

Your Protection Insurance

Short Term Income Protection Cover

Short Term Income Protection Cover designed to protect a percentage of your income in the event of accident/sickness.



Policy booklet
January 2017

CO
vea Insurance



Important Documents

It is important that **you**:-

- read and understand this document and the **policy schedule**
- check that **you** are eligible to take out the **policy**
- keep this document and the **policy schedule** safe so **you** can refer to them in the future.

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



By writing to
Protection Dept,
Covea Insurance plc,
50 Kings Hill Avenue,
Kings Hill, West Malling,
Kent ME19 4JX



Or calling **us** on
0333 130 4550

Calls may be recorded and monitored
for training and quality purposes.

Short Term Income Protection Cover

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

The words listed on pages 3 to 5 of this booklet have special meanings when they appear in the **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 the **policy** on which **you** would like to have more information, then please contact our helpline on 0333 130 4550.

The **policy** is underwritten and administered by Covea Insurance plc.

Welcome...

to your Short Term Income Protection Cover

Why choose our Short Term Income Protection Cover?

This cover is designed to pay **you** a monthly income for a maximum of 12 months in the event **you** are **unable to work due to you falling ill or having an accident**, providing **you** have paid the **monthly premium** when due.

Eligibility criteria

When **we** accept **your** application **you** must be:

- at least 18 and no older than 63 years of age;
- a **resident** of the **UK**, Channel Islands or Isle of Man; and
- in **work** and have been so continuously for the previous six months.

If **your** circumstances change as described in 'Policy changes' paragraph in the 'General Conditions' section **you** should contact **us** straight away to discuss **your** options.

Self-employed and Fixed-term Contract Workers

If **you** are **self-employed** or **you** work on a **fixed-term contract** **you** are eligible for this **insurance** but **you** should read this **policy** carefully to make sure it is suitable for **your** needs - **you** should pay particular attention to the definitions of '**fixed-term contract**', '**self-employed**' and the 'Claim requirements' paragraph in the 'General Conditions' section.

Exclusion and Limitations

We will not pay any benefits under this **policy** if **your** **inability to work** is caused directly or indirectly by:

- a **pre-existing medical condition** - unless **you** have been symptom free and have not consulted a **doctor** or received treatment for the condition for at least 24 months after

the **start date**.

- any of the exclusions detailed in paragraph 'What is not covered' in 'Your Cover' section.

The maximum **monthly benefit** for each claim is the lesser of £2,000 or 60% of **your** **gross monthly income**.

The maximum period **we** will pay **monthly benefit** for each claim is 12 months.

Reviewing your monthly benefit

It is **your** responsibility to ensure this **policy** and the chosen **monthly benefit** continues to meet **your** requirements and does not exceed 60% of **your** **gross monthly income**.

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In this **policy** the words listed below have the following specific meanings when they appear in bold type with or without an initial capital letter:

claim limit

means the maximum period of time **we** will pay **you** for any one single claim. This maximum time is 12 months. **All claims within six months of each other for the same accident or sickness will be treated as a related claim and count as one single claim;**

cover period

means the period beginning on the **start date** and continuing to the **end date**;

doctor

means a fully qualified medical practitioner on the List of Registered Medical Practitioners with the **UK General Medical Council**. The **doctor** who confirms **your inability to work** when **you** are making a claim, cannot be **you**, **your** spouse, civil partner, a relative or someone that lives with **you**;

employment/employed

means **working** for at least 16 hours a week under a contract of employment that does not have a fixed or implied end date or that is a **fixed-term contract**. **You** must be receiving a salary or wages that can be evidenced via bank account records and/or HM Revenue & Customs records;

end date

means the date **your** cover ends as set out in the 'When does your policy end?' paragraph in the 'General Conditions' section;

fixed-term contract(s)

means being in **employment** under a contract of employment, for a fixed duration or for a specific task, directly with an employer;

gross monthly income

means

- if **you** are in **employment** - **your** average monthly taxable earned income before income tax is paid, minus any expenses which are allowable against income tax (including any commission and/or bonus payments **you** receive) for the 6 months immediately prior to the start of **your inability to work**; or
- if **you** are **self-employed** and **registered with HM Revenue & Customs as self-employed** - the monthly average of **your** income for the 6 months immediately prior to the start of **your inability to work** which earnings have been **declared to HM Revenue & Customs**;

monthly benefit

means the amount chosen by **you** and notified to **us** at the time **you** apply for cover under this **policy**. The **monthly benefit** will be paid monthly in arrears and will only be paid if **you** meet the terms and conditions.

