployment** unless **you** were in continuous **work** for 6 months before **your** first claim for **unemployment** (this is waived if **you** were in continuous **work** for 6 months before the **start date**).
6. This **policy** will not pay a **carer** claim if at the **start date** **we** reasonably believe **you** were aware of

the need or the likely need at any time in the future for a member of **your immediate family** to require a **carer**, or if **you** are an **existing borrower** **you** are notified of receipt of or apply for **Carer's Allowance** within the first 90 days of the **start date**, unless the condition of the member of **your immediate family** requiring a **carer** was due to or caused by an unforeseen event happening after the **start date** (this is waived if **you** already have existing Unemployment cover in place with Paymentsshield or another Mortgage Payment Protection Insurance Policy and **you** are transferring **your** cover to this Paymentsshield **policy**).

7. If a claim is made under this **policy** and the **monthly repayment to your lender** has decreased since the **policy start date** or a mid term adjustment:
 - The amount of the **monthly benefit** covering **your monthly repayment** will be reduced in proportion to the decrease in **your monthly repayment**.
 - If **you** have selected **additional cover**, it will be maintained at the fixed amount selected by **you** at the **start date** or mid term adjustment, unless the reduction in **your monthly repayment** means **your level of additional cover** exceeds 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance costs. In this case, the amount of **additional cover** will be reduced to 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance.
 - A refund of the overpaid premium will be arranged back to the date when the decrease in **monthly repayment** actually occurred.
 - Any optional amount chosen by **you** to cover monthly mortgage related insurance costs will not be reduced following a reduction in the **monthly repayment**.

Please note that if **your** monthly payment to **your lender** is reduced by using **your** savings to offset **your monthly repayment**, when **you** make a claim, **your monthly benefit** will not be reduced.

If **you** have any questions **you** should call the Paymentsshield Customer Helpline.

Material Facts

All material facts must be disclosed. A material fact is one that is likely to influence **us** in the acceptance and assessment of an application e.g. living outside the **UK** or in **work** for less than 16 hours per week. It is **your** responsibility to provide complete and accurate information to Paymentsshield Limited when **you** take out **your** insurance **policy** and throughout the life of **your** **policy**.

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. **We** recommend **you** keep a record (including copies of letters) of all information provided to Paymentsshield Limited for **your** future reference.

Changes To Your Circumstances During The Lifetime of Your Policy That May Affect Your Insurance Cover

It is **your** responsibility to ensure that this **policy** continues to meet **your** requirements should the circumstances of **your** **work** change during the lifetime of **your** **policy**, as this could affect **your** entitlement to make a claim or any **monthly benefit** paid during a **period of claim**.

Your eligibility for cover or the **monthly benefit** paid during a **period of claim** under this **policy** may change if **your** personal circumstances change. If this happens or is likely to happen **you** should call the Paymentsshield Customer Helpline to discuss the changes. This would include for example:

- **You** retire from **work** and do not intend to actively seek further **work**.
- Changing **your** employment e.g. **your** **work** becomes **temporary**.
- **You** voluntarily reduce **your** hours of **work** to less than 16 hours per week.

- **You** reach 65 years of age.
- **You** leave the **UK** to live abroad.
- **You** change **your** **mortgage agreement** with **your** existing **lender** or to another **lender**.
- **You** and **your** **immediate family** no longer reside at the mortgaged property.
- **You** wish to change **your** **monthly benefit** amounts, for instance following an increase or decrease in **your** **monthly repayment**.
- **Your** income amount changes and the **monthly benefit** amount is likely to exceed 75% of **your** monthly earned income before tax.
- The **monthly repayment** that **you** make to **your** **lender** decreases during the term of **your** **policy**.

If **you** decide the **policy** is no longer suitable and **you** wish to cancel it please see the 'When Does **Your** **Policy** End' section for more details.

Employment Circumstances

Your employment circumstances may affect **your** eligibility for cover and entitlement to make a claim. If **your** employment changes or is likely to change or **you** have any questions **you** should contact the Paymentshield Customer Helpline.

Fixed Term Contracts

If **you** have chosen **unemployment** cover and **you work** on a fixed term contract and have worked for the same employer for at least 12 months, **you** will be entitled to claim for **unemployment**, for non-renewal of a fixed term contract. If **you** have not worked continuously for the same employer for at least 12 months **you** are not insured for the non-renewal of a fixed term contract but **you** are entitled to claim for **unemployment** and receive claims payments up to the date that **your** fixed term contract was originally intended to terminate.

Self-Employed

If **you** have chosen Unemployment cover **we** will consider **you** to be **self-employed** if **you** meet one of the following criteria:

- **you** are carrying on a business in the **UK** either alone or as a partner in a partnership; or
- **you** can control the affairs of a company **you work** for because either **you** or a relative or a member of **your** household individually or jointly hold the majority of the voting rights in that company; or
- **you** can otherwise ensure that the company **you work** for conducts its affairs according to **your** wishes.

If **you** are **self-employed** **you** will need to provide the following to be entitled to claim for **unemployment** benefit:

- satisfactory proof that **you** have involuntarily and permanently ceased trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to HM Revenue & Customs; and
- satisfactory proof that **you** are registered as **unemployed** with the Department for Work and Pensions.

Retiring Before The Age of 65

If **you** retire before the age of 65 and do not intend to actively seek further **work**, **you** will no longer be eligible for cover.

Important – The Type of Cover The Policy Provides

Please refer to **your certificate of cover** for the cover options that **you** have selected. If **you** are unclear as to the cover **you** have selected please call the Paymentshield Customer Helpline.

If **you** take out **unemployment** cover only or **accident or sickness** cover only, **you** must be aware of the following points:

- If **you** only take out **unemployment** cover and **you** suffer an **accident or sickness** during a period of **unemployment** **your monthly benefit** payments will be suspended until **you** re-register as **unemployed** with the Department for Work and Pensions and are able to actively continue seeking **work**.
- If **you** only take out **accident or sickness** cover and become **unemployed** during a period of **accident or sickness**, **you** will only continue to receive **monthly benefit** payments whilst **you** remain certified unfit to **work** due to **accident or sickness**.

Accident or Sickness Cover

This cover only applies if **your** current **certificate of cover** shows that **you** have chosen 'Accident or Sickness Cover'. **Your certificate of cover** will also show the **qualification period** **you** have selected.

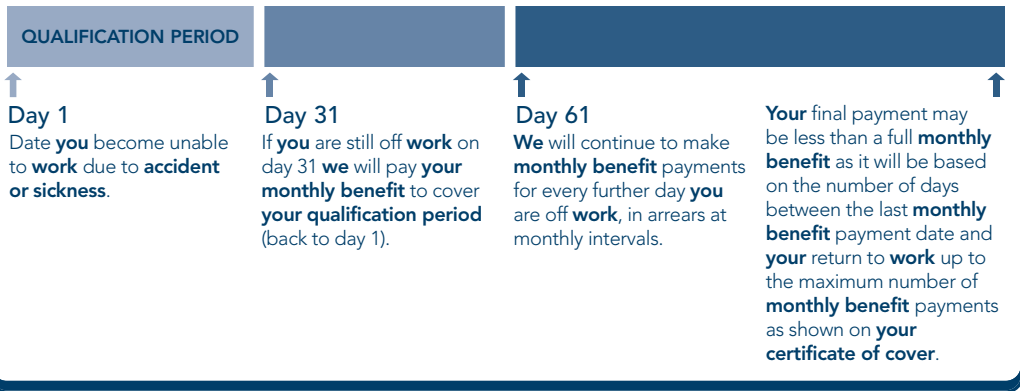
What is Covered

If an **accident or sickness** prevents **you** working for a continuous period beyond the **qualification period** shown in **your certificate of cover**, **your monthly benefit** under this **policy** will become payable as follows:

- **Option 1: 30 Day Qualification Period + Back to day 1 cover**

On the 31st day **we** will pay 1 **monthly benefit**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain off **work**, up to the maximum number of payments as shown on **your certificate of cover**. **We** will make these payments in arrears at monthly intervals.

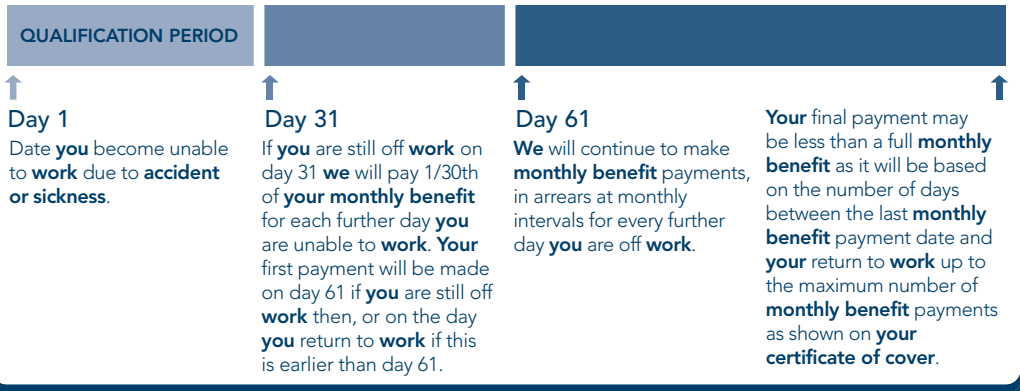
Example of how a claim is calculated



- **Option 2: 30 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 30th day **you** remain off **work** starting with the 31st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 61st day and **we** will make these payments in arrears at monthly intervals.

