



i:protect insurance

Lifestyle Protection

Designed to protect a percentage of Your Income
in the event of Accident, Sickness or Unemployment

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INTRODUCTION

This Policy is designed to protect up to 65% of Your Gross Monthly Income or £1,500, whichever is the lesser and pay a chosen benefit should You be unable to **Work** as a result of an **Accident, Sickness or Unemployment**, dependent upon which cover has been chosen. It is renewed automatically each month on receipt of Your **Premium** until the **Termination Date** or earlier cancellation.

This document contains full details of the benefits that **We** agree to provide in the event of an **Accident, Sickness or Unemployment** subject to the following terms, conditions and exclusions. Please refer to Your **Insurance Schedule** which shows the level of cover and payment terms You have chosen. It is important that You read these carefully so that You understand what is and what is not covered. If You have any questions please contact Us on one of the useful numbers below.

We recommend that You keep these documents in a safe place as You may need to refer to them in the event of a claim.

Throughout this document words and phrases are used which have specific meanings. These are in bold type and are explained under *Meaning of Words on pages 17 to 19*.

Changing Your mind

You have the right to cancel this Policy at any time.

If You cancel within 30 days of receiving Your Policy documents You will receive a full refund of any **Premiums** paid. However, You will not be entitled to a refund if You have made a successful claim in this period and if so We may seek to recover the monies paid to You in settlement of the claim.

To cancel Your Policy please return Your **Insurance Schedule** and Your Policy document to:-

i:customer
Jewry House
Jewry Street
Winchester
Hampshire
SO23 8RZ

Useful numbers

General Enquiries - 01962 892093
Claims Enquiries - 01962 890400

Office hours - between 9.00 am and 5.00 pm Monday to Friday excluding Bank Holidays.

Website - www.iprotectinsurance.co.uk

How to access Your details online

We now provide secure on-line access to Your i:protect policy information through **My iPolicy**. You will be issued with Your personal log in and password details when Your policy has been accepted by Us. Alternatively please contact Us on the number above, if You have lost or forgotten Your password. **My iPolicy** includes all Your policy documentation, useful information, for example how to claim and how to notify Us of changes in Your circumstances. It also provides full details of Your premium payment history.

You can access **My iPolicy** via the main i:protect website www.iprotectinsurance.co.uk, Existing Customer section.

QUALIFYING FOR COVER

1. At the Start Date

It is important that **You** check that **You** are eligible to be covered under this **Policy**. Please read this section carefully.

You must be:-

1. a **U.K. Resident**, legally entitled to **Work** in the **UK** and can seek and take up alternative **Employment** without restriction.
2. over the age of 18 and under the age of 64 (benefit ends at age 65).
3. actively in **Work** for 16 hours or more per week and have been so continuously for the previous 6 months.

but **You** must not be:-

1. aware of any impending **Unemployment**.
2. aware of any medical condition that may prevent **You** from **Working** in the future.
3. in casual, temporary or seasonal **Employment**.
4. currently unable to attend **Your** normal place of **Work** due to an **Accident** or **Sickness** unless **You** are on
5. maternity, paternity, adoption or parental leave.

Important:

Please note **You** are not able to claim for any **Pre-existing Condition** during the **Period of Cover** unless **You** have been **Symptom Free** for a period of no less than 24 months, immediately prior to the start date of a claim. This does not apply to **Pre-existing Chronic Conditions** for which **You** are unable to claim throughout the **Period of Cover**.

Also, please note that there are certain restrictions if **You** are **Self-employed**, a contract worker, a sub-contract worker or have more than one job, these are covered in more detail on *Page 6 and 7 under Special notes*.

You must disclose this insurance to the Department of Work and Pensions at the time of any state benefit claim.

2. If You need to claim

Accident or Sickness:

If **You** are unable to **Work** as a result of an **Accident** or **Sickness** as certified by a **Doctor** and **You** are not in receipt of any form of income other than **Your** normal or statutory sick pay, **We** will pay **Accident** and **Sickness** benefit, subject to the **Accident** and **Sickness** conditions set out on *Pages 3 - 4 (ACCIDENT AND SICKNESS COVER - What is and What is not covered)*.

Unemployment:

If **You** become **Unemployed** and are registered for **Work** with the Department for Work and Pensions and **Actively Seeking Work**, **We** will pay **Unemployment** benefit, subject to the **Unemployment** conditions set out on *Pages 5 -7 (UNEMPLOYMENT COVER - What is and What is not covered)*.

Carer Cover:

This is only available if **You** have selected **Unemployment** cover. If **You** become a **Carer** for a member of **Your Immediate Family**, **We** will pay **Carer** benefit, subject to the **Carer** conditions set out on *Page 8 (CARER COVER - What is and What is not covered)*.

3. If my circumstances change

It is **Your** responsibility to ensure that this **Policy** continues to meet **Your** demands and needs should **Your Work** or personal circumstances change during the lifetime of **Your Policy** as this could affect **Your** entitlement to benefits. In particular **You** should therefore tell **Us** if:-

1. **You** start to live or **Work** outside the **United Kingdom**; or
2. **You** voluntarily reduce **Your** hours of **Work** to less than 16 hours per week; or
3. **You** cease to, or retire from **Work**; or
4. **You** hold any other **Unemployment** and/or **Accident** and **Sickness** insurance; or
5. **You** change from **Employed** to **Self-employed** (or vice versa); or
6. **You** start to **Work** on a fixed-term contract basis; or
7. **You** hold any Company Directorships; or
8. **You** become a **Carer** for a member of **Your Immediate Family**; or

and **We** will advise **You** if **You** still remain eligible for cover under this **Policy**.

ACCIDENT AND SICKNESS COVER – What is and what is not covered

1. What is covered

We will pay **Accident** and **Sickness** benefit, subject to the **Accident and Sickness** exclusions - 2. What is not covered, Pages 3 and 4, if **You** are unable to **Work** due to an **Accident** or **Sickness** during the **Period of Cover** and can provide **Us** with evidence that **You** are totally unable to **Work**.

The first day of **Your Accident** or **Sickness** is the date a **Doctor** first certifies that **You** are totally unable to **Work**.