The maximum **monthly benefit** allowable shall not exceed £2,000 or 60% of **your gross monthly income**, whichever is less;

monthly premium

means the monthly sum payable by **you** each month for cover under this **policy**;

normal pregnancy and childbirth

means symptoms which normally accompany pregnancy which are of a minor and/or temporary nature (such as morning sickness and dizzy spells) and which do not represent a significant medical hazard to mother or baby; and childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications;

Short Term Income Protection Cover

Definitions

permanently retire

means retirement where **you** have told **us**, or **we** have evidence that **you** have no intention of returning to **work**;

policy

means the terms and conditions set out in this document;

policy schedule

means the schedule which shows the personalised features of **your** cover and which forms part of the **policy**;

pre-existing medical condition

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

- which medical evidence shows **you** knew about or were experiencing symptoms that **you** would have been aware of at the **start date**; or
- for which **you** sought or received advice, treatment or counselling from any **doctor** during the 12 months immediately before the **start date**;

premium

means the monthly payment **you** need to pay to **us** for providing the cover;

qualification period

means the number of days at the beginning of a claim which **you** must wait before **you** are eligible for any benefit. The **qualification period** **you** have selected is shown in **your policy schedule**;

resident

means **you** must be physically and lawfully living in the named territory and either a citizen of the named territory or a person who has been granted permission to permanently settle in the named territory;

related claim

means **you** are **unable to work** because of the same accident or sickness that **we** have originally agreed to pay a claim for;

self-employed/self-employment

means **you** are **working** for an income for at least 16 hours a week, and you are either:

- helping with, managing or carrying on a business and liable to pay tax charged under Section 5 of the Income Tax (Trading and Other Income) Act 2005 in the **United Kingdom** or equivalent in Channel Islands or Isle of Man (where applicable); or
- a partner in a partnership; or
- a person who exercises direct or indirect control over a company;

start date

means the date cover starts under the **policy** which is detailed in the **policy schedule**;

terms and conditions

means the terms and conditions detailed in this document;

terrorism

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

- the use of threat of force and/or violence; and
- 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) of persons, or so claimed, in whole or in part, for political, religious, ideological or similar purposes;

unable to work or inability to work

means **you** being certified as unfit to **work**, by **your doctor** due solely to an accidental injury, illness or disease which starts/occurs at a time when **you** are in **work** and which wholly prevents **you** from doing **your work**, or other **work** that **your** experience or training would allow **you** to do. Such **inability to work** shall be deemed to start on the day **you** first consult, or receive treatment from, and are certified as being unfit to **work** by, a **doctor**, or up to 7 days before this date if **you** self-certify before seeing **your doctor**.

Definitions

United Kingdom or UK

means England, Scotland, Wales and Northern Ireland;

war risks

means 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 or our

means Covea Insurance plc;

work, worked, working

means being in **employment** or **self-employed** or, where applicable, on statutory maternity leave, parental leave, adoption leave or maternity absence;