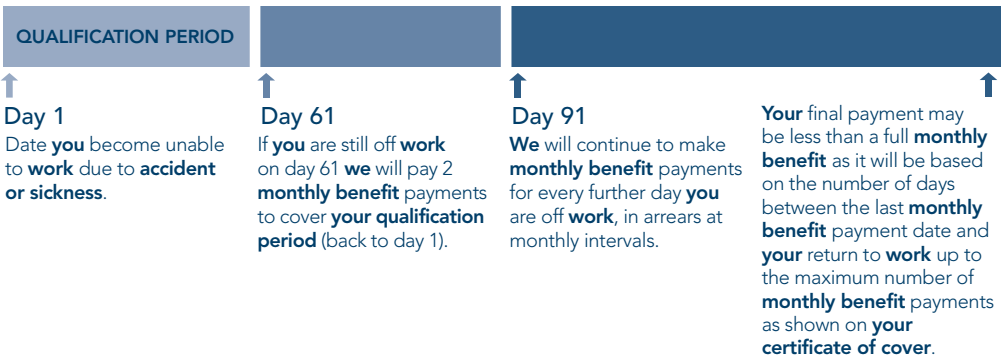
Example of how a claim is calculated



- **Option 3: 60 Day Qualification Period + Back to day 1 cover**

On the 61st day **we** will pay 2 **monthly benefits**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain off **work**, up to the maximum number of payments as shown on **your certificate of cover**. **We** will make these payments in arrears at monthly intervals.

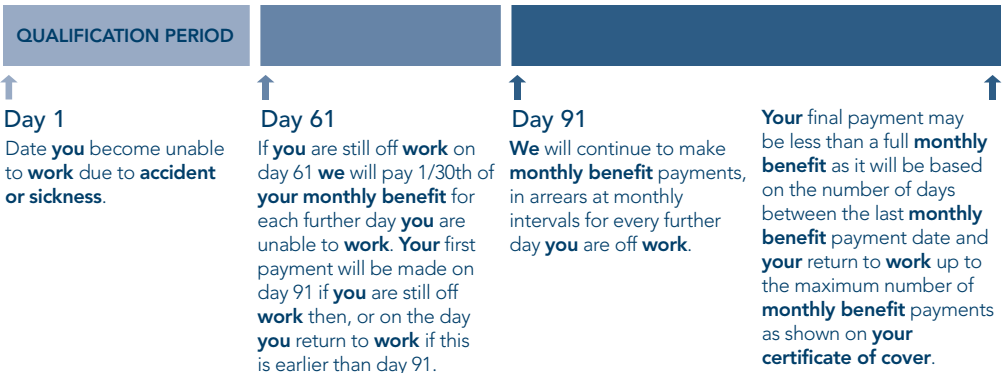
Example of how a claim is calculated



- **Option 4: 60 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 60th day **you** remain off **work** starting with the 61st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 91st day and **we** will make these payments in arrears at monthly intervals.

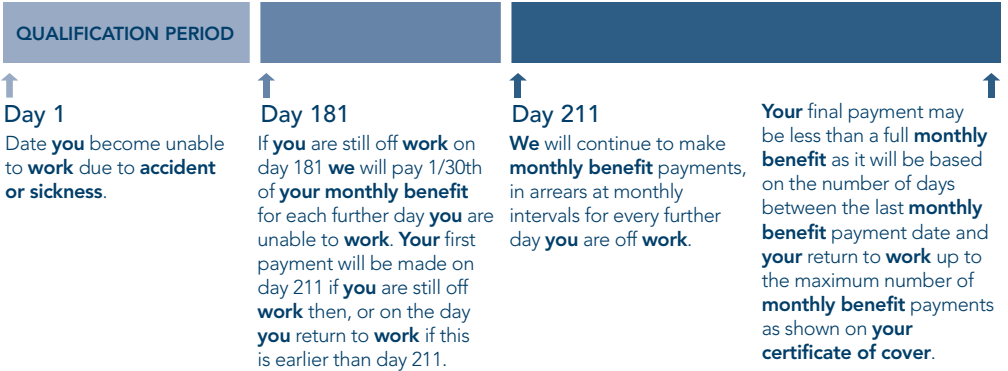
Example of how a claim is calculated



- **Option 5: 180 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 180th day **you** remain off **work** starting with the 181st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 211th day and **we** will make these payments in arrears at monthly intervals.

Example of how a claim is calculated



You can make a completely new **accident or sickness** claim as long as **you** have returned to **work** for at least 90 days in a row.

Two claims (that arise from a related medical condition) separated by less than 90 days continuous **work** are treated as the same **period of claim**. **You** will only be entitled to receive **monthly benefit** entitlement that is left over from the previous **period of claim**. This period is reduced to 30 days continuous **work** for any claim that arises from a medical condition that is not related to the **accident or sickness** that brought about the previous claim.

What is Not Covered (in addition to General Exclusions)

We will not pay any **accident or sickness** claims due to or arising from:

- Any **pre-existing medical condition** unless **you** have been symptom free, have not received treatment or consulted a **doctor** about the condition in the 12 months before the start of **your accident or sickness** claim.

A **pre-existing medical condition** is any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which **you** knew about, or should reasonably have known about, at the **start date**, or
- which **you** had seen or arranged to see a **doctor** about, during the 12 months immediately before the **start date**.

- Pregnancy or childbirth – unless there has been a medical complication.
A medical complication is a symptom of pregnancy which has developed into an identified condition diagnosed by a recognised obstetric **specialist**. It does not include delivery by caesarean section or other surgically assisted means or any normal symptom of a temporary or minor nature, which presents no significant medical hazard to mother or baby.
- **Back conditions**, unless **you** supply radiological evidence of medical abnormality from a **doctor** or **specialist**.
- Mental or nervous disorders, including stress and related conditions, unless **your** condition is diagnosed by a **specialist** and needs a continued course of treatment.
- Cosmetic surgery or other treatment which is not medically necessary.
- **Your** detention in prison under the direction of a court of law. This will not apply if **you** are later acquitted.
- **Your** own deliberate actions, drug or alcohol abuse. (This does not include any drugs prescribed by **your doctor**, except if they are to treat drug addiction or **you** fail to follow any medical advice).

In addition **we** will not pay any **monthly benefit** if **you** are doing any job for payment or reward or, **you** are receiving any form of payment or reward for managing or carrying out any part of the day to day running of the business **you work** for.

Note: If **you** have retired and are not actively seeking **work** immediately prior to **your accident or sickness** **you** will not be able to claim for **accident or sickness**.

Unemployment Cover

This cover only applies if **your** current **certificate of cover** shows that **you** have chosen 'Unemployment Cover', **Your certificate of cover** will also show the **qualification period** **you** have selected.

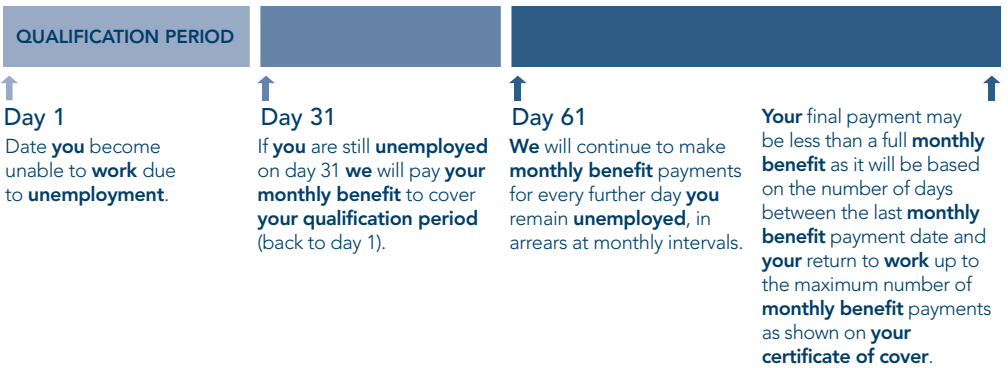
What is Covered

If **you** are **unemployed** for a continuous period beyond the **qualification period** shown in **your certificate of cover**, **your monthly benefit** under this **policy** will become payable as follows:

- **Option 1: 30 Day Qualification Period + Back to day 1 cover**

On the 31st day **we** will pay 1 **monthly benefit**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain out of **work**, up to the maximum number of payments as shown on **your certificate of cover**. **We** will make these payments in arrears at monthly intervals.

