

# Your Protection Insurance

## Accidental Death Product

Accidental Death Product  
because an accident can  
happen to anyone.



Policy booklet  
February 2017

**CO**  
vea Insurance



## Important Documents

Please keep this document and enclosed schedule in a safe place. You may need to refer to it at a later date.

## Contact Us . . .

If you:-

- want to make a claim
- need help or clarification on your cover
- need to notify us of a change in circumstance
- wish to complain

please call: **0330 134 8504** - Calls may be recorded and monitored for training and quality purposes.



## Accidental Death Product

The following pages contain the details of **your** policy and the contractual terms of **your** cover. These policy details are legally binding between **you** and the **insurer**.

The words listed on pages 3 and 4 of this booklet have special meanings when they appear in this policy in bold text. It is very important that **you** refer to these special meanings when **you** read the policy as they will help **you** understand the cover. **We** have tried to make these meanings as understandable as possible. If there is anything that **you** do not understand from these meanings or if there is, at any time, anything else in this policy on which **you** would like to have more information, then please contact **our** helpline on 0330 134 8504.

The policy is underwritten and administered by Covea Insurance plc.

# Welcome...

to your Protection Insurance  
from Covéa Insurance

**Thank you for choosing our Accidental Death Product.**

With our Accidental Death Product you benefit from worldwide protection, 24 hours a day. Your policy could help meet your existing financial commitments, and any other additional expenses incurred as a result of your accidental death.

Please keep this document in a safe place and take time to complete the important policy details below in case you ever need to contact us. We also urge you to read this document carefully to ensure you are aware of the full details of the cover provided. If there is anything you are not clear about, please call our helpline on 0330 134 8504.

Once again thank you for choosing our Accidental Death Product.



Signed on behalf of the Insurer  
James Reader  
Chief Executive Officer, Covea Insurance plc

## **Policy Details**

Please write your policy details in the spaces below; you'll find them on the policy schedule you received with this document. Then, keep your policy schedule and policy together in a safe place, so you'll always know where to find them in the event that you need to contact us.

Policy No:

Policy Start Date:

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## Accidental Death Product

# Definitions

The words listed below have the following special meanings when they appear in this policy in bold text with or without an initial capital letter:

### accident/accidental

means a sudden and unforeseen event which happens by chance after the **start date** and results in **your accidental death**.

### accidental death

means death that occurs by way of an **accident** solely as a result of **bodily injury** and independently of any other cause.

### bodily injury

means physical injury resulting from external violent and visible means. It does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an accidental bodily injury), naturally occurring condition or degenerative process.

### doctor

means a legally qualified medical practitioner. It does not include **you**, someone living in **your** household, a member of **your** immediate family or **your partner**.

### end date

means the date when the policy ends. **You** can find details in section 7 of this policy.

### fare paying passenger

means travelling with a valid ticket in a plane, ship, train or bus that is a licensed common carrier.

### individual cover

means the cover provided to **you** as an individual under this policy.

### insurer

means Covea Insurance plc.

### partner

means **your** legally married spouse, or **your** registered civil partner under the Civil Partnership Act 2004, or a person who is living permanently with **you** as **your** partner in the same household.

### partner cover

means when this policy includes **your partner**.

### start date

is the date stated in the schedule.

### terrorism

means any act or acts, including (but not limited to):

(i) the use of threat of force and/or violence; and

(ii) harm or damage to life or to property (or the threat of such harm or damage), harm or damage by nuclear and/or chemical and/or biological and/or radiological means;

caused or occasioned by any person(s), or group(s) or persons, or so claimed, in whole or in part, for political, religious, ideological or similar purposes.

### UK resident

means living permanently in the **United Kingdom** for at least 40 weeks in every 52 week period after the **start date**.

### United Kingdom

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

# Definitions

## war risks

means any **bodily injury** whatsoever resulting directly or indirectly from or in connection with any of the following, regardless of any other contributing cause or event: war, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

## we, us, our

means Covea Insurance plc.