you or your

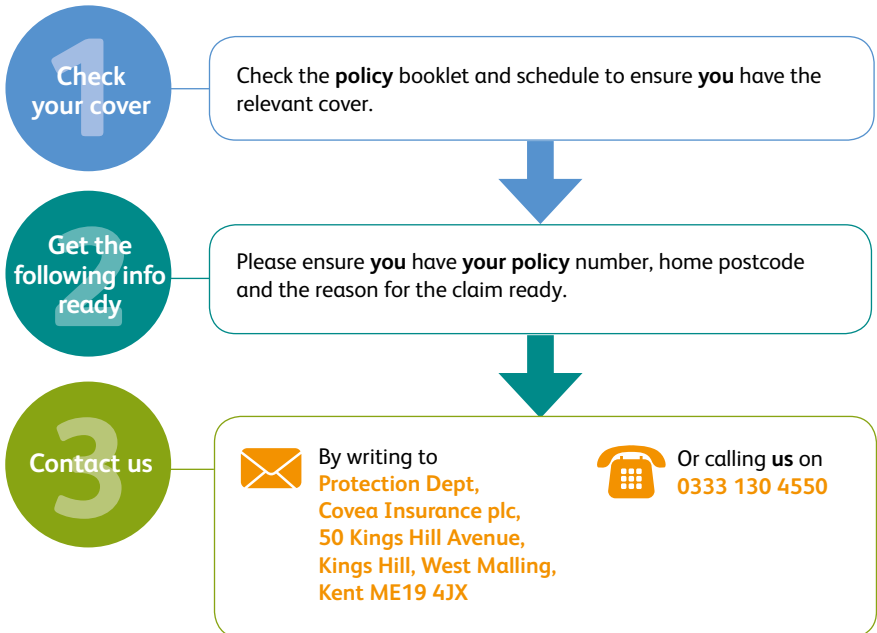
means the person who has been accepted for insurance cover under this **policy**.

Making a Claim

In the event of a claim, **we** can be contacted, either by phone or in writing – please see **our** contact details below.

Before **we** can pay out **your** claim, **we** must receive from **you** the necessary evidence and proof to validate the claim. **We** will only ask for such information and proof **we** need to process **your** claim.

Please refer to the ‘Claims Requirements’ paragraph of ‘General Conditions’ section for details of the type of information and proof **we** may require.



Please tell us if there is something wrong.

For full details of **our** complaints procedure, please contact **us**. Or **you** can download a copy from **our** website at www.coveainsurance.co.uk/complaints

If **you** are not satisfied with the service **we** have provided, please tell **us** so that **we** can do our best to resolve the problem. **You** can contact **us** in the following ways:



by phone on
0333 130 4550



by email at
fspcomplaintsmailbox@coveainsurance.co.uk



or **you** can write to **us** at
Protection Dept, Covea Insurance plc, 50 Kings Hill Avenue, Kings Hill, West
Malling, ME19 4JX

For **your** and **our** protection, and for training and monitoring purposes, **we** may record and monitor telephone calls.

We are always here for **you** but so that **we** can help **you** as quickly as possible, please provide or have these things ready for **us**:

- **your policy** reference;
- **your claim** reference number;
- **your** daytime and evening phone numbers.

You may be eligible to refer **your** complaint to the Financial Ombudsman Service. For further details, they can be contacted at:



Write to:
The Financial Ombudsman Service, Exchange Tower, London, E14 9SR



Phone:
0300 123 9123 from a mobile or 0800 023 4567 from a landline



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



Website:
www.financial-ombudsman.org.uk

Your legal rights are not affected if **you** take any of the steps shown above.

Short Term Income Protection Cover

Your Cover

1. What your cover provides

Short term income protection cover

When **you** apply for **your policy you** choose one of the options below. **Your policy schedule** will show the type of cover **you** have selected and the **qualification period** that applies to **you**.

Option 1 - 14 day qualification period - Back to day 1 cover

If after the **start date** and before the **end date you** are **unable to work** for 14 consecutive days or more, **we** will pay **you** from the start of **your inability to work** onwards, 1/30th of the **monthly benefit** for each continuous day **you** are **unable to work**.

Option 2 - 14 day qualification period - Excess cover

If after the **start date** and before the **end date you** are **unable to work** for 14 consecutive days or more, **we** will pay from the 14th day onwards, 1/30th of the **monthly benefit** for each continuous day **you** are **unable to work**.

Option 3 - 30 day qualification period - Back to day 1 cover

If after the **start date** and before the **end date you** are **unable to work** for 30 consecutive days or more, **we** will pay from the start of **your inability to work** onwards, 1/30th of the **monthly benefit** for each continuous day **you** are **unable to work**.

Option 4 - 30 day qualification period - Excess cover

If after the **start date** and before the **end date you** are **unable to work** for 30 consecutive days or more, **we** will pay from the 30th day onwards, 1/30th of the **monthly benefit** for each continuous day **you** are **unable to work**.

