



# **Lloyd's** Accident and Illness Insurance (UK)

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# About your policy

Please read the following information, which will help you understand how your policy works.

## Policy documents

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Your policy is made up of:

- this policy document.
- the list of benefits and the schedule. These show the sections of cover you have bought and any policy limits.
- any endorsements. These are agreed changes to the cover. They are shown in the schedule if any apply.

**IMPORTANT**

*Please read all these documents carefully and keep them in a safe place.*

## What do I need to do now?

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You should read the policy carefully and check you are happy that it meets your needs. You should speak to whoever sold you the policy if:

- it does not meet your needs.
- any information is wrong.
- you have any questions about the policy.

## How does the policy work?

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We agree to insure you, in return for payment of the premium shown in the policy schedule, against bodily injury and / or illness, during the period of insurance. Your cover is subject to the terms and conditions set out in this policy.

The policy is split into different sections. There are sections providing information and sections that set out the cover available. The schedule shows which covers are included in your policy.

The 'general conditions' can be found on page 10. These apply to all sections of the policy. Each section of cover contains extra conditions that only apply to that section.

The most we will pay in respect of the cover provided for each accident or illness is shown in the list of benefits.

**IMPORTANT**

*You are only covered under a section of cover under this policy if your list of benefits specifically shows you are covered under that section.*

## Defined words

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Some words have a special meaning. These are shown in bold. Their meaning is either shown under 'Defined words' on page 3, or on the page in which they are used.

## What is covered and what is not covered?

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This policy contains different sections of cover. Cover under a particular section of this policy is set out under this heading:

### **What is covered**

Anything that is not covered under a particular section is shown under this heading:

### **What is not covered**

The policy also contains 'general exclusions', which apply to all sections of cover.

These can be found on page 8.

## What conditions do I need to comply with?

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The policy includes things you must do (or not do). These can be found in the:  
'General conditions' on page 10.  
'How to make a claim' on page 13.

### *IMPORTANT*

*Please read the conditions carefully and check you can comply with them. Please speak to your broker if you cannot comply with the conditions as non-compliance may affect your cover.*

## Guidance

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Throughout the policy, you will see the following, which are designed to help you understand the cover:

### *TIP*

*These boxes contain tips to help you understand your cover. These are included to help you and are not part of your cover.*

### *EXAMPLE*

*These boxes contain examples to help you understand your cover. These are examples only and are not exhaustive lists.*

# Defined words

Whenever the following words appear in bold, they will have the meaning below. This includes singular versions of plural words and vice versa. Definitions of defined words may also be found on the page in which those words appear.

Defined word	Meaning
Accident	means a sudden, unexpected, specific event that originates outside of the body at an identifiable time and place during the period of insurance.
Acts of terrorism involving biological or chemical materials	means the actual or threatened use of pathogenic or poisonous biological or chemical materials by any person(s) for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public or any section of the public in fear.
Benefit period	means the maximum number of months set out in the list of benefits for which temporary total disability benefit is paid.
Bodily injury	means a physical injury that: is caused by an accident; and results in a loss covered in your list of benefits within twelve (12) months from the date of the accident.
Chronic pain syndrome	means any functional pain syndrome characterised by chronic pain in the muscles and soft tissues, fatigue and/or disproportionate pain responses at specific sites in the body, including but not limited to chronic pain syndrome, chronic regional pain syndrome and fibromyalgia.
Disappearance	means you have gone missing after suffering an accident and are presumed dead if your body has not been found after twelve (12) consecutive months.
Excess period	means the number of consecutive days since you first became disabled before your temporary total disability benefit becomes payable. Your excess period is shown in the list of benefits.
Endorsement	means an agreed change to the terms of the policy. Any endorsements will be shown in the schedule.
Illness	means sickness or disease that directly results in your disability, as covered in your list of benefits, within twelve (12) consecutive months after the relevant symptoms first appear. The symptoms must first appear during the period of insurance.
List of benefits	means the document that contains details of the bodily injury and/or illness cover you have, the benefit amounts, benefit period, any excess period, and the maximum sum insured
Loss of hearing	means permanent and total loss of hearing in one or both ears as diagnosed by a qualified medical practitioner.
Loss of limb	means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle or the permanent, total and irrecoverable loss of use of your hand, arm, foot or leg.