The **Daily Benefit** is payable monthly in arrears and is subject to the following conditions:-

1. **You** must have been unable to **Work** due to an **Accident** or **Sickness** for the number of days as stated on **Your Insurance Schedule** (under **Waiting Period**) before payments can commence.
2. The **Daily Benefit** will then become payable as per the benefit calculation shown on **Your Insurance Schedule** until the earliest of the following dates:-
 - (a) the date on which **You** cease to be unfit for **Work** due to an **Accident** or **Sickness** or fail to provide proof that **You** are unfit for **Work**; or
 - (b) the date on which **You** return to **Work**; or
 - (c) the date when **We** have paid the maximum number of payments in respect of any one claim, (the **Maximum Benefit Period** is shown on **Your Insurance Schedule**); or
 - (d) the **Termination Date**.

NB: Please note that no benefit is paid for the **Excess Period** shown in **Your Insurance Schedule**.

2. What is not covered

You will not be covered if **Your Accident** or **Sickness** directly or indirectly results from:

1. Intentionally self-inflicted bodily injury.
2. **Normal Pregnancy and Childbirth Related Conditions** - see *Page 4 Special notes*.
3. **Your** consumption of alcohol or **You** taking drugs other than under the direction of a **Doctor** (provided that such direction is not given as part of **Your** treatment for drug addiction or dependence).
4. Civil Disorder.
5. Ionising radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. Any psychotic or psychoneurotic illness, mental or nervous disorder or stress or stress related condition unless the condition has been diagnosed by a Community Mental Health Team overseen by a member of the Royal College of Psychiatrists, or has been investigated and diagnosed by a Consultant Psychiatrist.
7. Any backache or back related conditions for which **We** have paid 3 **Monthly Benefits** and **You** have not supplied **Us** with radiological evidence of a medical abnormality - see *Page 4 Special Notes*
8. A **Pre-existing Condition**. However this exclusion will be waived if **You** have been **Symptom Free** for a period of no less than 24 months prior to the start date of **Your** claim, except in the case of **Chronic Conditions**.
9. Any unlawful act on **Your** part.
10. Any of the **Unemployment** exclusions.
11. Medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments, and elective surgery.
12. An **Accident** or **Sickness** which lasts for less than the **Waiting Period**.
13. If **You** increase **Your Monthly Benefit**, **We** will not pay the **Increase in Benefit** for any **Accident** or **Sickness** if the **Accident** or **Sickness** results directly or indirectly from:-
 - (a) a condition for which treatment has been given in the 12 month period prior to the date **You** have applied for an **Increase in Benefit**; or

- (b) a condition for which diagnosis has been made in the 12 month period prior to the date **You** have applied for an **Increase in Benefit**; or
 - (c) a condition, whether diagnosed or not, for which investigations have commenced in the 12 months prior to the date **You** have applied for an **Increase in Benefit**; or
 - (d) a **Chronic Condition** that **You** were aware of at the date of **Your** application for an **Increase in Benefit**.
14. If **You** decrease **Your Accident and Sickness Excess Period** - the 12 month pre-existing period will apply from the date **You** applied to decrease **Your Accident and Sickness Excess Period** and not the **Start Date** as stated in the Meaning of Words for a **Pre-existing Condition** - see *Page 18*

3. Special notes:

Pregnancy:

When a claim is made by **You** for a pregnancy or childbirth related condition, **We** may refer to a **Doctor** who specialises in Obstetrics for an opinion as to whether the condition is a **Normal Pregnancy and Childbirth Related Condition**. **We** will consider this opinion to be final.

Back Ache or Back Related Conditions:

When a claim is made by **You** for backache or back related conditions, **We** will require radiological evidence the medical abnormality resulting in the disability, if the claim continues for a period of 3 months. Benefits will not be payable after this 3 month period, if this evidence is not provided.

UNEMPLOYMENT COVER – What is and what is not covered

1. What is covered

We will pay **Unemployment** benefit, subject to the **Unemployment** exclusions - 2 What is not covered, Pages 5 and 6, if **You** are made **Unemployed** during the **Period of Cover** and can provide **Us** with evidence that **You** are **Actively Seeking Work** and are in receipt of Job Seekers Allowance. If **You** are ineligible for Job Seekers Allowance, **We** will waive the requirements to be in receipt of this provided **You** are receiving National Insurance Credits.

The first day of **Your Unemployment** is the date **You** first register at the Department for Work and Pensions as being **Unemployed** and available for **Work**.

The **Daily Benefit** is payable monthly in arrears and is subject to the following conditions:-

1. **You** must have been **Unemployed** for the number of days stated on **Your Insurance Schedule** under **Waiting Period** before payments can commence.
2. The **Daily Benefit** shall then become payable as per the benefit calculation shown on **Your Insurance Schedule** until the earliest of the following dates:-
 - (a) the date on which **You** return to **Work**; or
 - (b) **We** have paid the maximum number of payments in respect of any one claim. The **Maximum Benefit Period** is shown on **Your Insurance Schedule**; or
 - (c) the **Termination Date**.

NB: Please note that no benefit is paid for the **Excess Period** shown in **Your Insurance Schedule**.

2. What is not covered

You will not be covered for **Unemployment** if:

1. **You** became **Unemployed** or received verbal or written notification of **Unemployment** within the **Initial Exclusion Period** or at the **Start Date** **You** knew or in **Our** reasonable opinion **You** had reason to believe **You** were to become **Unemployed**.

Initial Exclusion Period

The rule below will apply unless **You** have been accepted by **Us** on a reduced **Initial Exclusion Period** or **You** have been notified and **We** have received **Your** agreement in writing of an extended **Initial Exclusion Period**. The **Initial Exclusion Period** will always be shown in **Your Insurance Schedule**.

