



Lifestyle Protection
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 a percentage of **Your Gross Monthly Income** and pay a chosen benefit up to the **Maximum Monthly 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 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:-

Customer Services
Wessex Group
Jewry House
Jewry Street
Winchester
Hampshire
SO23 8RZ

Useful numbers

General Enquiries - 0845 189 9035
Claims Enquiries - 0845 189 9035

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

Website - www.antinsurance.co.uk

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.
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 impending Accident or Sickness.
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 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*.

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 requirements 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 voluntarily 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.

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, 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. A.I.D.S. or infection by H.I.V.
2. Intentionally self-inflicted bodily injury.
3. Normal Pregnancy and Childbirth Related Conditions - see *Page 4 Special notes*.
4. 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).
5. Civil Disorder.
6. 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.
7. 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.
8. Any backache or back related condition for which We have not received scan evidence (MRI, X-Ray, CT Scan) of abnormal findings. However, We will pay up to a maximum period of 3 months if evidence of abnormal findings have been found at an examination conducted by Your Doctor. Benefits will not be payable after this 3 month period, if scan evidence of the abnormality causing the Disability is not provided- see *Page 4 Special notes*.
9. 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.
10. Any unlawful act on Your part.
11. Any of the Unemployment exclusions.
12. Medical operations or treatments which are not medically necessary, including cosmetic or beauty treatments, and elective surgery.
13. An Accident or Sickness which lasts for less than the Waiting Period.
14. 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**.
15. 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** must receive scan evidence of abnormal findings. However, **We** will pay up to a maximum period of 3 months if evidence of abnormal findings have been found at an examination conducted by **Your Doctor**. Benefits will not be payable after this 3 month period, if scan evidence of the abnormality causing the disability 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, 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 is 120 days immediately following the Start Date. The Initial Exclusion Period will always be shown in Your Insurance Schedule.

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 120 days immediately following the Start Date.
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 EC for a period intended by **You** to be more than 90 days - this clause will not apply if **Your** reason for leaving the EC 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. 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**.

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 may 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.

If after taking out this **Policy** You become a **Carer**, We will pay a single amount equal to **Your Monthly Benefit** times the **Maximum Benefit Period** as shown on **Your Insurance Schedule** (or the remaining number of **Monthly Benefits** up until the **Termination Date**, whichever is the lesser). Payment of benefit is subject to the following requirements:-

1. To be eligible to claim under this section, **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.
2. 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**.
3. 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 Inland Revenue and that this did not occur for reasons other than **You** having to become a **Carer**.
4. **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. The maximum benefit payable under the **Carer Cover** provisions of this **Policy** is a single payment equal to **Your Monthly Benefit** times the **Maximum Benefit Period** as shown on **Your Insurance Schedule**. Only one benefit payment is payable under the **Carer Cover** section. Once a benefit has been paid the **Carer Cover** benefit of this **Policy** will end. We will only pay one **Carer Cover** benefit in respect of all **Your** agreements underwritten by AmTrust International Underwriters Ltd.
6. 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 lapsed 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. In **Our** reasonable opinion, the **Community Care Assessment** does not confirm that the member of **Your Immediate Family** requires a **Carer**.
3. **Your Work** ceases for any other reason not associated solely with the need to become a **Carer**.
4. **Your** resignation is from **Employment**, which is of a casual, seasonal or temporary nature.
5. **You** are currently receiving benefits or **You** are making a claim under the **Accident, Sickness or Unemployment** section of this **Policy**.
6. 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**.
7. 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**.
8. 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**.

MAKING A CLAIM

1. How to make a claim

Please contact the Claims Department on

Telephone: 0845 189 9035
Fax: 01962 890049
antclaims@wessex-group.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:-

Claims Department
Wessex Group
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 or Unemployment benefits are claimed You should provide, at Your expense, such proof of continued Accident, Sickness or Unemployment as may be reasonably required. In the case of an Accident or Sickness claim this may include copies of Your Medical Certificates and/or Doctor's statements. 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. Other than in exceptional circumstances, no benefits shall be payable for any period for which the required substantiating proof is not provided.
2. Throughout any period for which Accident, Sickness or Unemployment benefits are being claimed, You may be asked to provide personal bank or financial statements.
3. 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.
4. 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 are 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 EU for a period of up to 3 months. You will be asked to provide Us with a copy of form E303/3 which will be provided to You by the Overseas Benefits Office.
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.