#### 4 Defined words

Loss of sight	means permanent and total loss of sight which we will consider as having happened: in both eyes (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight you have left in both eyes is 3/60 or less on the Snellen scale (meaning you can see at not more than three feet what you should be able to see at sixty feet); or in one eye (after correction) if, on the authority of a fully-qualified ophthalmic specialist, the degree of sight you have left is 3/60 or less on the Snellen scale (meaning you can see at not more than three feet what you should be able to see at sixty feet).
Loss of speech	means permanent and total loss of the ability to speak.
Maximum sum insured	means the total amount you are insured for under this policy. This is shown in your list of benefits.
Mental or emotional diseases or disorders	means any emotional or psychiatric disorder or condition including: post-traumatic stress disorder, neuroses, psychopathy, psychoses, anxiety and stress reactions.
Net monthly wage	means: if you are paid a salary, your net monthly wage is the amount of money you earn per month after Income Tax, National Insurance (or equivalent) and any other usual deductions (such as pension contributions and/or student loan repayments) have been taken from your salary. if you receive non-salaried income, your net monthly wage is the average of your taxable earnings for the thirteen weeks before the date bodily injury or illness occurs, minus any applicable Income Tax and National Insurance.
Non-salaried income	means any taxable earnings (other than a salary), which you receive for work carried out as part of your business or occupation (as disclosed in the schedule). This may include: a wage paid at an hourly or daily rate; payments you receive for work carried out on a self-employed or freelance basis; dividends; your share of net profits (as declared to HMRC).
Our medical adviser	means a qualified medical practitioner chosen and instructed by us.
Paralysis	means permanent, total and irrecoverable loss of function of one or more limbs.
Period of insurance	means the period when you are covered by this policy, as shown in the schedule.
Permanent total disability	means your bodily injury or illness, as covered in your list of benefits, that: prevents you from attending to all aspects of any business or occupation for which you are suited by training, education, industry knowledge or experience; and lasts for twelve (12) consecutive months and at the end of that period there is, in the view of our medical adviser, no hope of improvement.
Policy	the contract of insurance between you and us, made up of: 1. This policy document; 2. The schedule and list of benefits; and 3. Any endorsements
Pre-existing conditions	means any condition, whether diagnosed or not: which is provided for in your list of benefits, or which made a material contribution to a covered loss, of which you were aware or should have been aware at the start of this policy or for which you have sought advice, diagnosis, treatment or counselling or for which you have been treated at any time during the three (3) years prior to the inception of this policy.

## 5 Defined words

Qualified medical practitioner	means a medical professional who: has full General Medical Council registration with a license to practice, and is on the General Medical Council Specialist Register and/or GP Register, and is practicing one or more of their specialties in a post for which they have the correct registration (as shown on the General Medical Council Specialist Register and/or GP register), and has no personal connection to you other than in their capacity as your doctor.
Salary	means a fixed amount of money paid regularly to you by your employer in exchange for the work you carry out as part of your occupation (as disclosed in the schedule)
Schedule	means the document showing your name, address, date of birth, business or occupation the period of insurance and other relevant information.
Temporary total disability	means your bodily injury or illness, as covered in your list of benefits, that prevents you from attending to all aspects of your business or occupation (as disclosed in the schedule).
We / Us / Our	means the insurers who provide this policy.
You / your	means the person named in the schedule.
Your broker	means the insurance intermediary shown in the schedule who arranged this policy on your behalf.

# What is covered

## Section one: Accidents that cause bodily injury

### What is covered

We will pay the benefit shown in the list of benefits if you suffer bodily injury during the period of insurance.

### What is not covered

Any benefits you have chosen not to insure. These are marked as 'NOT COVERED' in your list of benefits.

The General exclusions apply in addition to the exclusion listed below.

We will not cover claims for accidents that cause bodily injury in any way caused or contributed to by an illness (other than any illness directly resulting from medical or surgical treatment that was necessary because of the accident).

#### *TIP*

where a bodily injury is made worse by another medical condition, we may only pay a portion of the benefit covered.

## Accident conditions

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### Disappearance

If the benefit for 'death or disappearance' is covered, we will only pay in the event of your disappearance if:

- a. your body is not found within twelve (12) months of your disappearance and sufficient evidence is produced that you have sustained bodily injury and this injury has caused your death; and
- b. the nominated person or persons who receive the benefit payment in the event of your death or disappearance agree in writing to refund the full amount to us if you are subsequently found to be alive.