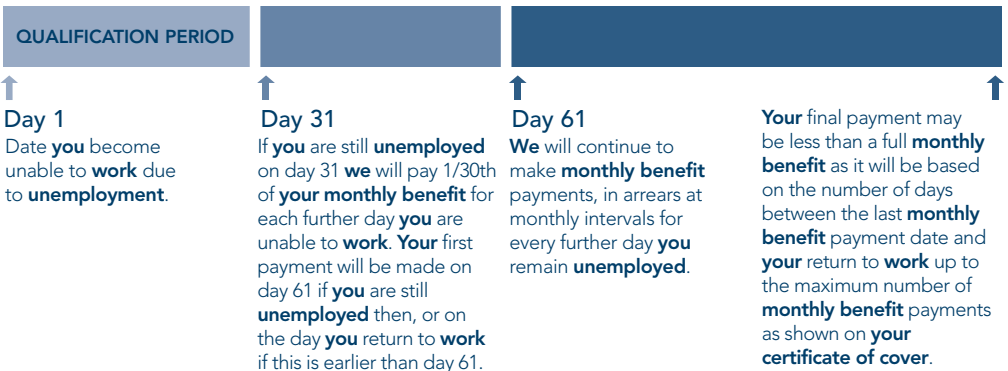
Example of how a claim is calculated



- **Option 2: 30 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 30th day **you** remain out of **work** starting with the 31st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 61st day and **we** will make these payments in arrears at monthly intervals.

Example of how a claim is calculated

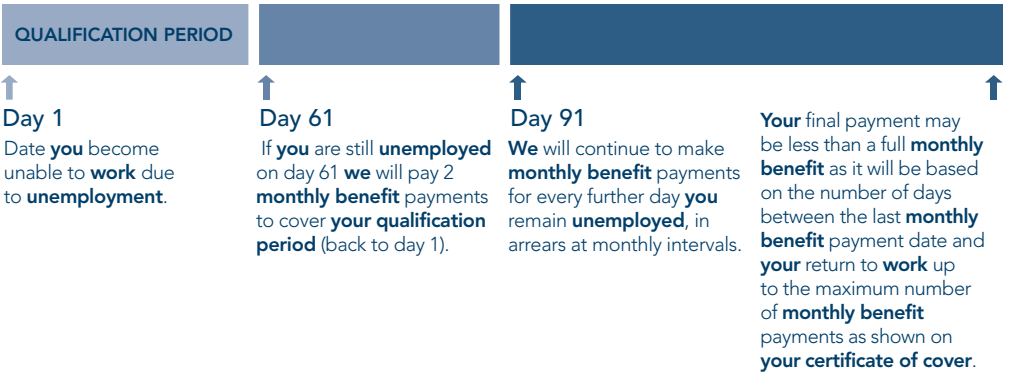


- **Option 3: 60 Day Qualification Period + Back to day 1 cover**

On the 61st day **we** will pay 2 **monthly benefits**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain out of **work**, up to the maximum number of payments as shown on **your certificate of cover**.

We will make these payments in arrears at monthly intervals.

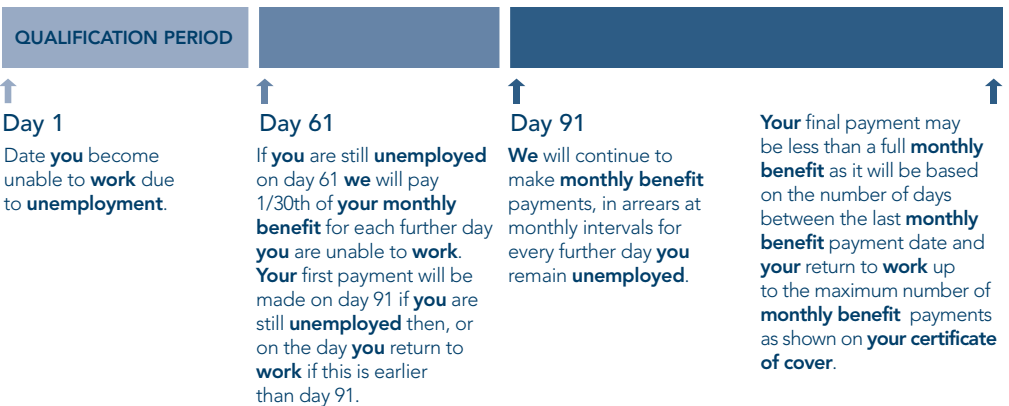
Example of how a claim is calculated



- **Option 4: 60 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 60th day **you** remain out of **work** starting with the 61st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 91st day and **we** will make these payments in arrears at monthly intervals.

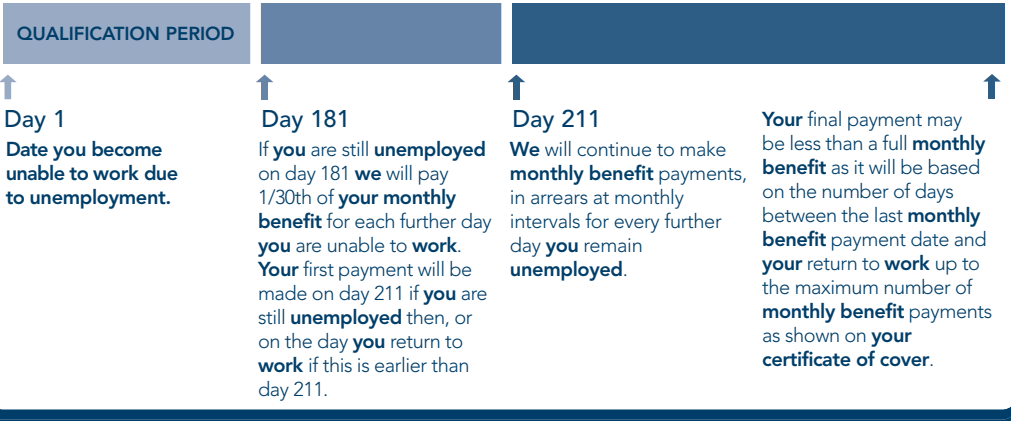
Example of how a claim is calculated



- **Option 5: 180 Day Qualification Period + Excess cover**

We will pay 1/30th of the **monthly benefit** for every day after the 180th day **you** remain out of **work** starting with the 181st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 211th day and **we** will make these payments in arrears at monthly intervals.

Example of how a claim is calculated



You can make a completely new claim as long as **you** have returned to **work** for at least 90 days in a row.

Two claims separated by less than 90 days continuous **work** are treated as the same **period of claim**. **You** will only be entitled to receive **monthly benefit** entitlement that is left over from the previous **period of claim**.

Temporary Work

If **you** do any **temporary work**:

- during a claim, **your monthly benefit** will be suspended during the period of **temporary work** and will be resumed when the **temporary work** finishes.
- during the **qualification period**, the **qualification period** will be suspended until the end of the **temporary work**.

Self-Employed

If **you** are **self-employed** and **you** have involuntarily and permanently ceased trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to HM Revenue & Customs, **you** will be entitled to claim for **unemployment** benefit.

If, for the purpose of this insurance **you** are not **self-employed**, all other terms, conditions and exclusions of this **policy** will apply.

In either case **you** will need to have a Jobseeker's Agreement for the whole time **you** are claiming. If **you** are ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence that is acceptable to **us** that **you** are **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.

Payment In Lieu Of Notice

If **you** have been paid or are entitled to be paid in lieu of notice any claim for **unemployment**, including the **qualification period**, will not start until the end of **your** notice period.

What is Not Covered

(in addition to General Exclusions)

We will not pay for any **unemployment**:

- We reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, when **you** took out the **policy**.
- For **existing borrowers** that are notified of **unemployment** or if **unemployment** happens within the first 90 days of the **start date** (this is waived if **you** are transferring to this cover from an existing **unemployment** cover which was in place with Paymentsshield or another Mortgage Payment Protection Insurance Policy and **you** are transferring **your** cover to this Paymentsshield Policy).
- If **you** were not in continuous **work** for 6 months before **your** first claim for **unemployment** (this is waived if **you** were in continuous **work** for 6 months before the **start date**).
- If **you** refuse any offer of reasonable alternative employment by **your** employer, which is based on **your** qualifications, previous experience and the location of such employment would have been reasonable for **you** to accept.
- If **you** fail to meet any of the performance standards or targets laid down by **your** employer.
- If **you** have resigned or taken voluntary redundancy.
- If **you** retire and do not intend to actively seek further **work**.
- Due to **your** misconduct.
- After **temporary work** (unless **you** have taken **temporary work** during a claim).
- Which is normal, regular or seasonal in **your work**.
- After the end of a fixed-term or seasonal contract which is not renewed, unless **you** have worked continuously for the same employer for at least 12 months. If **you** have not worked continuously for the same employer for at least 12 months **you** are not insured for the non-renewal of a fixed term contract and entitlement to **monthly benefit** will end on the date that **your** fixed term contract was originally intended to terminate.
- Arising due to **your** own deliberate actions, drug or alcohol abuse. (This does not include any drugs prescribed by **your doctor**, except if they are to treat drug addiction or **you** fail to follow medical advice.)
- Arising due to **you** being detained in prison under the direction of a court of law. This will not apply if **you** are later acquitted.
- If **your unemployment** occurs as a result of an **accident or sickness**.