- (a) If **You** are applying for cover within 30 days of **Your Mortgage** completion date - The **Initial Exclusion Period** is 60 days immediately following the **Start Date**.
 - (b) If **You** are applying for cover after 30 days of the date **Your Mortgage** completed - The **Initial Exclusion Period** is 120 days immediately following the **Start Date**.
 - (c) If **You** are transferring from another provider - The **Initial Exclusion Period** may be waived.
2. **You** are made aware by any means, within the **Initial Exclusion Period**, of anything that might lead to **Your Unemployment**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**.
 3. **Unemployment** which arises from any programme of job losses, any departmental or company restructure, or merger with another company, announced by **Your** employer before the **Start Date**, or within the **Initial Exclusion Period**.
 4. At the **Start Date**, **You** were aware that **Your** fixed term contract would not be renewed at its next renewal date or in **Our** reasonable opinion **You** had reason to believe that **Your** fixed term contract would not be renewed at its next renewal date.
 5. **You** resign, retire or **Your Unemployment** is in any way voluntary.
 6. **You** are, at the date **You** become **Unemployed**, engaged in **Work** for which becoming **Unemployed** is a seasonal occurrence or a regular feature of **Your** particular job.
 7. **You** become **Unemployed** at the end of a fixed-term contract, which is not renewed, unless **You**:-
 - (a) **Worked** continuously for the same employer for at least 2 consecutive years; or
 - (b) Have been on a contract for at least 1 year which has been renewed at least once; or
 - (c) Were originally employed on a permanent basis by the same employer but were transferred to a fixed-term contract by the employer without a break in employment.

8. You were **Employed** on a casual or temporary basis or **Employed** by an employer for a specific task or job and the completion of this task or job has resulted in **Your Unemployment**.
9. Any period of **Unemployment** for which You have received or are entitled to a payment in lieu of notice at the termination of **Your Employment**.
10. You become **Unemployed** as a result of Civil Disorder.
11. You become **Unemployed** as a result of ionising radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
12. You become **Unemployed** as a result of **Your own act, misconduct, breach of contract, dismissal, omission or negligence**.
13. **Your Unemployment** is as a result, either directly or indirectly, of any unlawful act on **Your part**.
14. **Your Unemployment** occurs while You are away from the European Union for a period intended by You to be more than 90 days - this clause will not apply if **Your reason for leaving the European Union is because You**
 - (a) **Work** for the British Armed Forces; or
 - (b) **Work** as a Civil Servant in a British Embassy or Consulate.
15. You are made **Unemployed** due to any of the **Accident and Sickness** exclusions.
16. If **Your Unemployment** lasts for less than the **Waiting Period** as shown on **Your Insurance Schedule**.
17. Any period of **Unemployment** for which You are not registered as **Unemployed** with the Department for Work and Pensions and not **Actively Seeking Work**.
18. If You increase **Your Monthly Benefit**, We will not pay the increased amount where **Your Unemployment** arises from any of the circumstances set out in 1, 2, 3 and 4 above within 120 days of the date You applied for the **Increase in Benefit**.
19. If You change **Your cover from Accident and Sickness only to Accident, Sickness and Unemployment**, We will not pay where **Your Unemployment** occurs, or notification of **Unemployment** is given to You within 120 days of the date You changed **Your cover to include Unemployment** benefit or You knew, or in Our reasonable opinion You had reason to believe You were to become **Unemployed** on the date You applied to change **Your cover to include Unemployment**.
20. If You decrease **Your Unemployment Excess Period**, We will not pay where **Your Unemployment** arises from any of the circumstances set out in 1, 2, 3 and 4 above within 120 days of the date You applied to decrease **Your Unemployment Excess Period**. The **Excess Period** that will be applied to any claim will be the **Excess Period** applicable before the change. No change can be made to the **Excess Period** within the **Initial Exclusion Period**.

3. Special notes

There are certain restrictions to claiming **Unemployment** benefit if You are **Self-employed** (or are employed by a member of **Your Immediate Family**), a contract worker, a sub-contract worker or have more than one job. Please ensure that You read this section carefully if You fall into this category.

The terms and conditions will vary according to how **Your Unemployment** comes about and the nature of **Your Employment** contract at that time. To be considered as **Unemployed**, You must be in receipt of Job Seekers Allowance. If You are ineligible for Job Seekers Allowance, We will waive the requirement to be in receipt of this provided You are receiving National Insurance Credits. If You are **Dismissed from Your Employment**, this must be due to circumstances beyond **Your control** and not due to **Your gross misconduct**.

Self-employed (or employed by a member of Your Immediate Family):

If You are **Self-employed** Your business must have totally and permanently **Ceased To Trade** as a direct result of it being unable to pay its debts as and when they fell due and has been declared to HM Revenue & Customs. The onus will be on You to provide such proof of this in the event of any claim. (Such evidence may include bank statements, accounts and other verification that the business is no longer viable). If You are a **Company Director** Your company must have been wound up by a creditor who is not a director of that company to be able to claim for **Unemployment**.

If You were **Employed** by:-

- (a) a limited liability partnership or a company of which You or **Your Immediate Family** were a director and/or shareholder (other than by way of a bona fide investment in a company quoted on a recognised stock exchange); or
- (b) someone who is **Self-employed** or by a partnership, where the person who is **Self-employed**, or any of the partners of the partnership is a member of **Your Immediate Family**.

and You wish to make an **Unemployment** claim, then, the company, partnership or person by whom You were **Employed** must have totally and permanently **Ceased To Trade** at the same time or immediately following You becoming **Unemployed**. If a company or business has not **Ceased to Trade** then You are considered to be an **Employee** and You will need to provide alternative evidence of **Unemployment** such as proof of redundancy.

Contract Employment:

If **You** were **Employed** as a contract worker **You** will be able to claim in the following circumstances:

- (a) If **You** have been **Working** on a renewable fixed term contract with the same employer for more than 2 consecutive years, **You** may be insured if **You** are **Dismissed** as **You** will be classified as being in permanent **Employment** under the terms of this **Policy**.
- (b) If **You** were **Employed** on a permanent basis by the same employers but were transferred to a fixed-term contract by the employer without a break in **Employment** **You** will be classified as being in permanent **Employment** under the terms of this **Policy**.
- (c) If **You** have been on contract **Employment Working** on a renewable fixed-term contract with the same employer for less than 2 consecutive years, **You** may be insured if **You** are **Dismissed** during the term of **Your** contract. **You** will not be insured against the non-renewal of **Your** contract and any entitlement to **Monthly Benefit** under this **Policy** will automatically cease on the date **Your** contract was originally intended to terminate.

In addition, if **You** are not able to meet the **Employment** criteria in (a) to (c) above, and **Your** contract has been terminated before the due expiry date, **You** will be eligible to claim benefit for the period until the original expiry date of the fixed-term contract, subject to the maximum of 12 months being paid.