#### *TIP*

*We will accept official documents from a public authority as 'sufficient evidence'.*

## Section two: Illness

### What is covered

We will pay the benefit shown in the list of benefits if you suffer illness during the period of insurance.

### What is not covered

We will not pay any benefits you have chosen not to insure. These are marked as 'NOT COVERED' in your list of benefits.

The General exclusions apply in addition to the exclusions listed below.

We will not cover claims for illness in any way caused or contributed to by the effects of an accident.

### Illness conditions

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1. Symptoms of your illness  
The symptoms of any illness must be diagnosed by a qualified medical practitioner and must first appear during the period of insurance.
  2. Death prior to benefit payment(s)  
If you die due to an illness before any benefit is paid:
    - a. we will still pay any benefit (including temporary total disability) that was due before your death.
    - b. we will not pay any benefit where you were unable to provide the necessary medical information to us prior to your death.
    - c. we will not pay any permanent total disability benefit if you die within twelve (12) months of the onset of symptoms.
  3. Death by illness  
There is no benefit payable for your death or disappearance caused by illness.

# General terms and conditions

The general terms, exclusions and conditions apply to the whole policy. Additional exclusions and conditions that only apply to a particular section of cover are found in:

Section one: Accidents that cause bodily injury on page 6 and

Section two: Illness on page 7  
of this policy.

## General exclusions for all sections

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The following exclusions apply to the whole policy. Additional exclusions that only apply to a particular section of cover are found in:

- Section one: Accidents that cause bodily injury on page 6 and
- Section two: Illness on page 7  
of this policy.

This policy does not cover claims in any way caused or contributed to by:

1. war whether war is declared or not, hostilities or any act of war or civil war;
2. acts of terrorism involving biological or chemical materials;
3. nuclear reaction, nuclear radiation or radioactive contamination;
4. your engaging in or taking part in armed forces service or operations;
5. your engaging in aerial sports, powered or unpowered flight of any kind other than as a commercial airline passenger;
6. your suicide or attempted suicide or intentional self-injury;
7. your deliberate exposure to exceptional danger (except in an attempt to save human life);
8. a criminal act by you;
9. your consumption of:
  - alcohol, and/or
  - illegal drugs, and/or
  - prescription drugs that have not been prescribed to you or that you have not taken as prescribed;
10. mental or emotional diseases or disorders;
11. any type of chronic pain syndrome;
12. pre-existing conditions.

## Accident and illness conditions

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The following conditions apply to both ‘Section one: Accidents that cause bodily injury’ and ‘Section two: Illness’:

1. Pre-existing condition(s)

Where a bodily injury or illness is made worse by a pre-existing condition, we may only pay a portion of the benefit covered. The amount we pay will be based on the effect of your pre-existing condition on your bodily injury or illness. We will consult a qualified medical practitioner and use their assessment to work out how much we will pay you.

*EXAMPLE*

*A customer suffering from osteoporosis when they took out this policy has an accident that results in them losing two (2) limbs. However, our medical adviser determines that someone not suffering from osteoporosis would only have lost one (1) limb as a result of the same accident. We would only pay the benefit for loss of one (1) limb.*

2. One (1) benefit per accident or illness

Unless you are entitled to temporary total disability benefit payments, we will only pay one (1) benefit in respect of one (1) accident or one (1) illness. If you claim for two (2) benefits arising from the same accident or illness, we will only pay the higher amount.

*EXAMPLE*

*For example, if you suffer loss of sight in one (1) eye and loss of limb in the same accident, we will only pay you one (1) benefit - whichever benefit is the higher amount.*

3. Adjustment of temporary total disability payment(s)

If you claim for a benefit paid as a lump sum and claim for temporary total disability benefit because of the same accident or illness, we will deduct the amount we pay you as a lump sum from your temporary total disability payments.

*EXAMPLE*

*You suffer loss of limb in an accident and are unable to carry out your business or occupation as a result. We will pay you the benefit amount stated in your list of benefits for loss of limb as a lump sum and pay temporary total disability benefit. However, we will reduce the monthly temporary total disability benefit payments by the amount of the lump sum paid for loss of limb.*

*For example, if the benefit amount for loss of limb is £15,000 and temporary total disability benefit is £12,000 per month for three (3) months, we would reduce each monthly temporary total disability payment by £5,000 (being £15,000 divided by three (3)). This means temporary total disability payments would be £7,000 a month.*

4. Adjustment of permanent total disability payment

If you claim for temporary total disability benefit following an accident or illness and then claim for permanent total disability benefit because of the same accident or illness, we will deduct the total amount we paid you for temporary total disability from the lump sum we pay you for permanent total disability.