Carer Cover

This cover only applies if **your** current **certificate of cover** shows that **you** have chosen 'Unemployment Cover'. **Your certificate of cover** will also show the **qualification period** **you** have chosen.

What is Covered

If **you** voluntarily leave **your work** to become a **carer** for a continuous period beyond the **qualification period** shown in **your certificate of cover**, **your monthly benefit** under this **policy** will become payable as follows:

- **Option 1: 30 Day Qualification Period + Back to day 1 cover**
On the 31st day **we** will pay 1 **monthly benefit**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain off **work**, up to the maximum number of payments as shown on **your certificate of cover**. **We** will make these payments in arrears at monthly intervals.
- **Option 2: 30 Day Qualification Period + Excess cover**
We will pay 1/30th of the **monthly benefit** for every day after the 30th day **you** remain off **work** starting with the 31st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 61st day and **we** will make these payments in arrears at monthly intervals.
- **Option 3: 60 Day Qualification Period + Back to day 1 cover**
On the 61st day **we** will pay 2 **monthly benefits**. **We** will then pay 1/30th of the **monthly benefit** for every further day **you** remain off **work**, up to the maximum number of payments as shown on **your certificate of cover**. **We** will make these payments in arrears at monthly intervals.
- **Option 4: 60 Day Qualification Period + Excess cover**
We will pay 1/30th of the **monthly benefit** for every day after the 60th day **you** remain off **work** starting with the 61st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 91st day and **we** will make these payments in arrears at monthly intervals.
- **Option 5: 180 Day Qualification Period + Excess cover**
We will pay 1/30th of the **monthly benefit** for every day after the 180th day **you** remain off **work** starting with the 181st day, up to the maximum number of payments as shown on **your certificate of cover**. The first payment will be made on the 211th day and **we** will make these payments in arrears at monthly intervals.

(For example tables of how a claim is calculated, please refer to the 'Unemployment cover' section) **You** can make a completely new claim as long as **you** have returned to **work** for at least 90 days in a row. Two claims separated by less than 90 days continuous **work** are treated as the same **period of claim**. **You** will only be entitled to receive **monthly benefit** entitlement that is left over from the previous **period of claim**.

What is Not Covered (in addition to General Exclusions)

We will not pay a claim for **carer** cover:

- If at the **start date** we reasonably believe **you** were aware of the need, or likely need at any time in the future, for a member of **your immediate family** to require a **carer**.
- For **existing borrowers**, if within the first 90 days of **your start date** you apply for **Carer's Allowance**, or are notified of receipt of **Carer's Allowance**, unless the condition of the member of **your immediate family** requiring a **carer** was due to or caused by an unforeseen event happening after the **start date**, (this is waived if **you** already have existing Unemployment cover in place with Paymentsshield or another Mortgage Payment Protection Insurance Policy and **you** are transferring **your** cover to this Paymentsshield **policy**).
- Where the person **you** are caring for is not a member of **your immediate family**.

General Exclusions

We will not pay any claim:

- Arising due to any dishonest or exaggerated behaviour by **you** or anyone acting for **you**. If this happens, **you** will have to return any benefits already paid and **you** will forfeit all future rights under this **policy**.
- Arising due to war, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power and/or any action taken in controlling, preventing, suppressing or in any way relating to any of these causes or events.

Making Changes To Your Cover

If **you** need to make a change to **your** cover, please call the Paymentsshield Customer Helpline or write to the Paymentsshield Customer Services Team at: Paymentsshield Limited, PO Box 229, Southport, PR9 9WU or e-mail: enquiries@paymentsshield.co.uk.

Changing Your Cover

You can apply to make changes to **your** cover.

If **you** choose to;

- increase **your monthly benefit** for any reason other than an interest rate change that you notify Paymentsshield of within 30 days of receiving notification from **your lender**; or
 - increase **your** cover.
- the **start date** of the change will be 90 days from the date on which **we** accept **your** notification.
- If **you** choose to;
- increase **your monthly benefit** due to interest rate changes and provided you tell Paymentsshield within 30 days of receiving the notification from **your lender**
 - reduce **your monthly benefit** amount for whatever reason
 - increase **your qualification period** and type
 - reduce **your** type of cover from Accident, Sickness & Unemployment cover to Accident & Sickness only cover

- reduce **your** maximum benefit period
the **start date** of the change will be from the date **we** receive **your** notification.

You cannot alter **your** cover or **monthly benefit** during a **period of claim**.

Changes For Joint Borrowers

Please also refer to 'Joint Borrowers' in the 'Eligibility, **Your** Cover, Joint Borrowers, Moving Home or **Your** Mortgage' section near the front of this **policy**.

If **you** are both insured and want to change the way in which the benefit is split between **you**, **you** may do so but the change will take effect 90 days after **we** accept **your** notification for any change in **monthly benefit** or cover for either borrower.

Reviewing Your Monthly Benefit

You should review **your monthly benefit** on at least an annual basis to ensure that **your monthly repayments** (including any secured/unsecured loan payments taken in connection with **your mortgage agreement**) and any mortgage related insurance premiums or **shared ownership rental payment** that **you** wish to include are adequately covered.

How Your Monthly Benefit During A Claim Reflects Changes In Your Monthly Repayments

If a claim is made under this policy and the **monthly repayment to your lender** has decreased since the **start date** or a mid term adjustment:

- The amount of the **monthly benefit** covering **your monthly repayment** will be reduced in proportion to the decrease in **your monthly repayment**.
- If **you** have selected **additional cover**, it will be maintained at the fixed amount selected by **you** at the **start date** or mid term adjustment, unless the reduction in **your monthly repayment** means **your** level of **additional cover** exceeds 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance costs. In this case, the amount of **additional cover** will be reduced to 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance costs.
- A refund of the overpaid premium will be arranged back to the date when the decrease in **monthly repayment** actually occurred.
- Any optional amount chosen by **you** to cover monthly mortgage related insurance costs will not be reduced following a reduction in the **monthly repayment**.

If **your monthly repayment** subsequently increases whilst **you** are receiving **monthly benefit** payments then **we** will adjust the **monthly benefit** amount, and premium, proportionately, subject to not exceeding the **monthly benefit** insured at the date **you** advised **us** of **your** claim and/or 75% of **your** monthly earned income before tax.

Please note that if **your** monthly payment to **your lender** is reduced by using **your** savings to offset **your monthly repayment**, when **you** make a claim, **your monthly benefit** will not be reduced.

Your Claim

Making a Claim

You must tell the Paymentshield Claims Team about your claim within 6 months of the event that brought about your claim.

Step 1 – Please have the following information ready when you call:

- **your** Mortgage Payment Protection Insurance **policy** number (as stated on the **certificate of cover**)
- **your** postcode

Step 2 – Call the Paymentshield Claims Team on 0845 643 7279

The Paymentshield Claims Team will be there to help **you** through the claim and send **you** a claim form.

Step 3 – The form should be completed as soon as possible with the relevant information, and returned to the Paymentshield Claims Team at the following address: Paymentshield Limited PO Box 229, Southport, PR9 9WU.

Supporting information you will need to provide is:

- For **accident or sickness** claims **you** will need to get a **doctor** and **your** employer to fill in the relevant section of the form.
- For **unemployment** claims **you** will need to arrange for a Department for Work and Pensions official and **your** previous employer to fill in the relevant sections of the form.
- For **carer** claims **you** will need to arrange for **your** previous employer to fill in the relevant section of the form and provide evidence that **you** are either in receipt of or awaiting **Carer's Allowance**.

Important Notes:

Your monthly benefit is reduced during a claim if:

- It is more than 75% of **your** monthly earned income before tax.
- The **monthly repayment to your lender** has decreased to less than the amount shown on **your Certificate of Cover**. Please see "Making Changes To Your Cover" section for more details.
- You have any other **Unemployment** (including **Carer**) or **Accident or Sickness** insurance to cover your mortgage agreement, we will reduce your **monthly benefit** by an amount equal to the benefits you are entitled to receive under any other insurance **policy**.