Sub-Contractors:

If **You** are **Working** as a sub-contractor, **You** must comply fully with the conditions required of those with **Self-Employed** status in order to make a claim under the **Unemployment** section of this **Policy**.

More than one Job:

If **You** have more than one job **You** will be eligible to claim **Unemployment** benefit should **You** lose at least one job, providing:

1. **You** are **Working** in **Your** remaining job for less than 16 hours per week and
2. **You** are able to register with the Department for Work and Pensions for Job Seekers Allowance (JSA) and provide evidence of **Actively Seeking Work**.

However, please note that should **You** be a **Company Director**, whether remunerated or not (in addition to being in full time employment) and **You** then lose the employed job, **You** will only be able to claim **Unemployment** benefit if the business or company of which **You** are a **Company Director** also ceases to trade.

CARER COVER – What is and what is not covered

1. What is covered

Carer cover is only available if You have selected **Unemployment** cover. It is not available if You have selected **Accident and Sickness** cover only.

We will pay Carer benefit, subject to the Carer exclusions - 2. What is not covered, Page 8, if You become a Carer during the **Period of Cover** and are unable to **Work**. Payment of benefit is subject to You providing the required evidence (Page 9, section 3).

The maximum benefit payable under the Carer cover provisions of this Policy is shown on **Your Insurance Schedule**. Only one claim is payable under the Carer cover section. Once the **Maximum Benefit Period** has been paid the Carer cover benefit of this Policy will end. We will only pay one Carer cover claim in respect of all Your agreements underwritten by AmTrust Europe Limited.

Important Note

If You have received a benefit under the Carer Cover section of this Policy then You will not be able to claim benefit under the **Accident, Sickness or Unemployment** section of this Policy until a period of at least 12 consecutive months have elapsed from the date that You became a Carer.

2. What is not covered

You will not be covered if You become a Carer and:

1. The sickness, disease, condition or injury of the person being cared for existed prior to the **Start Date** (this exclusion will not apply if, in the opinion of **Our** Chief Medical Officer, the sickness, disease, condition or injury would not have normally deteriorated or was not considered likely to deteriorate to the extent that full time care is required during the **Period of Cover**).
2. 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.
3. If You apply for **Carer's Allowance**, or are notified of receipt of **Carer's Allowance** within the first 90 days of the **Start Date**. However, We will consider a Carer claim if 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**.
4. In **Our** reasonable opinion, the Community Care Assessment does not confirm that the member of **Your Immediate Family** requires a Carer.
5. You are not in receipt of **Carer's Allowance**.
6. You were not **Working** immediately prior to becoming a Carer.
7. **Your Work** ceases for any other reason not associated solely with the need to become a Carer.
8. **Your resignation** is from **Employment**, which is of a casual, seasonal or temporary nature.
9. You are currently receiving benefits or You are making a claim under the **Accident, Sickness or Unemployment** section of this Policy.
10. If You increase **Your Monthly Benefit**, We will not pay the **Increase in Benefit** if at the date You applied for an **Increase in Benefit** We reasonably believe You were aware of the need, or likely at any time in the future, for a member of **Your Immediate Family** to require a Carer.
11. If You change **Your** cover from **Accident and Sickness** only to **Accident, Sickness and Unemployment**, We will not pay where You becoming a Carer occurs, or You become aware of the need to become a Carer within 120 days of the date You changed **Your** cover to include **Unemployment** benefit or You knew, or in **Our** reasonable opinion You had reason to believe You were to become a Carer on the date You applied to change **Your** cover to include **Unemployment**.

MAKING A CLAIM

1. How to make a claim

Please contact the Claims Department on

Telephone: 01962 890400
Fax: 01962 890049
Email: claims@iprotectinsurance.co.uk

You will be sent a claim form which must be fully completed and returned as soon as possible, together with any other information that has been requested.

Completed claim forms and all matters relating to a claim should be sent to:-

i:claim
Jewry House
Jewry Street
Winchester
Hants SO23 8RZ

2. Notice period

Written notice of any claim should be given within 120 days of the date of the event giving rise to that claim together with, at Your expense, such information and proof as We may reasonably require. If such notice and information is not given within this 120 day period You will need to provide a written explanation for the delay, when You return Your Claim Form.

3. Providing evidence for a claim

1. Throughout any period for which **Accident, Sickness, Unemployment or Carer** benefits are claimed You should provide, at Your expense, such proof of continued **Accident, Sickness, Unemployment or being a Carer** as may be reasonably required. Other than in exceptional circumstances, no benefits shall be payable for any period for which the required substantiating proof is not provided.
2. In the case of an **Accident** or **Sickness** claim this may include copies of Your Medical Certificates and/or **Doctor's** statements. We may require You, at Our expense, to be examined by a medical examiner of Our choice. If You fail to attend any such examination, no further benefit shall be payable.
3. In the case of an **Unemployment** claim this may include documentary evidence that You are **Actively Seeking Work**, including copies of Job Application forms, interview letters and rejection letters.
4. In the case of a **Carer** claim, payment of benefit is subject to the following requirements:-
 - (a) You will need to provide a letter from the **Doctor** of the member of Your **Immediate Family** to confirm the nature and start date of the condition suffered. This will include details of when the patient first consulted a **Doctor** for this condition and when it was first diagnosed. We may need to write to the relevant **Doctor** and may need authorisation from the person You are caring for to access their medical details directly.
 - (b) If You were **Employed** prior to becoming a **Carer**, We will write to Your former employer to confirm that You did not leave Your **Employment** for reasons other than to become a **Carer**.
 - (c) If You are a **Self-employed** business owner, You will need to provide evidence that Your business has totally and permanently **Ceased To Trade** and that You have filed cessation accounts with the HM Revenue & Customs and that this did not occur for reasons other than You having to become a **Carer**.
 - (d) You must provide Us with the Community Care Assessment of the needs of the member of Your **Immediate Family** and Your **Carer's** Assessment.
5. Throughout any period for which **Accident, Sickness, Unemployment or Carer** benefits are being claimed, You may be asked to provide personal bank or financial statements.
6. We may also arrange for an agent representing Us to visit You. The purpose of any such visit will be to gather details relating to Your claim in order to ensure an accurate assessment is made. You will be given advance notification but it is essential that You make Yourself available for any such visit. If You fail to do so, no further benefit shall be payable.