## you, your, insured

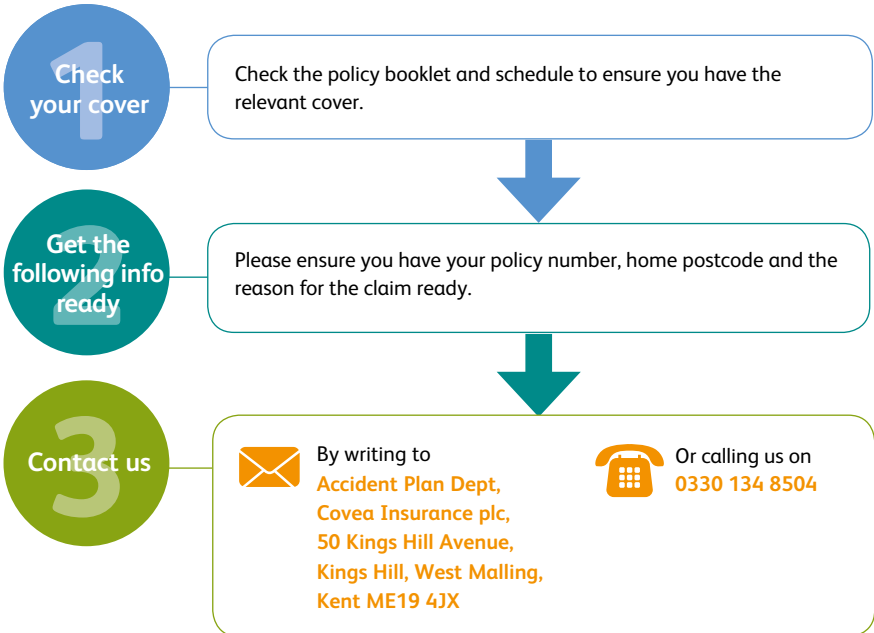
means the person named in the schedule as the insured.

# Making a Claim

To make a claim under this policy, **you** or **your** appointed representative should contact **us** for a claim form.

The claim form must be filled in and sent to **us** at the below address. All claims must be submitted within three calendar months from the date of the **accident** or as soon as reasonably possible after the **accident**. All information and evidence required by **us** to prove a claim must be on a claim form provided by **us**.

All certificates that **we** require must be provided at **your** expense.



# Accidental Death Product Policy Cover

## 1. Are you eligible for cover?

It is important that **you** are eligible for the cover **you** have under the policy and that **you** remain so for the duration of the policy. To be eligible for cover under this policy, **you** must on the **start date** be:

1. living and present in the **United Kingdom**; and
2. over 18 and under 70 years of age.

If **you** have chosen **individual cover** and **partner cover**, **you** must on the **start date** meet the requirements above. In addition, **your partner** must on the **start date** be:

1. living permanently with **you** in the same household in the **United Kingdom**; and
2. over 18 years of age and under 70 years of age.

Unless **your partner** is legally married to **you**, or is **your** registered civil **partner** under the Civil Partnership Act 2004, **your partner** must have lived with **you** for at least six consecutive months immediately before the **start date**.

**Please note:** **You** can only be covered under one of **our** Accidental Death Products at any one time – see section 5.3 for details.

## 2. What happens if you change your mind?

**You** have the right to cancel **your** policy for a period of 14 days from the **start date** or the date **you** receive **your** policy documents if this is later. If **you** cancel in this period **you** will receive a full refund of any premium **you** have paid and **your** policy will be deemed to have been cancelled from the **start date** and **you** will not be entitled to make any claim under it.

After the initial 14 day period if **you** wish to cancel **your** policy, **you** may either write or call as explained below. If **you** simply stop paying any further premium when premiums are due **your** policy will end. Any premiums paid after the initial 14 day period are non-refundable.



If **you** wish to cancel **your** policy, **you** may either write to the Accident Plan Department, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX or call **our** helpline on 0330 134 8504.

## 3. What you have to pay

### 3.1 Your premium

**Your** monthly premium is shown in **your** schedule and is payable monthly by Direct Debit.

The premium includes insurance premium tax at the current rate. If there is a future change in the rate of insurance premium tax **we** will automatically adjust the premium **you** pay and this will show on the next annual statement that **we** send **you**.

## 4. The benefits you get

### 4.1 Who will benefits be paid to?

**We** will pay to **you** or **your** legal personal representative the appropriate benefit in the event of an **accident** causing the death of a person covered under this policy.



# Accidental Death Product Policy Cover

Accident Plan Dept  
0330 134 8504

## 4.2 The benefit

If any person covered under this policy has an **accident** after the **start date** and before the **end date** that results in **accidental death** covered under this policy then **you** will be entitled to the appropriate benefit stated in the table of benefits below. The amount of benefit received depends on the level of cover chosen.

The level of cover **you** have is shown in **your** schedule.