Things To Keep In Mind When Claiming

- **You** must supply and pay for all reasonable information or evidence **we** ask for to support **your** initial claim and regularly (typically monthly) throughout **your** claim. If **we** ask for proof, **you** need to be able and willing to supply it.
- If **we** do not receive all the information **we**

need (for example declarations and medical questionnaires) or if these documents are not acceptable to **us** **we** may delay or suspend **your** claim payments.

- **We** may contact **your** past employers or other insurers for information about **you**.
- For **unemployment** claims **you** need to have a Jobseeker's Agreement for the whole time **you** are claiming. If **you** are ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence acceptable to **us** that **you** are **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.
- When making an **accident or sickness** claim **you** must agree to any medical examination which **we** arrange and pay for.
- If **you** are a **carer** making a claim, **we** need satisfactory proof that **you** are required to look after a member of **your immediate family**, that **you** have completed a **Carer's Allowance** Claim pack and are either in receipt of or awaiting **Carer's Allowance**.
- **We** are concerned that **you** should not pay for the dishonesty of others. **We** make random checks, so do not be alarmed if one of **our** claims advisers calls. **We** also exchange information with other insurers to prevent fraud.

State Benefits

If **you** make a claim under this **policy** and also apply for any means tested state benefit, the Department for Work and Pensions/Benefits Agency may treat some of the claim payment as income when calculating **your** benefit entitlement.

Back to work

We offer a free Back To Work service if **you** have selected **Unemployment** cover (as shown on **your certificate of cover**) and **you** are unable to **work** due to **unemployment**. **You** will be contacted by **our** specialist Back to Work service. This service is free, confidential and designed to provide advice and assistance to help **you** make a speedy return to **work**. **Our** Back to Work service provides:

- Self-help guide
- Access to a specialist website
- Telephone advice providing access to specialist employment counsellors
- Confidential advice and ongoing support throughout **your** search on:
 - seeking **work**, career changes, state benefits
 - managing **your** time effectively while searching for **employment**
 - tips on preparing **your** CV
 - help with preparing for interviews

Paying Claims

We will make claim payments directly to **you**. When **we** have made these payments, **we** will not make any further payments for the same claim.

Switching Between Claims

If **you** need to **you** can switch from an **unemployment** to an **accident or sickness** or a **carer** claim or a combination of all three (provided **you** have chosen these covers). A new claim form must be completed but no additional **qualification period** will be applied. However, **we** will not pay more than the maximum number of **monthly benefit** payments, as shown on **your certificate of cover** for any claim period. This applies to any one continuous period of **accident or sickness, unemployment** or a period for which **you** are a **carer** or a combination of all three (provided **you** have chosen these covers).

You cannot claim for an **accident or sickness, unemployment, or a carer** claim at the same time.

When Will Monthly Claim Payments End

We will continue paying **your** claim until the first of the following happens:

- **Your unemployment** ends, **you** recover from **your accident or sickness** or **you** are no longer a **carer**.
- **We** have paid the maximum number of full **monthly benefit** payments, as shown on **your certificate of cover** for any one continuous period of **unemployment, accident or sickness** or a period for which **you** are a **carer** or a combination of all three.
- **Your** mortgage is repaid.
- **You** reach age 65.

Paying Premiums During a Claim

When **you** are making a claim under this **policy you** should continue to pay the monthly premium to ensure that cover can continue once **your** claim has ended.

We will reimburse any premiums; **you** have paid during a **period of claim** by increasing **your monthly benefit**.

If **you** cancel **your policy** during a claim then **we** will continue to pay **monthly benefit** provided the claim happened prior to the cancellation date, and **your** premiums were up to date. However, **you** will not be covered for any claim that happens on or after the cancellation date.

Changes We Can Make To Premium, Administration Charge, Policy Cover And/Or Terms And Conditions

1. **We** can, at any time and after taking a fair and reasonable view, make changes to **your** premium, administration charge, **policy** cover and/or terms and conditions of insurance, to reflect changes in **our** expectation of the future likely cost of providing cover. Premiums, administration charge, and/or **policy** cover may go up or down but will not recoup past losses.

When doing so **we** will consider:

- **Our** experience and expectation of the cost of providing this product and/or other Aviva products of a similar nature.
- Information reasonably available to **us** on the actual and expected claims experience of insurers of similar products.
- Widely available economic information such as inflation rates, interest rates and unemployment rates.
- **Our** and/or PaymentsShield's experience and expectation of the costs of administering **your policy**.

Changes (together with the reasons for such changes) will be notified to **you** in writing at least 30 days in advance and once **we** make any changes **we** will not make any further changes under this paragraph for at least six months.

2. Additionally, **we** can, at any time and after taking a fair and reasonable view, make changes to:

- **your** premium, administration charge, **policy** cover and/or terms and conditions of insurance to reflect changes (affecting **us** or **your policy**) in the law or regulation or the interpretation of law or regulation, or changes in taxation.
- **your policy** cover and/or terms and conditions of insurance to reflect decisions or recommendations of an Ombudsman, regulator or similar person, or any code of practice, with which **we** intend to comply.
- **your policy** cover and/or terms and conditions of insurance in order to make **your policy** clearer and fairer to **you** or to rectify any mistakes that may be discovered in due course.

Changes (together with the reasons for such changes) will be notified to **you** in writing at least 30 days in advance and there is no minimum period between changes.

When Does Your Policy End

1. The cover provided by this **policy** and all **monthly benefit** payments will end immediately, if any of the following happen:
 - The date agreed by **your lender** for **your mortgage agreement** to be repaid is reached.
 - There is any dishonest or intentionally exaggerated or fraudulent behaviour by **you** or anyone acting for **you** in relation to a claim under this **policy**. In such cases, **you** may have to return any benefits already paid, and **you** may forfeit all future rights under this **policy**, with no refund of premium.
 - **You** breach the **policy** terms and conditions.
 - **You** retire from work and do not intend to actively seek further **work**, unless **you** retire due to **accident or sickness** on the advice of a **doctor**.
 - Your **mortgage agreement** is repaid early or ceases and is not replaced.
 - When **you** and **your** immediate family no longer reside at the property for which **your mortgage agreement** is held.
 - The only obligation which **you** have under the **mortgage agreement** is to pay **your lender** a fee for holding **your** title deeds in safe custody.
 - **You** die.
 - **You** reach 65 years of age.

For avoidance of doubt, when **your policy** ends then all cover and **monthly benefit** payments end and therefore cover cannot continue for any **additional cover, shared ownership rental payment** or unsecured / secured lending taken out in connection with the **mortgage agreement**.
2. **You** may cancel the **policy** at any time by:
 - calling Paymentsshield's Customer Services Team on 0845 6011 050; or
 - writing to Paymentsshield Limited at PO Box 229, Southport, PR9 9WU; or sending an email to enquiries@paymentsshield.co.uk

Please note that **your policy** cover will continue until the end of the **period** in respect of which premium has been paid.
3. **We** may cancel **your policy**, by sending **you** notice in writing, if:
 - **You** have not paid **your** premium when it was due - in which case **your policy** will end with effect from the beginning of the period in respect of which premium has not been paid.
 - **We** offer **you** an equivalent alternative product (which does not materially disadvantage **you**). In this event **we** will give **you** at least 30 days notice.
 - **We** give **you** at least 90 days notice where **we** do not offer **you** an equivalent alternative product.
4. If **you** or **we** cancel **your policy** under 2 or 3 above then all cover will end from the date of cancellation outlined above. However, **we** will continue to pay **monthly benefit** that is due to be paid for any claim that happened prior to the date on which **your policy** ends.

Promise of Service – Complaints Procedure

Our goal is to give excellent service to all customers, whilst recognising that things do go wrong occasionally. All complaints received are taken seriously and resolved promptly, wherever possible. To ensure the kind of service **you** expect is provided **your** feedback is welcome. **Your** comments will be recorded and analysed to make sure the service offered continually improves.

What Will Happen if You Complain?

- **Your** complaint will be acknowledged within five working days of receipt.
- The aim is to resolve complaints, following assessment and investigation, within four weeks of receipt.

Most customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **you** will be contacted with an update and provided with an expected date of response.

What to do Should You be Dissatisfied

Sales Complaints

If **you** have a complaint about the sale of your **policy** please initially contact the person who arranged the cover for **you**.

Administration Complaints

If **you** have a complaint about the administration of **your** insurance please call the Paymentsshield Customer Services Team on 0845 6011 050 or write to Paymentsshield Limited, PO Box 229, Southport, PR9 9WU or email: enquiries@paymentsshield.co.uk

Claim Complaints

If **you** have a complaint about a claim **you** have made please contact the Claims Manager on 0845 6011060 or write to: Paymentsshield Limited, PO Box 229, Southport, PR9 9WU.