We will start to assess each claim when the relevant **qualifying period** has ended. **We** will pay the first claim payment within five working days of receiving all the evidence and proof needed to assess **your** claim. After the initial claim payment is made **monthly benefit** payments will be made every 30 days **you** remain **unable to work**.

We will continue paying **you** the **monthly benefit** until **you** are fit to **work** again, but only up to a maximum of 12 months for each claim.

2. What is not covered

We will not pay the **monthly benefit** if **your inability to work** is directly or indirectly caused by any of the following:

- **war risks;**
- **normal pregnancy and childbirth;**
- **terrorism;**
- **taking part in any form of aviation, including travelling in an aircraft (except as a fare paying customer in a commercial licenced aircraft);**
- 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;
- radiation or contamination or the effects of radiation.

In addition, **we** will not pay the **monthly benefit** if:

- **your inability to work** starts prior to the **start date** or after the **end date**;
- **your inability to work** starts when **you** are not a **resident** of the **UK**, Channel Islands or Isle of Man;
- **your inability to work** lasts for less than the **qualifying period**.

Short Term Income Protection Cover

Your Cover

Protection Dept
0333 130 4550

We will cancel a **policy** and not pay a claim where **we** find out that someone has deliberately withheld information from **us** or deliberately or recklessly provided **us** with inaccurate information. More detail on when **we** can cancel a **policy** can be found in 'Information you have given us' paragraph of the 'General Conditions' section.

3. Cover amount

The **amount payable** under this **policy** is determined by the level and type of cover **you** have selected which is stated in the **policy schedule**.

You can only be covered under one of **our** Short Term Income Protection policies at any one time.

The maximum **monthly benefit** allowable shall not exceed £2,000 or 60 % of **your gross monthly income**, whichever is less.

4. Period of cover

The cover starts on the **start date** and will end on the **end date**.

5. When will my claim end?

Your claim will continue to be paid until the earliest of the following dates:

- the date on which **you** cease to be **unable to work** or fail to provide evidence that you remain **unable to work**; or
- the date on which **you** return to **work**; or
- the date the **claim limit** is reached; or
- the **end date**.

Short Term Income Protection Cover

General Conditions

Claim requirements

Before **we** can pay out a claim **we** must receive from **you** the necessary evidence and proof to validate **your** claim. **We** will only ask for information and proof that is reasonably required for the purpose of assessing **your** claim. When **you** make a new claim for **inability to work** benefit, the information **we** may require depends upon whether **you** are, at that time, **employed** or **self-employed**:

Where **you** are **employed** **we** will require:

- medical certificates covering the period for which **you** are making **your** claim (**we** will accept **you** self-certifying a period of up to 7 days before **you** obtain the first such medical certificate at the start of **your** claim);
- **your doctor's** name and address;
- **your employer's** name and address.

Where **you** are **self-employed** **we** will require:

- medical certificates covering the period for which **you** are making **your** claim (**we** will accept **you** self-certifying a period of up to 7 days before **you** obtain the first such medical certificate at the start of **your** claim);
- **your doctor's** name and address;
- bank statements for **your** business, or evidence of **your** payment of class 2 national insurance contributions, covering the period immediately before the date from which **your** claim starts.

Throughout any period during which **you** continue to make a claim for **inability to work** **you** may be asked to provide, at **your** expense, such reasonable proof that **you** continue to be **unable to work**, including providing **us** with ongoing medical certificates and by completing continuing claim statements confirming such information as **we** may reasonably require.

Paying your premiums

You must pay **premiums** from the **start date** when these are due, as shown in the **policy schedule**.

Premiums are payable monthly by direct debit. All direct debits need to be paid to **us** from a bank or building society in the **UK** in the currency of the **UK** or as otherwise approved by **us**.

Stopping your premiums

If at any time **you** don't pay **your premium** when it is due, **we** will write to **you** to let **you** know and will allow **you** 30 days to pay the outstanding **premium**.

If **you** don't pay 2 consecutive months premium **your policy** will be cancelled and **you** will get no **premium** refund.

We will let **you** know if **we** cancel **your** policy due to non-payment of **premium**.

If a claim is made during the **cover period** when **premium** remains due, **we** will deduct the unpaid **premium** from any **cover amount**. No claim will be able to be made after **your** policy is cancelled.