The table of benefits will be sent to **you** on each anniversary of **your** policy.

|         | Level 1 | Level 2  |
|---------|---------|----------|
| Insured | £50,000 | £100,000 |
| Partner | £50,000 | £100,000 |

In certain circumstances the amount **we** will pay may be restricted or limited. Please see section 5 “Maximum benefits and restrictions on benefits”. Certain **accidents** are not covered, please see section 6 “What you are not covered for”.

## 5. Maximum benefits and restrictions on benefits

### 5.1 Maximum benefits

The maximum amount payable under this policy is determined by the level of cover **you** have selected which is stated on **your** policy schedule.

### 5.2 Where the effects of the accident are made worse by sickness or disease

If the effects of an **accident** are made

worse because the person affected already had a sickness, disease, naturally occurring condition or injury then **we** will ask a **doctor** to assess the effects that the sickness, disease, naturally occurring condition or injury had on the **accidental death** and **we** will reduce **your** benefit by an amount decided by the **doctor** to take this into account.

## 5.3 Can you have more than one Accidental Death Product?

**You** will only be eligible for insurance cover under one of **our** Accidental Death Products at any one time.

## 6. What you are not covered for

### 6.1 We will not pay benefit for any **accident** that is directly or indirectly caused by the following:

- **War risks;**
- **Terrorism;**
- Being on naval, military or air force duty, service or operations;
- Flying except as a **fare paying passenger;**
- The manufacture or use of explosives;
- Exposure to exceptional danger (except in an attempt to save human life);
- The illegal acts of the person who has suffered the **accident;**
- Suicide or self-inflicted injury whether of a sound mind or not;
- Being under the influence of or being affected by alcohol or drugs unless under the advice of a **doctor** for a condition other than alcohol or drug addiction;

# Accidental Death Product Policy Cover

- Radiation or contamination or the effects of radiation;
- Any sickness, disease or degenerative process (a condition which becomes progressively worse).

In addition, **we** will not pay benefit for:

- An **accident** which occurs prior to the **start date** or after the cover ends;
- An **accident** which happens to an insured person who has been outside the **United Kingdom** for more than 12 weeks in the preceding 52 week period. This exclusion does not apply if **we** have agreed to provide this cover;
- Any accidental death occurring 12 or more months after the **accident**.

## 7. When your protection ends

**7.1** This policy ends automatically as soon as one of the following happens:

- **you** die (this will not prevent a claim for **accidental death** being made);
- **you** reach 70 years of age;
- **you** do not pay a monthly premium when it is due;
- **you** cancel the policy;
- **we** cancel **your** policy as set out in section 8;
- **you** cease to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with section 5.

**7.2** If **you** have **partner cover**, **your partner** will cease to be covered as soon as one of the following happens:

- **your partner** dies;
- **your partner** reaches 70 years old;
- he or she stops living permanently with **you** or ceases to be a **UK resident**;
- the date on which **we** pay benefits which together with any previous benefits equal the maximum benefit payment in accordance with section 5.

## 8. Can Covéa Insurance cancel or change the terms of my policy?

**8.1** **We** may cancel **your** policy, where there is a valid reason for doing so, by giving **you** not less than 30 days written notice in advance to the latest address **we** have for **you** in order to give **you** the time or opportunity to arrange replacement cover should **you** so wish. If **we** give **you** such notice **we** will explain the reason for **our** cancellation in **our** letter. Valid reasons may include but are not limited to:

- where **you** are required in accordance with the terms of this policy to co-operate with **us**, or send **us** information or documentation and **you** fail to do so in a way that affects **our** ability to process a claim, or **our** ability to defend **our** interests **we** will issue a cancellation letter and **we** will cancel **your** policy if **you** fail to co-operate with **us** or provide the required information or documentation by the end of the cancellation notice period; or
- where **we** reasonably suspect fraud.

**8.2** We may change the terms and conditions of **your** policy, including the amount of **your** premium, by giving **you** not less than 30 days written notice in advance to **your** last known address. If **we** give **you** such notice **we** will explain the reason; for example:

- to respond to changes in the law or decisions of the Financial Ombudsman Service;
- to meet regulatory requirements;
- to reflect new industry guidance and codes of practice that raise levels of consumer protection;
- to respond to changes in interest rates, market rates or tax rates;
- to reflect other legitimate cost increases or reductions associated with continuing to provide **you** with the services and benefits under **your** policy.