If **you** remain unhappy with the decision **you** receive from Paymentsshield, **you** can refer the matter to the Financial Ombudsman Service.

Full contact details for the Financial Ombudsman Service will be provided when **you** receive the written response to **your** complaint.

Notes

1. The Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve it and **you** are a private policyholder. If, however, **your** complaint is not resolved within eight weeks, the Financial Ombudsman Service will accept a direct referral.
2. Whilst **we** are bound by the decision of the Financial Ombudsman Service, **you** are not.
3. Following the complaints procedure does not affect **your** right to take legal action.

General Information

This insurance is underwritten by Aviva Insurance Limited.

Aviva Insurance Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority.

Your policy will be administered by Paymentsshield Limited on our behalf. Paymentsshield Limited is responsible for the day to day running of **your policy**. Paymentsshield Limited reserves the right to apply an administration charge to **your policy**, in respect of administrative services. **You** will be notified of the charge on **your certificate of cover**.

Any changes to **your** administration charge will be made in accordance with the provisions in the "Changes **we** can make to premium, administration charge, **policy** cover and / or terms and conditions" section of this policy.

Any premium, premium refunds or claims money held by Paymentsshield Limited will be held on **our** behalf.

Paymentsshield Limited reserves the right to change its chosen insurer. Any such change may take place at any time by the administrator cancelling the **policy** and transferring the insurance cover to a new insurer.

Paymentsshield Limited will contact **you** not less than 30 days before making such a change with details of the new proposed insurers and terms on which cover may be provided by the new insurer.

Accordingly, in order to ensure continuity of **your** insurance **you** authorise Paymentsshield Limited to cancel **your** existing insurance and transfer **your** data to any new proposed insurer to provide **you** with the replacement cover. When contacting **you** with details of the new insurer and its offer of insurance for **your** consideration Paymentsshield Limited will explain how **you** may revoke this authority and provide details of how **you** may cancel this **policy**, if **you** do not wish to continue **your policy** with the new insurer.

The Law

There is a choice of law for this insurance, but unless **we** agree otherwise, the law for that part of the **UK** where **you** live at the **start date** will apply.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from this scheme if **we** cannot meet **our** obligations, depending on the type of insurance and the circumstances of **your** claim.

Further information about the scheme is available from the FSCS website www.fscs.org.uk or write to Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU.

Data Protection Act – Information Users

For the purposes of the Data Protection Act 1998, the (joint) Data Controller(s) in relation to any personal data **you** supply are Aviva Insurance Limited and Paymentsshield Limited.

Insurance Administration

Information **you** supply may be used for the purposes of insurance administration by the Data Controller(s), **our** associated companies and agents, by reinsurers and Paymentsshield Limited. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing **our** and Paymentsshield Limited's compliance with any regulatory rules/codes. **Your** information may also be used for research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, **we** and Paymentsshield Limited will ensure that anyone to whom **we** and Paymentsshield Limited pass **your** information agrees to treat **your** information with the same level of protection as if **we** and Paymentsshield Limited were dealing with it. If **you** give **us** and Paymentsshield Limited information about another person, in doing so **you** confirm that they have given **you** permission to provide it to **us** and for **us** and Paymentsshield Limited to be able to process their personal data (including any sensitive data) and also that **you** have told them who **we** and Paymentsshield Limited are and what **we** will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, **you** have the right to access and if necessary rectify information held about **you**.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, **we** may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By

proceeding with this insurance, **you** signify **your** consent to such information being processed by **us** and Paymentshield Limited or **our** agents.

If **you** have any questions about the use of personal information by **us**, Paymentshield Limited or if **you** believe **our** records are inaccurate, **you** should write to:

The Data Protection Officer
Paymentshield Limited
PO Box 229
Southport
PR9 9WU

Fraud Prevention And Detection

In order to prevent and detect fraud **we** and Paymentshield Limited may at any time:

- share information about **you** with other organisations and public bodies including the police
- undertake credit searches and additional fraud searches
- check and/or file **your** details with fraud prevention agencies and databases, and if **you** give **us** and Paymentshield Limited false or inaccurate information and **we** and Paymentshield Limited suspect fraud, **we** and Paymentshield Limited will record this.

We and Paymentshield Limited can on request supply further details of the databases **we** access or contribute to.

Definitions

Wherever the following words or phrases appear in this **policy**, they will be shown in **bold** and have the following meanings:

Accident or Sickness

Any accident, sickness or disease which occurs after the **start date** which results in **you** being totally unable to carry out the duties of **your normal work** and not doing any other **work**, as confirmed by a **doctor** or **specialist**. Normal **work** means **your work** immediately before **your accident or sickness**, or any other **work** which **we** think **you** are, or may reasonably become qualified for, in view of **your** training, education and ability.

Additional Cover

Means cover of up to 33% **additional cover** over and above the combined total of **your monthly repayment** along with any further cover selected to include premiums for **your** buildings and contents insurance on the property and associated life assurance premiums.

Should **your monthly repayment** reduce, **your**

additional cover will be maintained at the fixed amount selected by **you** at the **start date** or mid term adjustment, unless the reduction in **your** monthly repayment means **your** level of **additional cover** exceeds 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance costs.

In this case, the amount of **additional cover** will be reduced to 33% of the combined total of the reduced **monthly repayment** and monthly mortgage related insurance costs. A refund of any overpaid premium will be arranged back to the date when the decrease in **your monthly repayment** actually occurred.

You need to notify us when **your monthly repayment** changes.

Back Condition

Any **accident or sickness** due to, or arising from, any disorder of or injury to the spine or intervertebral discs, nerve roots or supporting musculature.

Carer

You look after a member of **your immediate family** on a full-time basis and have completed a Carer's Allowance Claim pack and are either in receipt of or awaiting **Carer's Allowance** from the Department for Work and Pensions.

Carer's Allowance

A taxable benefit paid by the Department for Work and Pensions to an informal **carer**.

Certificate of Cover

The certificate accompanying and forming part of this **policy** which sets out details of the cover selected by **you**.

Doctor

A medical practitioner (other than **you** or a member of **your** family) who holds a full qualification entitling him or her to full registration with the General Medical Council.

Existing Borrower

Means **your mortgage agreement** has been in force for more than 30 days on the **start date**.

Immediate Family

Your spouse, civil partner, live-in partner, children and parents.

Lender

The financial institution which **you** have entered into **your mortgage agreement** with.

Monthly Benefit

The amount chosen by **you** and shown on **your** current **certificate of cover**.

If **your monthly repayment** is less than £3,000 **you** can increase the amount **you** insure to include premiums

for this **policy**, buildings and contents insurance on the property, associated life assurance policies, **shared ownership rental payment** and any **additional cover** selected, provided the lower of the following amounts is not exceeded:

- 75% of **your** monthly earned income before tax or
- £3,000.

The **monthly benefit** payable at time of claim will be reduced if the **monthly repayment to your lender** has decreased to less than the amount shown on **your Certificate of Cover**. Please refer to the 'Making Changes To **Your Cover**' sections for more details.

Monthly Repayment

Your minimum monthly mortgage payment due to **your lender**. This can also include additional lending (secured or unsecured) taken as part of **your mortgage agreement** with **your lender** and repaid as part of **your** monthly mortgage payment (i.e. this does not include loans repaid separately to **your mortgage agreement**).

Mortgage Agreement

Your mortgage agreement on residential property, which has priority over any other charge on the property. Residential property means a property permanently and solely occupied by **you** and **your immediate family** as **your** main home.

Period Of Claim

Means any separate period of **unemployment** (including a **carer** claim) or **accident or sickness** for which **you** are receiving **monthly benefit** payments.

Policy

This document which sets out the benefits, terms, conditions and exclusions of **your** Mortgage Payment Protection Insurance. It should be read in conjunction with **your certificate of cover**.

Pre-existing Medical Condition

Any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which **you** knew about, or should reasonably have known about, at the **start date**, or
- which **you** had seen or arranged to see a **doctor** about, during the 12 months immediately before the **start date**.

Qualification Period

The period defined in this **policy** as selected by **you** and as stated in **your certificate of cover**. **Monthly benefit** will not be paid during this period.

Self-employed

You are **self-employed** if:

- **you** are carrying on a business in the **UK** either alone or as a partner in a partnership; or
- **you** can control the affairs of a company **you work** for because either **you** or a relative or a member of **your** household individually or jointly hold the

majority of the voting rights in that company; or

- **you** can otherwise ensure that the company **you work** for conducts its affairs according to **your** wishes.

Shared Ownership Rental Payment

The rental or equity loan monthly repayment amount payable to the housing association, local authority, Government or **lender** when the **mortgage agreement** is also completed as part of a shared ownership purchase.