*EXAMPLE*

*We pay a customer a temporary total disability benefit amount of £2,000 per month for a benefit period of three (3) months. The same customer then claims for permanent total disability benefit. If the benefit amount stated in their list of benefits is £10,000, we would deduct the £6,000 of temporary total disability payments from the permanent total disability benefit amount. This means we would pay a permanent total disability lump sum of £4,000.*

5. Benefit period will not be restarted  
We will only pay a benefit for temporary total disability for one (1) benefit period. For example, if you suffer a second accident or illness while you are already receiving temporary total disability benefit, the benefit period will not be restarted.  
*TIP*  
*If you suffer an illness or bodily injury and receive temporary total disability payment as a result, you will not receive further temporary total disability payments for a second accident or illness while you are receiving temporary total disability payment for the first accident or illness.*
6. Permanent total disability benefit becomes payable after twelve (12) months  
We will not pay any benefit for permanent total disability until twelve (12) months after the date of your disability arising from a bodily injury or illness.
7. Maximum temporary total disability benefit  
The maximum temporary total disability benefit we will pay will not exceed the percentage of your net monthly wage stated in the list of benefits.
8. Maximum benefit period  
The maximum benefit period in respect of temporary total disability will be the benefit period shown in the list of benefits following the expiry of the excess period.
9. We will not pay more than the maximum sum insured  
The total amount we will pay for all claims under this policy will not exceed the maximum sum insured as stated in your list of benefits.  
*EXAMPLE*  
*A customer has a maximum sum insured of £12,500. This customer has three (3) separate accidents, and each accident leads to a claim for a benefit worth £5,000. We would pay £5,000 for the first claim and £5,000 for the second claim. However, as **the customer's** maximum sum insured is £12,500, we would pay £2,500 for the third claim and would not pay any further claims.*

## General conditions

The following conditions apply to the whole policy.

### 1 Important information

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You must:

check that the information contained in the schedule is accurate and that the list of benefits reflects the coverage sections you have requested (see the 'Information you have given us' section below);

*EXAMPLE*

*For example, if a customer has requested cover for loss of speech and this is marked as **'NOT COVERED'** in their list of benefits, the customer should notify their broker. We would then amend their policy, which may mean charging a higher premium.*

notify your broker of any inaccuracies in the information you have given us in respect of this policy, or of any changes to that information (see 'Changes to information' on page 11.);

comply with the 'Things you must do' in the event of a claim (see page 13.), your duties under each section, and your duties under the policy as a whole.

Failure to comply with the above could affect your cover under this policy or any claim you make.

*EXAMPLE*

*For example, a customer gives us inaccurate information about their business or occupation and does not notify their broker. If we would not have covered them for loss of hearing had they given us correct information, we would refuse to pay any claim for loss of hearing.*

## 2 Information you have given us

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You must take reasonable care when providing information to us. We will rely on information you give us when:

- a. deciding whether to cover you;
- b. deciding the policy terms; and
- c. setting the premium.

If any information is untrue, incomplete and/or inaccurate, it may affect your cover.

## 3 Incorrect information

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- a. If you carelessly give us incorrect information, we can:
  - i. treat the policy as if it never existed. This means we will not cover any claim, but we will return the premium to you. We will only do this if we would not have entered into the policy if you had given correct information; or
  - ii. change the terms of the policy with effect from the start of the period of insurance. This could include adding additional exclusions or obligations or amending the maximum sum insured or benefit amounts. We will only do this if we would have applied those other terms if you had given correct information; and/or
  - iii. charge an additional premium or reduce the amount we pay for a claim. If we reduce the amount we pay we will do so in proportion to the premium you paid us and the premium we would have charged you. We will only do this if we would have charged a higher premium if you had given correct information;

### *EXAMPLE*

*We charged a customer a premium of £500 but would have charged them £1,000 if they had provided the correct information. Because they only paid half of the correct premium, we would only pay half of the claim. For example, if they made a claim worth £3,000, we would only pay £1,500.*

- iv. cancel the policy in accordance with the Cancellation condition below; or
  - v. co-operate with the Police and support a prosecution in the event of any criminal behaviour in respect of this policy, such as faking an injury in order to fraudulently claim benefits under this policy.
- b. If we establish that you deliberately or recklessly provided us with false or misleading information, we will:
  - i. treat this policy as if it never existed; and
  - ii. decline all claims; and
  - iii. co-operate with the Police and support a prosecution in the event of any criminal behaviour in respect of this policy.