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** or **Unemployment**. The following limitations will apply to the specific cover below.

Accident and Sickness:

- (a) If **We** stop paying the **Accident and Sickness Daily Benefit** because **We** have paid the maximum number of payments in respect of any one **Accident** or **Sickness** claim, (the **Maximum Benefit Period** is shown on **Your Insurance Schedule**) then **You** will not be entitled to any further **Daily Benefit** under the **Accident** and **Sickness** insurance part of this **Policy** until **You** have returned to **Work** for a continuous period of at least 6 months if **Your Accident** or **Sickness** results from the same cause or condition.
- (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) Subject to the above two paragraphs, **You** will not be entitled to any further **Daily Benefit** under the **Accident** and **Sickness** insurance part of this **Policy** until **You** have returned to **Work** for a continuous period of at least 1 month.
- (d) 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 below.*

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) Where **You** have been **Unemployed** for two periods separated by less than 6 calendar months **We** will treat this as one continuous claim.
- (c) 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.
- (d) 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 below.*

Carer Cover:

- (a) The maximum benefit payable under the **Carer Cover** provisions of this **Policy** is a single payment equal to **Your Monthly Benefit** times the **Maximum Benefit Period** as shown on **Your Insurance Schedule**. Only one benefit payment is payable under the **Carer Cover** section. Once a benefit has been paid the **Carer Cover** benefit of this **Policy** will end. **We** will only pay one **Carer Cover** benefit in respect of all **Your** agreements underwritten by AmTrust International Underwriters Ltd.

Other limitations:

- (a) **You** cannot claim for **Accident** or **Sickness** and **Unemployment** 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) 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**.
- (e) **You** must continue to pay **Your Premiums** whilst **You** are claiming benefits under this **Policy**.

New Deal for Disabled (NDDP):

If **You** are claiming under the **Accident** and **Sickness** provision of this **Policy** and subsequently find part-time **Work** of less than 16 hours per week through NDDP (New Deal for Disabled People), **You** will still be able to claim under this **Policy** as long as **You** are in receipt of incapacity benefits and the part-time **Work** is for less hours than those **Worked** prior to the claim.

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 on 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 on Your Insurance Schedule; or
- (d) the Termination Date.

Carer Cover:

The date We have paid a single amount equal to Your Monthly Benefit times the Maximum Benefit Period as shown on Your Insurance Schedule (or the remaining number of Monthly Benefits up until the Termination Date, whichever is the lesser).

7. Jobcare – Back to Work Service

Jobcare is a free, independent and confidential telephone advice service, included as part of the Unemployment section of this Policy. It is available to You and any member of Your Immediate Family who lives with You, and provides guidance on getting back to Work if You have an Unemployment claim.

Experienced advisers will offer advice on:

- CV Preparation
- Letters of application
- Sourcing Vacancies (advisers have access to a national job vacancy database)
- Interview Techniques
- Self Employment

You may call at any time during Your period of claim, quoting Your certificate number from 8am to 8pm Monday to Friday and from 8am to 12noon on Saturdays. The Jobcare telephone number is 0870 3304791.

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 insert or write or send an email to:

Customer Services
Wessex Group
Jewry House
Jewry Street
Winchester
Hants SO23 8RZ

antcustomerservices@wessex-group.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 - Page 3 (14), Page 4 (15), Page 6 (18,19,20) and Page 8 (7,8).

A £15 charge may be applied for any change that 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.

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.

Cancellation

You have the right to cancel Your 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:-

Customer Services
Wessex Group
Jewry House
Jewry Street
Winchester
SO23 8RZ

antcustomerservices@wessex-group.co.uk

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 in the first instance be directed to:-

Complaints Manager
Wessex Group
Jewry House
Jewry Street
Winchester
Hampshire SO23 8RZ

complaints@wessex-group.co.uk

If **You** are not happy with the way in which **Your** complaint has been handled, **You** can write to:-

Claims Manager
AmTrust International Underwriters Limited
40 Westland Row
Dublin 2
Ireland

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
South Quay Plaza
183 Marsh Wall
London E14 9SR
☎ 0845 0801800

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 £1 million, a charity with an annual income of less than £1 million or a trustee of a trust with a net asset value of less than £1 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

1. 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.