Specialist

A suitably qualified independent medical specialist who is working at a recognised hospital in the **UK**. It does not include **you** or any member of **your immediate family**.

Start Date

The date shown on **your Certificate of Cover**, which is either of the following:

- If **you**s is a new **mortgage agreement**, insurance starts on the completion date.
- If **you** apply for insurance at any other time, including a further mortgage advance, **your** insurance starts on the date **we** accept **your** application.

However, if **you** are off **work** due to **accident or sickness** for more than 30 days when **you** apply for **your mortgage agreement** or apply for cover, **your accident or sickness** cover will not begin until **you** have returned to **work** for 30 consecutive days.

Temporary Work

Work that is casual, occasional or for a specific task. Also **work** that is seasonal or irregular, or for a period of training or apprenticeship.

UK

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

Unemployment/Unemployed

Having no paid **work** or **temporary work** and having a Jobseeker's Agreement with the Department for Work and Pensions in the **UK**. If **you** are ineligible for a Jobseeker's Agreement **you** must be able to provide alternative proof acceptable to **us** that **you** are actively seeking **work**.

We/Us/Our

Aviva Insurance Limited.

Work

Any paid **work** of at least 16 hours a week. This includes **self-employed work** and statutory maternity and parental leave but not **temporary work**.

You/Your/Yours

The person(s) who is eligible, has applied and been accepted by **us** for insurance and who has paid or agreed to pay the premiums and are named on the **certificate of cover**.

Employment Legal Protection including Health Assistance

This Policy has been supplied by ULR Additions and Qdos Broker & Underwriting Services Limited and is underwritten by UK General Insurance Limited on behalf of Ageas Insurance Limited.

Ageas Insurance Limited is registered in England and Wales 354568. Registered Office: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA.

ULR Additions, Qdos Broker & Underwriting Services Limited and UK General Insurance Limited are authorised and regulated by the Financial Conduct Authority (FCA). Ageas Insurance Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. You can check this on the Financial Services Register by visiting the FCA's website or by contacting the FCA on 0800 111 6768.

Important Information

This is a contract of insurance between **You** and Ageas Insurance Limited. The insurance provided covers **Legal Costs** subject to the terms, limits of indemnity, exclusions and conditions contained herein, in respect of an insured event which occurs within the **Territorial Limits** and during the **Period of Insurance** for which **You** have paid or agreed to pay the premium.

Unless expressly stated nothing in this Policy will create rights pursuant to the Contract (Rights of Third Parties) Act 1999.

Definitions

The words and phrases listed below will have the following meanings:

Appointed Representative

The solicitor, solicitors' firm, barrister or other suitably qualified person appointed by **Us** to act for **You**.

Civil Proceedings

Civil court, civil tribunal or civil arbitration proceedings, which are subject to the jurisdiction of the courts of the United Kingdom, the Isle of Man and the Channel Islands.

Date of Event

The date of any event which may lead to a claim; where there is more than one such event, the date of the first of these.

Insured

The person who has taken out this Policy, providing that they reside within the **Territorial Limits**.

Legal Costs

Professional legal fees which **You** are bound to pay, including reasonable fees or expenses incurred by the **Appointed Representative** whilst acting for **You** in the pursuit of **Civil Proceedings**.

Period of Insurance

The period of time during which cover under this policy is in force. Cover shall commence on the start date shown on the policy schedule and continue until the date on which the policyholder ceases to pay the monthly premium, or cancels this policy, whichever occurs first.

Prospects of Success

The prospects of successfully proving liability in **Your** favour, and additionally where relevant of obtaining a costs or other Order or Judgment and successfully enforcing the same. **We** must be satisfied at all times that such prospects are and remain at least 51% in order for indemnity to be granted and/or to continue in force.

Territorial Limits

- a) In respect of Section 1 Personal Claims: Worldwide.
- b) In respect of Section 2 Employment: The United Kingdom, the Isle of Man and the Channel Islands.

You/Your

The **Insured**, together with any of the following who reside permanently with the **Insured** and have the **Insured's** permission to make a claim:

- a) the **Insured's** spouse or partner;
- b) the **Insured's** parents or parents-in-law;
- c) the **Insured's** children.

We/Our/Us

ULR Additions and Qdos Broker & Underwriting Services Limited, underwritten by UK General Insurance Limited on behalf of Ageas Insurance Limited.

Table of Cover, Restrictions, Exclusions

	The following are insured:	Restrictions:	Exclusions:
	<p>We will pay Legal Costs for the following Sections 1 and 2, in order to pursue Civil Proceedings directly arising from one or more of the following events or causes:</p>	<p>We agree to provide the cover in this Policy subject to the terms, conditions, exclusions and limitations, provided that:</p> <ul style="list-style-type: none"> the Insured Incident occurs within the Territorial Limits; the Date of Event is within the Period of Insurance; the premium has been paid; and We deem that there are at least 51% Prospects of Success. <p>The most We will pay for any one claim is £50,000 (fifty thousand pounds).</p> <p>Legal Costs incurred in any appeal proceedings will be covered provided that:</p> <ul style="list-style-type: none"> You confirm in writing to Us that You wish to appeal within the time limits for an Appeal; and We consider that the Prospects of Success of such an appeal are at least 51%. <p>We reserve the right to withdraw cover at any time where upon review of the Prospects of Success, We consider that these have fallen below 51%.</p> <p>All claims must be reported to Us within a reasonable time frame after the Date of Event. We reserve the right to decline to cover any claim where as a result of any delay in reporting the claim to Us, in Our opinion the Prospects of Success have fallen below 51%.</p> <p>Where an award of damages is the only legal remedy to a dispute and the cost of</p>	<p>The exclusions noted apply to both sections of cover.</p> <p>Any claim:</p> <ul style="list-style-type: none"> for which the Date of Event is before the date of inception of this Policy. where We consider that the Prospects of Success are below 51%. <p>Legal Costs incurred before Our written acceptance of a claim.</p> <p>Any insured incident which You intentionally cause or create.</p> <p>War, invasion, foreign enemy hostilities (whether war is declared or not), civil war, terrorism, rebellion, revolution, military force or coup.</p> <p>Radiation or radioactive contamination.</p> <p>The hazardous properties of any explosive, corrosive, invasive or toxic substance or material.</p> <p>Sonic pressure waves.</p> <p>Legal costs incurred during any legal action You take which We have not agreed to, or where You do anything that hinders Us, or the Appointed Representative.</p> <p>Judicial Review.</p> <p>Fines or penalties or any damages which You are ordered to pay by a court, tribunal or other authority.</p> <p>Any remark or comment, whether permanently recorded or not, which may damage Your reputation.</p>

1)	Personal Claims <ul style="list-style-type: none"> • Your death; • a personal injury to You. 	pursuing Civil Proceedings is likely to exceed the value of any such award of damages, the most We will pay in respect of Legal Costs is the value of the likely award of damages.	Any claim involving an allegation against You of dishonesty or violence. A dispute with Us or with Your insurance broker or provider. Clinical negligence claims. Any illness or physical or psychological injury which is gradual or progressive or is not caused by a specific or sudden accident. The defence of any claim brought by any other party (but defending any counterclaim is covered).
2)	Employment Disputes arising out of a contract of employment entered into by You , for Your work as an employee, or in respect of an alleged breach of Your rights regarding prospective employment.		Disciplinary hearings and internal grievance procedures. Claims relating solely to personal injury. Any business, trade or profession in which You are engaged, or any other venture undertaken by You for financial gain (other than Your contract as an employee).

General Conditions

This is a legally binding contract of insurance between **You** and Ageas Insurance Limited. This contract does not give, or intend to give, rights to anyone else. No one else has the right to enforce any part of this contract. **We** may cancel or change any part of this contract without getting anyone else's permission.

1. **You** must:

- a) abide by the terms and conditions of this Policy;
- b) try to prevent or minimise **Legal Costs** wherever possible;
- c) send **Us** everything **We** ask for in writing.

2. **We** can:

- a) take over any claim or **Civil Proceedings** at any time and conduct them in **Your** name;
- b) negotiate or settle any claim or **Civil Proceedings** on **Your** behalf;

- c) refer any dispute to mediation;
 - d) contact **You** direct at any point concerning **Your** claim.
- 3.
- a) An **Appointed Representative** will be appointed by **Us**, representing **You** pursuant to **Our** standard terms of appointment.
 - b) If the **Appointed Representative** is not a member of **Our** selected panel of firms or lawyers at the date of appointment, the most that **We** will pay in respect of **Legal Costs** will be the rate stated in **Our** standard terms of appointment applicable at the date of appointment.
 - c) The **Appointed Representative** will have direct contact with **Us** and must co-operate fully with **Us** at all times.
 - d) **You** must co-operate fully with the **Appointed Representative** and with **Us**, keeping **Us** informed and attending such meetings or hearings as may be required at **Your** own expense.