## 9. Change in circumstances

If **your** circumstances change (for example **you** move house) would like to amend who is covered under the policy, or advise **us** that any person covered under **your** policy no longer resides with **you** please contact **our** helpline on 0330 134 8504.

## 10. What happens if any person (including you) covered under this policy leaves the United Kingdom?

Benefit will not be paid for an **accident** which happens to a person (including **you**) covered under this policy if at the date of the **accident** that person has been outside the **United Kingdom** for more than 12 weeks in total in the preceding 52 week period. Cover in respect of that person will cease on the last day of the twelfth week.

If **you** wish to extend cover to include such absences (including **your** own), then please write to **us** with full details before the person concerned leaves the **United Kingdom**. **We** will then decide whether **we** will extend cover to the person while they are abroad. If **we** do so decide, **we** will send **you** a written endorsement extending the cover under this policy. **You** will need to provide this endorsement to **us** if **you** have to make a claim relating to that period.

If **you** do not wish to extend cover please write to **us** to confirm that **you**, and/or the person concerned are no longer a **UK resident** and **we** will cancel **your** policy and/or that person's cover as the case may be.

## 11. Legal

### Transfer

**You** cannot transfer or sell the rights or benefits under this policy.

### False and misleading information

If **you** give false or inaccurate information and **we** suspect fraud, **we** will record this and the information will be available to other organisations that have access to the database(s). **We** can supply details of the databases **we** access or contribute to, on request.

**You** have a duty to make a fair presentation of the risks covered by this policy. If **you** do not comply with **your** duty to make a fair presentation of the risk, **your** policy may not be valid or the policy may not cover **you** fully or at all.

# Accidental Death Product Policy Cover

Any fraudulent, false or misleading statements made by **you** when **you** are making a claim may result in **your** policy becoming invalid and **you** losing all **your** entitlement to benefits under this policy.

## Governing Law

English law applies to this policy unless **you** have asked for another law and **we** agreed to this in writing before the **start date**. Unless otherwise agreed, the contractual terms and conditions and other information relating to this contract will be in English.

## Data Protection Act 1998

**We** hold data in accordance with the Data Protection Act 1998. It may be necessary for **us** to pass data to other organisations that supply products or services associated with this policy. In order to verify information, or to prevent and detect fraud, **we** may share information **you** give **us** with other organisations and public bodies, including the Police, accessing and updating various databases. The Data Protection Act 1998 gives **you** the right to a copy of **your** personal data held by **us** upon payment of a fee.

## The Financial Services Compensation Scheme (FSCS)

If **we** are unable to meet **our** liabilities under this policy, **you** may be entitled to compensation from the FSCS. Further information can be obtained from the Financial Services Compensation Scheme, 10<sup>th</sup> Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk) or telephoning them on 0800 678 100 or 020 7741 4100.

## Accessibility

In order to make **our** documentation accessible to all, **we** are able to provide upon request audiotapes, large print documentation and Braille documentation. Please advise **us** if **you** require any of these services to be provided so that **we** can communicate in an appropriate

manner. If **you** have speech or hearing difficulties and have a textphone available **you** can call **us** on 18001 (0330 134 8504).

## Contracts (Rights of Third Parties) Act 1999

The **Insurer** and **you** do not intend any term of this policy to be enforceable by any third party pursuant to the Contracts (Rights of Third Parties) Act 1999.

## 12. Making a complaint

It is always **our** aim to provide **you** with a very high standard of service.

If **you** wish to make a complaint that relates to **your** policy or the way in which it was sold to **you**, please contact us either by telephone or by writing to:

Accident Plan Department, Covea Insurance plc,  
50 Kings Hill Avenue, Kings Hill, West Malling,  
Kent ME19 4JX.  
Telephone: 0330 134 8504

If **you** remain dissatisfied with the investigation of **your** complaint **you** have the right to then refer it to the Financial Ombudsman Service at Exchange Tower, Harbour Exchange Square, London, E14 9SR;

Telephone: 0800 023 4567 or 0300 123 9123.  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service will normally only consider **your** complaint once **you** have been given a final response. Following these procedures will not affect **your** right to take legal action.

For further information about **your** legal rights, contact **your** local authority trading standards department or the Citizens Advice Bureau.



## Your Protection Insurance

Protection Product



0330 134 8504



[www.coveainsurance.co.uk](http://www.coveainsurance.co.uk)



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Registered office: Norman Place, Reading, Berkshire RG1 8DA  
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Authority No. 202277.

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