We or your broker will write to you if we:

- intend to treat this policy as if it never existed; or
- need to amend the terms of the policy; or
- require you to pay more for the policy

## 4 Changes to information

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You must tell your broker as soon as possible if:

- i. you realise you have given us any incorrect information;
- ii. any information you have given us has changed;

When we are told about any such change, we will let you know if it changes the policy. We can change policy terms, charge an additional premium or cancel the policy.

## 5 Failure to tell us about a change

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If:

- a. you do not tell us about a change; or
  - b. you give us incorrect information when telling us about a change,
- we may treat the policy as if it never existed, reduce the amount we pay for a claim or decline to pay a claim.

## 6 Other insurance

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- If you are covered under this policy as well as another insurance policy,
- a. you must give us details of the other insurance policy.
  - b. we will only pay our share of any benefit you are entitled to for any accident or illness that is also covered by another insurance policy.

### EXAMPLE

*A customer is covered for temporary total disability under both this policy and another insurance policy. Their benefit amount under this policy is 80% of their net monthly wage and their benefit amount under the other insurance policy is also 80% of their net monthly wage. We would only pay half of the benefit amount (40% of net monthly wage).*

## 7 Sanctions

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You agree that any cover, the payment of any claim and any benefit provided under your policy will be suspended, to the extent that providing any cover, the payment of any claim or the provision of any benefit would expose us to any sanction, prohibition or restriction under any:

- a. **United Nations' resolution(s); or**
- b. trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

The suspension will continue until we are no longer exposed to any sanction, prohibition or restriction.

## 8 Choice of law

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You and we are free to choose the law applicable to this insurance. Unless specifically agreed to the contrary this insurance will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England and Wales.

# How to make a claim

## Things you must do

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You must comply with the obligations set out below. If we determine that any claim you make under this insurance has been adversely impacted directly by your failure to comply with the obligations below, we may refuse to pay your claim or reduce the amount of any payment we make for the claim.

1. If you need to make a claim under this policy, you must notify your broker as soon as possible (and within twelve (12) months) of the date of the accident or illness.
2. In the event of an accident or illness which causes or may cause a claim under this policy, you must as soon as possible:
  - a. seek the attention of a qualified medical practitioner; and
  - b. notify your broker.
3. When you notify your broker of a claim, we will send you a claim form which you are required to complete and return to us.
4. You must provide us or our medical adviser with the necessary authorisation to access or obtain all your medical records, notes and correspondence referring to the subject of a claim or any related pre-existing condition(s). Our medical adviser must, for the purpose of reviewing the claim, be allowed to examine you as we consider necessary.
5. You must provide your broker with all information we may reasonably require including a fully completed claim form.

## How we deal with your claim

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1. Once your claim is accepted, we will pay you:
  - a. Up to the percentage of the maximum sum insured shown in the relevant section of your list of benefits for any benefit paid as a lump sum.
  - b. Up to the percentage of your net monthly wage shown in the relevant section of your list of benefits for any benefit paid as a monthly amount.
2. In some cases, the amount we pay for any particular benefit may be less than the amount stated in the relevant section of your list of benefits. This is explained in the 'Accident and illness conditions' section on page 8.

*TIP*

*For more information about how we deal with claims, see Examples of common claims on page 14.*

## Fraudulent claims

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1. It is a criminal offence to make a dishonest representation for your own advantage in the UK. If you make a fraudulent claim under this insurance, we:
  - a. are not legally required to pay the claim; and
  - b. may recover from you any money paid by us to you in respect of the claim; and
  - c. may treat this insurance as having been terminated from the date of the fraudulent act. We will notify you if we decide to do this.
2. If we exercise our right under clause 1. c) above:
  - a. we will have no legal responsibility to you for any relevant event that occurs after the time of the fraudulent act. A relevant event is whatever gives rise to our legal responsibilities under this insurance (such as if you suffer an accident or illness, make a claim, or the notify us of a potential claim); and
  - b. we do not have to return any of the premiums you paid.
3. We will also cooperate fully with the Police in any criminal investigation into a fraudulent claim.

# Examples of common claims

Below is a list of some common reasons for making a claim, together with a list of the steps you need to take.