4. Other general information

1. If **You** commence **Working** (during the period of **Your** cover) outside the **United Kingdom** (but retain **Your** UK residency) and **You** become unable to **Work** due to an **Accident** or **Sickness**, **You** will be able to claim subject to all other terms and conditions provided that proof of **Your** continuing inability to **Work** due to an **Accident** or **Sickness** is provided by a **Doctor** resident in the **United Kingdom**.
2. **Your** claim will be refused or terminated should **You** provide **Us** with any false, misleading or fraudulent information.
3. **You** may be able to continue to claim state and insurance benefits if **You** are **Unemployed** and registered for a Job Seekers Allowance and **Actively Seeking Work** within the European Union for a period of up to 3 months, subject to certain conditions as specified by the Department of Work and Pensions.
4. On acceptance of **Your** claim, **You** have a duty to disclose the existence of this **Policy** and any benefits **You** receive to the appropriate authorities.
5. **We** will continue to pay **Your** **Unemployment** claim during pregnancy and immediately after pregnancy provided that **You** can supply satisfactory evidence that **You** remain **Unemployed** and are **Actively Seeking Work** at all times. Should **You** not be seeking **Work** then the claim will be suspended.
6. Any payment of benefit under the **Policy** may, in some circumstances, affect **Your** entitlement to Job Seekers Allowance (and possibly other state benefits). **Your** local Job Centre Plus office will be able to provide **You** with further information.

5. Claim limitations

Your **Monthly Benefit**, is shown on **Your Insurance Schedule**. **Your** benefit will be reduced to 65% of **Your Gross Monthly Income** if it is more than 65% of **Your Gross Monthly Income**, immediately prior to **Your Accident, Sickness, Unemployment** or becoming a **Carer**. The following limitations will apply to the specific cover below.

Accident and Sickness:

- (a) If **We** have paid the maximum number of payments (the **Maximum Benefit Period** is shown on **Your Insurance Schedule**) for any one **Accident and Sickness** claim, **You** must have returned to **Work** for at least:
 - Six consecutive months before **You** will be entitled to claim again for the same disability; or
 - One month before **You** will be entitled to claim again for a different unrelated disability; or
 - One month before **You** are able to claim for **Unemployment**
- (b) If **You** have not received the maximum number of payments, where two periods of an **Accident** or **Sickness** are separated by 3 calendar months or less **We** will treat this as one continuous claim.
- (c) The **Maximum Monthly Benefit** payable under the **Accident and Sickness** insurance section of this **Policy**, when added to any other **Accident and Sickness** benefit being paid in respect of that month under a **Policy** underwritten by **Us** or any other insurer is 65% of **Your Gross Monthly Income**. See also (c) *Other limitations - Page 11*.

Unemployment:

- (a) If **You** cease to be entitled to the **Unemployment Daily Benefit** under the **Unemployment** insurance section of this **Policy**, then **You** will not be entitled to any further **Daily Benefit** under the **Unemployment** insurance part of this **Policy** until **You** have returned to **Work** for a continuous period of at least 6 months.
- (b) If **We** have paid the maximum number of payments (the **Maximum Benefit Period** is shown on **Your Insurance Schedule**) for any one **Unemployment** claim, **You** must have returned to **Work** for at least:-
 - Six consecutive months before **You** are able to claim again for **Unemployment**; or
 - One month before **You** are able to claim for **Accident or Sickness**.
- (c) Where **You** have been **Unemployed** for two periods separated by less than 6 calendar months **We** will treat this as one continuous claim.
- (d) If whilst **You** are **Unemployed** **You** wish to commence temporary **Work** then, provided **You** have first contacted **Us** and have given **Us** full details of the temporary **Work** and have received **Our** agreement, if the temporary **Work** does not continue for more than 6 months **We** will not, during that period, pay the **Daily Benefit** but will treat **Your** claim as suspended and will thereafter commence, or resume, payment of the **Daily Benefit** as if **You** had one continuous claim.
- (e) If whilst **You** are claiming under the **Unemployment** section of this insurance, **You** become a **Carer**, **We** will continue to pay under the **Unemployment** section of this insurance using the **Carer's Allowance** as evidence.

- (f) The maximum **Monthly Benefit** payable under the **Unemployment** insurance section of this **Policy**, when added to any other **Unemployment** benefit being paid in respect of that month under a **Policy** underwritten by **Us** or any other insurer is 65% of **Your Gross Monthly Income**. See also (c) *Other limitations - Page 11*.

Carer Cover:

- (a) If **You** cease to be entitled to **Carer** benefit under the **Carer** insurance section of this **Policy**, then **You** will not be entitled to claim under the **Unemployment** insurance part of this **Policy** until **You** have return to **Work** for a continuous period of at least 12 months.
- (b) The **Maximum Monthly Benefit** payable under the **Carer** insurance section of this **Policy**, when added to any other **Carer** benefit being paid in respect of that month under a **Policy** underwritten by **Us** or any other insurer is 65% of **Your Gross Monthly Income**. See also (c) *Other limitations below*.

Other limitations:

- (a) **You** cannot claim for **Accident** or **Sickness** and/or **Unemployment** and/or **Carer** benefit at the same time.
- (b) Payment made by **Us** under this **Policy** may, in some circumstances, affect **Your** entitlement to State benefits.
- (c) If **You** have other insurance which provides the same cover, or partial cover, as that set out in **Your Insurance Schedule**, then **We** may seek to share the cost of the claim with the other Insurance Company. In these circumstances **You** may be entitled to a refund of any excess premium **You** may have paid.
- (d) **You** must continue to pay **Your Premiums** whilst **You** are claiming benefits under this **Policy**.

Change of Claim:

Change of Claim - Should the nature of **Your** claim change from **Accident** or **Sickness** to **Unemployment**, or vice versa, this will not be treated as a new claim but will be considered a continuation of the original event subject to **Our** not being required to pay more than the **Maximum Benefit Period** (as shown on **Your Insurance Schedule**) from the start of the original claim.

6. When will my claim end?

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

Accident and Sickness:

- (a) the date on which **You** cease to be unable to **Work** due to an **Accident** or **Sickness** or fail to provide proof that **You** are unfit for **Work**; or
- (b) the date on which **You** return to **Work**; or
- (c) when **We** have paid the maximum number of payments in respect of any one **Accident** and **Sickness** claim - please refer to *Pages 10 - 11 Claim limitations for full details*. The **Maximum Benefit Period** is shown in **Your Insurance Schedule**; or
- (d) the **Termination Date**.