- e) **You** must give the **Appointed Representative** any instructions that **We** request.
 - f) If it becomes necessary to appoint a solicitor to assist **You** before the issue of **Civil Proceedings** **We** will choose the **Appointed Representative**. If by the date when it is necessary to issue **Civil Proceedings** **We** have not already chosen an **Appointed Representative**, **You** can nominate one by sending **Us** the name and business address of a suitably qualified person. **We** may choose not to accept **Your** nominee if they are unable to agree terms with **Us**. If there is a disagreement over the choice of **Appointed Representative** another suitably qualified person can be appointed to decide the issue (see below).
 - g) **You** must at **Our** request instruct the **Appointed Representative** to have any **Legal Costs** taxed, assessed or otherwise audited.
 - h) **You** must take all necessary steps to assist the recovery of **Legal Costs** from any other party, and pay **Us** any **Legal Costs** so recovered.
 - i) **We** will not be bound by any undertaking or other promise or assurance **You** may give to the **Appointed Representative**, or which **You** or the **Appointed Representative** give to any other person.
 - j) If **You** or the **Appointed Representative** terminate their retainer **We** will consider the reasons for this. **We** may then end the cover provided by this Policy or **We** may agree to appoint another **Appointed Representative**.
 - k) If **You** settle, withdraw or abandon a claim without **Our** prior agreement, or fail to give suitable instructions to the **Appointed Representative**, the cover **We** provide will end immediately and **We** will be entitled to reclaim from **You** any **Legal Costs** paid by **Us**.
 - l) If **We** and **You** disagree about the choice of **Appointed Representative**, or about the handling of a claim, **We** and **You** can choose another suitably qualified person to decide the matter, agreeing the choice of this person in writing. If this is not possible **We** will ask the President of the relevant national Law Society to nominate a suitably qualified person. The Party whose choice is rejected must pay the costs and fees incurred in resolving the disagreement.
 - m) **You** must inform **Us** of any proposal to settle a claim including any Payment Into Court. If **You** reject an offer which **We** consider reasonable **We** may refuse to pay any further **Legal Costs**.
 - n) **You** must not negotiate or agree to settle a claim without **Our** prior approval.
4. **We** may elect to pay **You** the amount of damages **You** are claiming, instead of starting or continuing **Civil Proceedings**.
 5. **We** may if **We** see fit require that **You** obtain Counsel's Opinion from a barrister agreed by **You** and **Us**, as to the merits of a proposed claim or **Civil Proceedings**. **You** will be responsible for the costs of obtaining the Opinion, but if this indicates that there are reasonable grounds for the pursuit of a claim or **Civil Proceedings**, **We** will refund Counsel's fees.
 6. If **Your** claim is covered by any other policy of insurance or by trade union membership or would have been covered by any other policy of insurance or by trade union membership if this Employment Legal Protection including Health Assistance Policy did not exist, **We** will pay a proportionate share of **Legal Costs**.
 7. If **You** die, **We** will insure **Your** personal legal representatives to pursue disputes covered by this Policy arising from **Your** death, provided they keep to the terms of the Policy.
 8. Apart from **Us**, only **You** may enforce all or any part of this Policy and the rights and interests arising from it or connected with it. This means that the Contract (Rights of Third Parties) Act 1999 does not apply to the Policy in relation to any third party right or interest.
 9. The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to the Laws of England and Wales.
 10. Any Act of Parliament mentioned in the Policy includes equivalent laws in the relevant jurisdiction.
 11. This Policy is written in English and all communications about it will be in English.
 12. If **We** choose to set aside a term or condition of this Policy, this will not prevent **Us** from relying on that term or condition or any other term or condition in the future.

Making a Claim 24/7

In the event of a claim please do not appoint **Your** own solicitor as this will invalidate the cover provided by this Policy.

Please note that **You** must report any claim to **Us** within a reasonable time frame.

CALL 0845 643 7279

Please quote **Employment Legal Protection** in all communications.

REMEMBER The claims line is open 24 hours a day, 365 days a year.

Telephone Legal Advice Helpline

Available 24 hours a day throughout the year to provide **You** with confidential telephone advice about any personal legal problem in the UK, Isle of Man or Channel Islands.

European Legal Advice Service

We will give **You** confidential legal advice over the phone on any personal legal problem, under the laws of the EU, the Isle of Man, Channel Islands, Switzerland and Norway.

Health & Medical Information Service

We can provide non-diagnostic information about health and fitness, and details of self-help groups and family health service associations. This includes information relating to allergies, drugs and their side effects, patient rights, social security and social service matters, and hospital waiting lists.

Counselling Service

We provide confidential telephone counselling including reference to professional or voluntary services.

To contact all the above helpline services, phone: **01603 420033**, quoting the reference **Employment Legal Protection**.

To help **Us** monitor **Our** service standards, telephone calls (except those to the Counselling Service) may be recorded.

Please do not phone the Helpline to report a general insurance claim. **We** will not accept responsibility if the Helpline services are unavailable for reasons **We** cannot control.

We do not provide diagnostic advice or information.

Complaints Procedure

If **you** are unhappy about claims handling on the policy for Legal Expenses cover **you** should contact:

The Chief Executive Officer

ULR Additions

Kircam House

Whiffler Road

Norwich

NR3 2AL

Tel: 01603 420 000

Fax: 01603 420 010

Email: qualityteam@ulr.co.uk

Please ensure **Your** policy number is quoted in all correspondence to assist a quick and efficient response.

If it is not possible to reach an agreement, **You** have the right to make an appeal to the Financial Ombudsman Service. This also applies if **You** are **insured** in a business capacity and have an annual turnover of less than €2 million and fewer than ten staff. **You** may contact the Financial Ombudsman Service at:

The Financial Ombudsman Service

South Quay Plaza

183 Marsh Wall

Docklands

London

E14 9SR

Tel: 0800 023 4567

Email: complaint.info@financial-ombudsman.org.uk

The above complaints procedure is in addition to **Your** statutory rights as a consumer. For further information about **Your** statutory rights contact **Your** local authority Trading Standards Service or Citizens Advice Bureau.

Financial Services Compensation Scheme

Ageas Insurance Limited is covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme in the unlikely event that Ageas Insurance Limited cannot meet their financial responsibilities. The FSCS will meet 90% of **Your** claim, without any upper limit. **You** can obtain further information about compensation scheme arrangements from the FSCS at www.fscs.org.uk, or by phoning 0207 892 7300.

Data Protection Act 1998

Please note that any information provided to **Us** will be processed by **Us** and **Our** agents in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. **We** may also send the information in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area.

A Guide to Direct Debit Payments

(this section does not form part of the policy conditions)

The premium for **your policy** is collected by monthly Direct Debit from **your** bank account.

We can accept **your** instruction in one of the following ways:

- From a signed Direct Debit mandate
- From a telephone instruction **you** have given to **us**
- Electronically (if collected by **your** intermediary) or through the internet



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of **your** Direct Debit, Paymentsshield Limited will notify **you** 10 working days in advance of **your** account being debited or as otherwise agreed. If **you** request Paymentsshield Limited to collect a payment, confirmation of the amount and date will be given to **you** at the time of the request.
- If an error is made in the payment of **your** Direct Debit, by Paymentsshield Limited or **your** bank or building society, **you** are entitled to a full and immediate refund of the amount paid from **your** bank or building society
- If **you** receive a refund **you** are not entitled to, **you** must pay it back when Paymentsshield Limited asks **you** to
- **You** can cancel a Direct Debit at any time by simply contacting **your** bank or building society. Written confirmation may be required. Please also notify **us**.

The insurance for MortgageProtector is underwritten by Aviva Insurance Limited who are authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority as an insurance company and to undertake insurance mediation under registration number 202153.

The insurance for Employment Legal Protection including Health Assistance is supplied by ULR Additions and Qdos Broker & Underwriting Services Limited and is underwritten by UK General Insurance Limited on behalf of Ageas Insurance Limited, which is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority as an insurance company under registration number 202039.

ULR Additions is authorised and regulated by the Financial Conduct Authority (FCA) under registration number 309657.

ULR Additions is a trading name of Motorplus Ltd, Kircam House, 5 Whiffler Road, Norwich NR3 2AL, registered in England no 3092837.

Ageas Insurance Limited is registered in England and Wales 354568.
Registered Office: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire, SO53 3YA.

Paymentshield Limited is authorised and regulated by the Financial Conduct Authority (FCA) under registration number 312708.

You can check this on the Financial Services Register by visiting the FCA's website or by contacting the FCA on 0800 111 6768.

Paymentshield and the **Shield** logo are registered trade marks of Paymentshield Limited.

Telephone calls to Paymentshield may be recorded for security purposes and monitored under our quality control procedures.

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This document is also available in Braille, large print and audio cassette.

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