You should read your schedule, any endorsements and the relevant sections of your policy to ensure you have the cover you require.

## Accident - Temporary total disability

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### What has happened?

You have suffered an accident that has caused you a bodily injury, which has left you unable to carry out your business or occupation (as stated in the schedule).

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### What you need to do

1. You must notify your broker as soon as possible (and within 12 months) of the date of the accident.
2. When you notify your broker of a claim, we will send you a claim form, which you must complete and return to us.
3. You must provide your broker with all information we may reasonably require including a fully completed claim form.

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### What happens next

1. Once your claim is accepted, we will pay you the temporary total disability benefit amount stated in your list of benefits while you cannot carry out your business or occupation (as stated in the schedule).
2. Payments will last for no longer than the benefit period stated in your list of benefits.
3. Payments will begin after the excess period stated in your list of benefits. The total temporary total disability benefit will not exceed the percentage of net monthly wage stated in your list of benefits.

## Accident - Permanent total disability

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### What has happened?

You have suffered an accident that has caused you a bodily injury. For twelve (12) consecutive months this bodily injury has left you unable to do either of the following:

1. carry out your business or occupation (as stated in the schedule).
2. carry out any other business or occupation for which you are suited by training, education, industry knowledge or experience.

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### What you need to do

1. You must notify your broker as soon as possible.
2. When you notify your broker of a claim, we will send you a claim form, which you must complete and return to us.
3. You must provide your broker with all information we may reasonably require including a fully completed claim form.
4. Our medical adviser must, for the purpose of reviewing your claim, be allowed to examine you as we consider necessary.
5. You must provide us or our medical adviser with the necessary authorisation to access or obtain all your medical records, notes and correspondence relevant to your claim.

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### What happens next

1. If, in the view of our medical adviser, your condition has no hope of improvement, we will pay you permanent total disability benefit as stated in your list of benefits.
2. We will not pay any benefit for permanent total disability until twelve (12) months after the date of your disability arising from a bodily injury.
3. When we pay your permanent total disability benefit, the total amount of any temporary total disability benefit you received will be deducted from your lump sum for permanent total disability.

## Illness - Temporary total disability

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### What has happened?

You have suffered an illness that has left you unable to carry out your business or occupation (as stated in the schedule).

### What you need to do

1. You must notify your broker as soon as possible (and within 12 months) of the date of the accident.
2. When you notify your broker of a claim, we will send you a claim form, which you must complete and return to us
3. You must provide your broker with all information we may reasonably require including a fully completed claim form.

### What happens next

1. Once your claim is accepted, we will pay you the temporary total disability benefit amount stated in your list of benefits while you cannot carry out your business or occupation (as stated in the schedule).
2. Payments will last for no longer than the benefit period stated in your list of benefits .
3. Payments will begin after the excess period stated in your list of benefits. The total temporary total disability benefit will not exceed the percentage of net monthly wage stated in your list of benefits

## Illness - Permanent total disability

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### What has happened?

You have suffered an illness. For twelve (12) consecutive months this illness has left you unable to do either of the following:

1. carry out your business or occupation (as stated in the schedule).
2. carry out any other business or occupation for which you are suited by training, education, industry knowledge or experience.

### What you need to do

1. You must notify your broker as soon as possible.
2. When you notify your broker of a claim, we will send you a claim form, which you must complete and return to us.
3. You must provide your broker with all information we may reasonably require including a fully completed claim form.
4. Our medical adviser must, for the purpose of reviewing your claim, be allowed to examine you as we consider necessary.
5. You must provide us or our medical adviser with the necessary authorisation to access or obtain all your medical records, notes and correspondence relevant to your claim.

### What happens next

1. If, in the view of our medical adviser, your condition has no hope of improvement, we will pay you permanent total disability benefit as stated in your list of benefits.
2. We will not pay any benefit for permanent total disability until twelve (12) months after the date of your disability arising from an illness.
3. When we pay your permanent total disability benefit, the total amount of any temporary total disability benefit you received will be deducted from your lump sum for permanent total disability.

# Other important information

Please read the important information shown below.

## Cancellation

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You can cancel this insurance at any time by writing to your broker.

We can cancel this insurance by giving you thirty (30) days' notice in writing. We will only do this for a valid reason (examples of valid reasons are as follows):

- non-payment of premium

- a change in risk occurring which means that we can no longer provide you with insurance cover;

- non-cooperation or failure to supply any information or documentation we request; or threatening or abusive behaviour or the use of threatening or abusive language.