Unemployment:

- (a) the date on which **You** ceased to be **Unemployed** or fail to provide proof that **You** are **Unemployed** and **Actively Seeking Work**; or
- (b) the date on which **You** return to **Work**; or
- (c) when **We** have paid the maximum number of payments in respect of any one **Accident** and **Sickness** claim - please refer to *Pages 10 - 11 Claim limitations for full details*. The **Maximum Benefit Period** is shown in **Your Insurance Schedule**; or
- (d) the **Termination Date**.

Carer Cover:

- (a) the date on which **You** cease to be a **Carer** or fail to provide proof that **You** are a **Carer**; or
- (b) the date on which **You** return to **Work**; or
- (c) when **We** have paid the maximum number of payments in respect of a **Carer** claim - please refer to *Pages 10 - 11 Claim limitations for full details*. The **Maximum Benefit Period** is shown in **Your Insurance Schedule**.
- (d) the **Termination Date**.

MAKING CHANGES

This is a monthly renewable Policy which gives You the flexibility to change Your cover at any time. You are able to increase/decrease Your Monthly Benefit throughout the life of this Policy, if, for example, You change jobs or Your Gross Monthly Income changes.

To change any aspect of Your Policy, please contact Our Customer Services team on 01962 892093 or write or send an email to:

icustomer
Jewry House
Jewry Street
Winchester
Hants SO23 8RZ

customerservices@iprotectinsurance.co.uk

Please note that certain exclusions will apply if You change Your Cover, increase or decrease Your Monthly Benefit or decrease Your Excess Period - Pages 3 and 4 (13,14), Page 6 (18,19,20) and Page 8 (10,11).

A £15 administration charge may be applied for any change You make to Your Policy.

Remember You should contact Us if at any time during the period of cover:

- You start to live or Work outside the **United Kingdom**; or
- You voluntarily reduce Your hours of Work to less than 16 hours per week; or
- You voluntarily cease to, or retire from Work; or
- You hold any other **Unemployment** and/or **Accident and Sickness** insurance; or
- You change from **Employed** to **Self-employed** (or vice versa); or
- You start to Work on a fixed-term contract basis.
- You hold any Company Directorships; or
- You become a **Carer** for a member of Your **Immediate Family**; or
- You are no longer a named party to a **Mortgage** agreement on Your main residence.

and We will advise You if You still remain eligible for cover under this Policy.

How We Can Make Changes to Your Policy

Changes to Your Premium

The monthly Premium You have been given is reviewable, which means We can, at any time and after taking a fair and reasonable view, make changes to Your Premium, to reflect changes in Our expectations of the future likely cost of providing cover. When doing so We will consider:-

- Our experience and expectations of the cost of providing this product and other products provided by Us;
- Information reasonably available to Us on the actual and expected experience of insurers of similar products;
- Widely available economic information such as inflation rates, interest rates and unemployment rates;
- Costs of administering Your Policy;
- Changes (affecting Us or Your Policy) in the law or regulation or the interpretation of law or regulation, or changes in taxation.

Changes will be notified to You at least 60 days in advance and once We make any changes to Your Premium We will not make any further changes under this clause for at least six months. Any changes We make will be notified to You in a durable medium (in writing or by email at Your last known contact address).

Changes to Your Policy

We can, at any time and after taking a fair and reasonable view, make changes to:

- Your 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 will be notified to You at least 60 days in advance and there is no minimum period between changes. Any changes We make will be notified to You in a durable medium (in writing or by email at Your last known contact address).

POLICY TERMINATION AND CANCELLATION

Your cover shall be automatically renewed each month provided Your Premium is paid and is accepted by Us. However, Your Policy will automatically be terminated on the earliest of the following dates:-

- the date of Your death; or
- the date You reach the age of 65; or
- the date on which You permanently retire from Work; or
- the date You cease to be a U.K. Resident; or
- the date on which a Premium due has remained unpaid by You after allowing a 30 day period of grace for Premium payment; or

Cancellation

You have the right to cancel this Policy at any time.

If You cancel within 30 days of receiving Your Policy documents You will receive a full refund of any premiums paid. However, You will not be entitled to a refund if You have made a successful claim in this period and if so We may seek to recover the monies paid to You in settlement of the claim.

To cancel Your policy please return Your Insurance Schedule and Your Policy to:-

i:customer
Jewry House
Jewry Street
Winchester
SO23 8RZ

We may cancel the Policy at any time by giving You 30 days notice if a substitute plan is available. If there is no substitute plan We will provide You with 90 days written notice. Notice of cancellation will be provided to You in a durable medium (either by email or in writing at Your last known contact address). Termination by Us will not affect Our liability for events occurring during the Period of Cover which may give rise to a claim.

COMPLAINTS PROCEDURE

The Administrators' aim is to provide **You** with excellent service at all times, however they do realise that things can go wrong occasionally. All complaints that they receive are taken seriously and they aim to resolve all customers' problems promptly. To ensure that the Administrators provide the kind of service **You** expect they welcome **Your** feedback. The Administrators will record and analyse **Your** comments to make sure that they can continually improve the service that they offer.

What will happen if **You** complain

- ❑ The Administrators will acknowledge **Your** complaint within 2 working days of receipt.
- ❑ The Administrators will aim to resolve **Your** complaint following assessment and investigation, within 5 working days of receipt.

Most of **Your** concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, the Administrators will contact **You** with an update and give **You** an expected date of response.

All complaints should, be directed to:-

i:complaints
Jewry House
Jewry Street
Winchester
Hampshire SO23 8RZ

complaints@iprotectinsurance.co.uk

Should **You** remain dissatisfied, short of court action, **You** have the right to refer **Your** complaint to the Financial Ombudsman Service (FOS) who will undertake an independent and impartial review of **Your** complaint. The address and telephone number is:-

Financial Ombudsman Service
Exchange Tower
London
E14 9SR
Telephone: 0207 964 1000 (Switchboard)
00 44 207 964 1000 (for calls outside of the UK).
E-mail: complaint.info@financial-ombudsman.org.uk

The Financial Ombudsman Service will only consider **Your** complaint if **You** have given the Administrators and **Us** the opportunity to resolve it and **You** are a private policyholder, a business with a group annual turnover of less than €2 million, a charity with an annual income of less than €2 million or a trustee of a trust with a net asset value of less than €2 million. If, however, **Your** complaint is not resolved within 40 working days, the FOS will accept a direct referral.