2. Data Protection Act

The Data Controller, in relation to any personal data You supplied, is Wessex Administration Services Ltd (part of the Wessex Group) registration number Z6104364.

The information You have provided will become part of the personal data held by Wessex Administration Services Ltd and will be used for the provision and administration of insurance products and services. It may be disclosed to other third party organisations for underwriting and claims handling purposes. In addition, We may seek information from other insurance companies and other third party organisations to check the answers You have provided. Where fraud is suspected, We may disclose data to other parties if they request information in writing from Us.

You are entitled to a copy of all the information We hold about You. Requests must be made in writing to Wessex Administration Services Ltd. A fee may be charged for this service.

3. Disability Discrimination Act

We are able to provide a variety of services for Our disabled customers. Please contact Our Customer Services staff on 0845 189 9035 if You need special assistance.

4. Financial Compensation

You may be entitled to compensation from either the Financial Services Compensation Scheme (FSCS) in the UK or from the Insurance Guarantee Scheme (IGS) in Ireland if We cannot meet Our liabilities under this policy. The level of compensation provided will depend on the circumstances of a claim. Further information is available from the FSCS on 0207 8927300 or from the Irish Financial Regulator on 03531 4104000

5. Insurer

This Policy is underwritten by AmTrust International Underwriters Limited, whose registered office is at 40 Westland Row, Dublin 2, Ireland. AmTrust International Underwriters Limited registered in Ireland under registration number 169384 and are authorised by the Irish Financial Services Regulatory Authority. AmTrust International Underwriters Limited are regulated for conduct of UK business under FSA Ref. No. 203014.

6. Administrators

This Policy is provided and administered by Wessex Group on behalf of AmTrust International Underwriters Limited. Wessex Group is the trading name of WIMS Ltd, registered in England no. 3729853 and Wessex Administration Services Ltd registered in England no. 1871314. Registered office: Jewry House, Jewry Street, Winchester, Hampshire SO23 8RZ. WIMS Ltd is authorised and regulated by the Financial Services Authority (FSA) no. 306840. Wessex Administration Services Ltd is an appointed representative of WIMS Ltd.

Ant Insurance is the trading name of FIUK.com Limited who are appointed representatives of Wessex Group. FIUK.com Limited is registered in England and Wales no. 05096433. Registered office: Brooklawn, 12 Littleworth Road, Esher, Surrey KT10 9PD.

7. 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. If any information provided to Us by You or anyone acting on Your behalf is inaccurate or if You fail to disclose any information which might reasonably affect Our decision to provide insurance to You, Your right to any benefit under this Policy will end.
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

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| 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. |
| A.I.D.S | An Acquired Immunodeficiency Syndrome as defined by the World Health Organisation at the date of diagnosis of disability and infection shall be deemed to have occurred where blood tests indicate the presence of anti-bodies to Human Immunodeficiency Virus (H.I.V). |
| 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 wholly 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 being entirely without Work solely due to the need to care for a member of Your Immediate Family . You must be registered with the Social Services Department as a Carer and having undergone a community care assessment from which it is reasonable for Us to conclude that the person You are caring for requires care from You for at least 35 hours per week. |
| Carer's Allowance | Means a state benefit paid to You if You look after a severely disabled person who is a member of Your Immediate Family . |
| 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. |
| 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. |
| 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 Inland Revenue. |
| 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. |

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| 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(s) 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 is shown on Your Insurance Schedule under Policy Terms . |
| Monthly Benefit | the monthly benefit amount as shown on Your Insurance Schedule . This must not exceed 65% of Your Gross Monthly Income or the Maximum Scheme Benefit , whichever is the lesser. |
| Normal Pregnancy and Childbirth Related Conditions | Any symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which do not represent an unusual or significant hazard to mother or baby. |
| 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 . |
| 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 v. 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 | <p>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.</p> <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> |
| United Kingdom | England, Scotland, Wales and Northern Ireland. |
| 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 . |

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| 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 International Underwriters 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:- <ul style="list-style-type: none"> 1. be a U.K. Resident. 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 |

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

COI AntInsurance/WSX IPP v1 20110805