Related/linked Claims

If **you** return to **work** after recovering from an illness or injury, but become **unable to work** again, **we** may be able to start **your monthly payments** again straight away, without having to wait for the **qualifying period**.

If **you** are **unable to work** within 6 months of returning to **work**, **we** will treat this as a **related claim** and will re-start **your monthly payments** straight away, as long as:

- **your inability to work** is due to the same illness or injury that **we** originally paid **your** claim for;
- **your work** is the same as it was when **you** were first **unable to work**; and
- **you** let **us** know within 2 weeks of the date **you** stop working.

Short Term Income Protection Cover

General Conditions

Protection Dept
0333 130 4550

However if **we** paid **your** previous claim up to the **claim limit** and the reason you are **unable to work** is the same, we will treat this as a **related claim**, and **you** won't receive any more payments from **us**. All **related claims** count towards the **claim limit**.

If you are **unable to work** because of a different reason, **we** will treat **your** claim as a new claim. This means **your** claim will start from the beginning again and **you** will need to wait for the **qualification period** to end before **your** payments start.

Premium refunds and cash-in value

The **policy** has no cash-in or surrender value. In the event of any overpayment of premium, **we** will refund any such overpayment.

Cancellation rights

You have a 30 day 'cooling off' period during which you can change your mind. If you cancel within this period, we will refund any premiums you have paid. You can still cancel your policy at any time after the 'cooling off' period ends, but we won't refund your premiums. If you wish to cancel your policy, please contact us.

We can only cancel **your policy**:-

- if **you** haven't paid all the **premiums** that are due as explained in 'Stopping your premiums' paragraph of this 'General Conditions' section, or
- as provided in the 'Information you have given us' paragraph of this 'General Conditions' section.

Information you have given us

We will ask **you** questions during the application process and may also request additional information from **you** in order to assess **your** application and offer **you** a **policy**. **You** must take care when answering any questions and ensure that all information provided is accurate and complete.

- If **you** (including any agent acting on **your** behalf) deliberately or recklessly provide inaccurate information **we** may cancel **your policy** and refuse to pay the **monthly benefit**. In these circumstances **we** may not refund any **premiums you** have paid.
- If **you** (including any agent acting on **your** behalf) carelessly provide inaccurate information, **we** shall be entitled to amend **your policy** to reflect the terms that **we** would have offered had the accurate information been provided during the application process. This may mean:
 - **we** cancel **your policy** and return all **premiums you** have paid – if **we** would not have issued **you** with a **policy** had the accurate information been known;
 - **we** reduce the **monthly benefit** to reflect higher premium that would have applied had the accurate information been known;
 - **we** make changes to these terms and conditions to reflect the terms and conditions that would have applied had the accurate information been known and treat **your policy** as if it had been issued on these amended terms and conditions.

Policy changes

If your circumstances change, you need to contact us. For example if **you**:

- move house; or
- cease to be a **resident** of the **UK, Channel Islands and/or Isle of Man**; or
- change from **employed to self-employed** (or vice versa).

We may make changes to these **terms and conditions** and **your premium** that are reasonable, including but not limited to where there is any change in applicable law, regulation or taxation. In such event **we** will give **you** 30 days' notice in writing of any changes and how these may impact **you**.

Short Term Income Protection Cover

General Conditions

When does your policy end?

Your cover will end on the date:

- of **your** death; or
- **you** reach 65; or
- **you permanently retire**; or
- **you** are no longer **resident** in either the **UK**, Channels Islands or Isle Man; or
- either **you** or **we** cancel **your policy** as detailed in the 'Cancellation Rights' paragraph of this 'General Conditions' section.

Governing Law

English law applies to this **policy**. Unless otherwise agreed, the terms and conditions and other information relating to this **policy** will be in English.

Large print, Braille, audio material

In order to make **our** documentation accessible, **we** are able to provide **you** with our literature in audio, large print or Braille. Please contact **us** if **you** require any of these services to be provided.

Data Protection

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, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by visiting the FSCS website at www.fscs.org.uk or telephoning FSCS on 0800 678 100 or 020 7741 4100.



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www.coveainsurance.co.uk

Covea Insurance plc
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