In all correspondence, please supply details of **Your** Policy number to enable the enquiry to be dealt with promptly.

None of the above affects any right of action **You** may have.

Whilst **We** and the Administrators are bound by the decision of the FOS, **You** are not.

GENERAL INFORMATION

The Law

We propose to choose English Law as the law which applies to this Policy unless You ask for another law and We agree to this in writing before the Start Date.

Privacy and Data Protection

Data Protection

Wessex Group and AmTrust Europe Limited are independent data controllers and are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation (“Legislation”). Below is a summary of the main ways in which we process your personal data, for more information please visit our website at:

Wessex Group - www.wessex-group.co.uk

AmTrust Europe - www.amtrusteurope.com

How we use your personal data

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations. We may exchange your details with other insurers through various databases to help us check information provided and also to prevent fraudulent claims.

Sensitive Personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes as set out in this notice.

Disclosure of your personal data

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International transfers of data

We may transfer data to destinations outside the European Economic Area (“EEA”). Where we transfer your personal data outside of the EEA, we will ensure that it is treated securely and in accordance with the Legislation.

Your rights

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of your data, to ask us to provide a copy of your data to any controller, to review any automated decision making and to lodge a complaint with the Information Commissioner’s Office (ICO) at www.ico.org.uk.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If you have any questions concerning our use of your personal data, please contact the Data Protection Officer, at Wessex Group or AmTrust International Underwriter DAC - for full contact details please see websites listed above.

Disability Discrimination Act

We are able to provide a variety of services for Our disabled customers. Please contact Our Customer Services staff on 01962 892093 if You need special assistance.

Financial Compensation

You may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) in the UK if AmTrust Europe Limited cannot meet its liabilities under this policy. The level of compensation provided will depend on the type of insurance and on the circumstances of the claim.

Further information about the Financial Services Compensation 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. Telephone: +44 (0)207 892 7300

Insurer

This policy is underwritten by AmTrust Europe Limited (AEL) an insurer based in the UK. AmTrust Europe Limited, Registered Office: 10th Floor Market Square House, St James's Street, Nottingham, NG1 6FG, Registered Number: 1229676. AmTrust Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority, Financial Services number: 202189. These details can be checked on the Financial Services Register at www.fca.org.uk.

Administrators

This Policy is provided by i:protect and administered by Wessex Group on behalf of AmTrust Europe Limited.

Wessex Group and i:protect are trading names of WIMS Limited, registered in England no. 3729853 and Wessex Administration Services Limited registered in England no. 1871314. Registered office: Jewry House, Jewry Street, Winchester, Hampshire SO23 8RZ. WIMS Limited is authorised and regulated by the Financial Conduct Authority (FCA) no. 306840. Wessex Administration Services Limited is an appointed representative of WIMS Limited.

Fraud Prevention and Detection

In order to prevent and detect fraud We may at any time:

- ❑ Share information about You with other organisations and public bodies including the police;
- ❑ Check and/or file Your details with fraud prevention agencies and databases, and if You give Us false or inaccurate information and We suspect fraud, We will record this. We can on request supply further details of the databases We access or contribute to.

GENERAL PROVISIONS OF THIS POLICY

1. No provision or condition of this Policy may be waived or modified except by an endorsement signed by an authorised official on Our behalf.
2. This Policy does not have a surrender value.
3. All information provided to Us by You or anyone acting on Your behalf must be true, accurate and complete. Failure to ensure that the information is true, accurate and complete may mean that Your Policy becomes invalid or does not operate in the event of a claim.
4. If any claim under this Policy is fraudulent or is intended to mislead Us or if fraudulent or misleading means are used by You or anyone acting on Your behalf to obtain benefit under this Policy, Your right to any benefit under this Policy will end, Your Policy will be cancelled. We will be entitled to recover any benefit paid, and costs incurred, as a result of any such fraudulent or misleading claim.
5. It is not possible for You to transfer Your rights under this Policy.
6. Except where otherwise provided in this Policy, all benefits payable under this Policy will be paid to You.
7. We have the right to take proceedings in Your name against any other party, in order to recover for Our benefit the amount of any payment made under this Policy.
8. It is a pre-condition of Our liability that You comply with all parts of this Policy and that You take all reasonable steps to minimise Our risk and ongoing liability under this Policy.
9. This Policy and any endorsements to it together with the application, Insurance Schedule and any written or emailed statement of medical or other information made by You make up the contract between Us and You.
10. All benefits under this insurance are non-taxable, although this might change in line with any amendments to legislation. In this event, We will deduct from any Monthly Benefit any sums which by law We are required to deduct.
11. A person who is not a party to this insurance has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

Premium Payments:

1. Your Premium includes Insurance Premium Tax (IPT) at the current rate. We may be required by law to change the level of IPT or to make other charges. In this event We will change Your Premium from the date any such changes are implemented.
2. If Your Premium remains unpaid 30 days after the date on which it is due to be paid, Your Policy will be terminated.
3. Your Premiums are paid in advance on a monthly basis by direct debit.
4. Your Premium is paid monthly and will be renewed automatically each month unless:-
 - (a) You have instructed Us to cancel Your Policy
 - (b) We have cancelled Your Policy
 - (c) Your Premium has remained unpaid 30 days after the date on which it is due to be paid.