## Refund of premium

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This policy has a cooling off period of fourteen (14) days from either:

- the date you receive your policy documentation; or

- the start of the period of insurance

whichever is the later.

If you cancel this policy within the cooling off period then, provided you have not made a claim, we will refund in full any premium you have paid.

If this policy is cancelled outside the cooling off period then, provided you have not made a claim, you will be entitled to a refund of any premium paid, subject to a deduction for any time for which you have been covered. This will be calculated on a proportional basis. For example, if you have been covered for six (6) months, the deduction for the time you have been covered will be half the annual premium.

If you cancel this policy outside the cooling off period, there may be an additional charge, as stated in the schedule, to cover the administrative cost of providing this policy.

If we pay any claim, in whole or in part, then no refund of premium will be allowed.

## Complaints

We aim to deal with all aspects of your policy fairly and promptly. We are committed to providing the highest levels of service. However, if you do need to make a complaint, please follow the procedure shown below.

### 1 Concerns about the policy

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If you have any concerns about the policy or the handling of a claim, please contact your broker, whoever sold the policy to you **or the Complaints team at Lloyd's**.

You can find your **broker's** details in the schedule under 'Key Contacts'.

### 2 Further concerns

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To contact **the Complaints team at Lloyd's**, please use the following details:

Address: Complaints

**Lloyd's Market Services One Lime Street London EC3M 7HA**

Telephone: 020 7327 5693

E-mail: [complaints@Lloyds.com](mailto:complaints@Lloyds.com)

**Details of Lloyd's complaints procedures, including timescales for resolution, are set out in a leaflet 'Your Complaint - How We Can Help'. This is available at [www.lloyds.com](http://www.lloyds.com) or from the above address.**

### 3 Financial Ombudsman Service

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If:

- a. you are not happy with the response to any complaint; or
  - b. you have not received a response within 8 weeks,
- you can refer your complaint to the Financial Ombudsman Service (FOS).

Please use the following details:

Address: The Financial Ombudsman Service Exchange Tower London E14 9SR

Telephone: 0800 023 4567 (free from fixed lines in the UK  
0300 1239123 (charged at the same rate as 01 and 02 numbers on mobiles in the UK)

E-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

## Your data

Please read the information below about how we use your data.

### 1 Using your data

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We collect and use personal information about you to provide insurance cover to you or which benefits you. We also use your information to meet our legal obligations.

### 2 Data we collect

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The information we collect can include:

- a. your name, address and contact details;
- b. other information relevant to the cover; and
- c. in some cases, sensitive information. This includes information about your health and any convictions.

### 3 Sharing data

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Due to the way insurance works, we may share your information with others. This includes:

- a. insurers, reinsurers, brokers and agents;
- b. loss-adjusters and sub-contractors;
- c. regulators and law enforcement agencies; and
- d. crime and fraud prevention agencies and insurance databases.

We will only share information in connection with the insurance and where legally permitted.

### 4 Other people's information

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If you give us or your broker information about someone else following their permission to do so, you must give them our privacy notice. This is available on our website.

### 5 Further information

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For more information about how we use data, please read our full privacy notice. This is available on our website. If you need the notice in another format, please let us know.

### 6 Contacting us and your rights

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You have rights relating to how we use your data. This includes the right to access your data. If you want to access your information or discuss your rights, please let us know. Alternatively, contact your broker.

## Financial Services Compensation Scheme

Please read the information below about how you are protected if we cannot pay a claim.

### 1 Financial Services Compensation Scheme

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The insurers are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation if we cannot meet our obligations under the policy. If you are entitled to compensation and the extent of any compensation, the level depends on the nature of the policy. For further information, please contact the FSCS.

Please use the following details:

Address: Financial Services Compensation Scheme PO Box 300 Mitcheldean GL17 1DY

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

## About the insurers

Please read the information below about the insurers.

### 1 Who are we?

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We are the insurers who provide this policy. Our details are shown in the schedule. This includes our reference numbers and the proportions of the cover we are providing.

### 2 Multiple insurers

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Cover may be provided by more than one insurer. The insurer and proportions are set out in the schedule. Each insurer is liable only for their share of the risk.

### 3 Regulation

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We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority

### 4 Further details

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Our Firm Reference Number(s) and other details can be found on the Financial Services Register at [www.fca.org.uk](http://www.fca.org.uk).



One Lime Street London EC3M 7HA