MEANING OF WORDS

Actively Seeking Work	Evidence that You are applying for job positions, containing prospective employers and attending interviews. You will be asked to provide this evidence regularly throughout any Unemployment claim.
Accident or Sickness	A state of incapacity resulting solely from an accidental bodily injury or sickness or disease which occurs or starts during a period when You are in Work and which prevents You from doing Your Work or other Work that Your experience, education or training would allow You to do. Such Accident or Sickness 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 .
Carer	Means 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 a Carer's Allowance from the Department of Work and Pensions.
Carer's Allowance	Means a taxable benefit paid by the Department for Work and Pensions to informal Carers .
Ceased To Trade	Means in relation to Self-Employed , their business ceasing to trade as a direct result of it being unable to pay its debts as and when they fall due and has been so declared to HM Revenue & Customs
Chronic Condition	A Chronic Condition is a condition which has at least one of the following characteristics:- i. it continues indefinitely; or ii. it is constant and is controlled rather than cured; or iii. it has symptoms which recur and have required consultation, treatment or care in the past; or iv. it requires long-term monitoring or treatment, consultations, check-ups, examinations or tests.
Civil Disorder	War, act of terrorism, civil war, military activity other than normal peace time activity, rebellion, revolution, riot or other civil commotion.
Company Director	Means a director who directly or indirectly owns more than 10% of the issued share capital of the company or a relative of a director who is working for the same company as You and who directly or indirectly owns more than 10% of the issued share capital of that company.
Daily Benefit	A sum equivalent to one thirtieth of the Monthly Benefit .
Dismissed	You are Employed and Your Employment is terminated due to circumstances entirely beyond Your control.
Doctor	a medical practitioner practising in the United Kingdom being a fully registered person under the Medical Act 1983, other than You , Your Immediate Family or relatives.
EU	European Union.
Employed/ Employment	You Working for remuneration under a contract of employment and paying Class 1 National Insurance contributions.
Excess Period	The number of days as shown in Your Insurance Schedule for which no benefit is payable.
Gross Monthly Income	the average of Your normal gross monthly earned income from Work in the twelve month period immediately prior to Your Accident, Sickness or Unemployment , which earnings have been declared to the HM Revenue & Customs.
Initial Exclusion Period	means a one off period of days as shown in Your Insurance Schedule , commencing from Your Start Date , in which You cannot make an Unemployment claim.
Immediate Family	means Your spouse, civil partner, live-in partner, children and parents.
Increase in Benefit	means whenever the amount of Monthly Benefit is increased, the difference between the amount of benefit before the change and the amount of benefit after the change

Insurance Schedule	The document provided to You once You have been accepted for cover which details the person insured under this Policy, the cover You have chosen, the Start Date of the cover, the Maximum Benefit Period , the Initial Exclusion Period and the amount of Monthly Benefit payable in the event of a valid claim.
Maximum Benefit Period	the maximum number of Monthly Benefit payments that would be payable for any one period of claim as shown on Your Insurance Schedule .
Maximum Monthly Benefit	means the maximum amount of Monthly Benefit allowed under this Policy per insured person. This amount must not exceed 65% of Your Gross Monthly Income or £1,500, whichever is the lesser. This amount is shown on Your Insurance Schedule .
Monthly Benefit	the monthly benefit amount as shown on Your Insurance Schedule .
Normal Pregnancy and Childbirth Related Conditions	Symptoms which normally accompany pregnancy (including multiple pregnancy) and which are generally of a minor and/or temporary nature (e.g. morning sickness, fatigue etc) which do not represent a medical hazard to mother or baby or a combination of minor symptoms; and Childbirth, including delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.
Period of Cover	the period from the Start Date to the Termination Date .
Policy	The specific cover and level of insurance which We provide under these conditions.
Pre-existing Condition	<ul style="list-style-type: none"> i. a condition for which treatment has been given in the 12 month period prior to the Start Date; or ii. a condition for which diagnosis has been made in the 12 month period prior to the Start Date; or iii. a condition, whether diagnosed or not, for which investigations have commenced in the 12 months prior to the Start Date; or iv. a Chronic Condition that You were aware of at the Start Date; or v. a condition of which You were aware of at the Start Date. <p>This exclusion is waived if You have been Symptom Free for a period of 24 months prior to the start date of Your Claim, except for Chronic Conditions.</p>
Premium	The amount You pay for cover under this Policy .
Self-employed	You are actively Working alone or with others (whether in a partnership or as a member of a limited liability partnership) and paying Class 2 National Insurance contributions and being assessable to Income Tax under Schedule D Case I or II. Please refer to the Self-employed section under Page 6 of this policy wording.
Start Date	the Start Date shown in Your Insurance Schedule .
Symptom Free	You have not: suffered from the condition, taken medication for the condition or sought medical guidance for the condition.
Termination Date	<ul style="list-style-type: none"> i. the date of Your death; or ii. the date You reach the age of 65; or iii. the date on which You permanently retire from Work; or iv. the date You cease to be a U.K. Resident; or vi. the date on which a premium due has remained unpaid by You after allowing a 30 day period of grace for premium payment.
Unemployment/Unemployed	You are entirely out of Work and being registered for Work with The Department for Work and Pensions and in receipt of Job Seekers Allowance (or the equivalent benefit should this change). You must provide evidence of Actively Seeking Work . If You are ineligible for Job Seekers Allowance, We will waive the requirement to be in receipt of this provided You are receiving National Insurance Credits. If You are a Company Director Your company must have been wound up by a creditor who is not a director of that company.
United Kingdom	<p>Additionally, if You are Self-employed Your business must have totally and permanently Ceased To Trade as a direct result of it being unable to pay its debts as and when they fell due.</p> <p>England, Scotland, Wales and Northern Ireland.</p>

U.K. Resident	a person who lives lawfully in the United Kingdom for at least 40 weeks in any 52 week period throughout the Period of Cover .
Waiting Period	The number of days that You need to be unable to Work due to an Accident, Sickness or Unemployment before a claim can be made. This period is shown on Your Insurance Schedule .
We, Us, Our	AmTrust Europe Limited.
Work, Working	being in Employment or Self-employed for at least 16 hours per week.
You, Your	a U.K. Resident who has applied for this insurance and has agreed to pay the appropriate premium under this Policy and who at the Start Date must:- <ol style="list-style-type: none"> 1. be a U.K. Resident, legally entitled to Work in the UK and can seek and take up alternative Employment without restriction 2. be over the age of 18 and under the age of 64 (benefit ends at age 65). 3. be in Work for 16 hours or more per week and have been so continuously for the previous 6 months. 4. not aware of any impending Accident or Sickness. 5. not in temporary or seasonal Employment. 6. not aware of any impending Unemployment. 7. not aware of becoming a Carer.

Any reference to any statute shall be construed as a reference to that statute as amended, re-enacted or extended at the relevant time.

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