Omnilife

Group Critical Illness Technical Guide

About us

We are Omnilife, a specialist insurer providing Group Risk benefits for employers that want to provide financial protection for their employees in the event of death or ill-health. We have been providing financial protection to customers for over 30 years and have a proven track record when it comes to our service delivery to the schemes we manage and look after. Based in the UK, with our head office in the heart of the London, our team of experts are always on hand to help.

Learn more

We are here to help and want employers to be there to support their employees when it counts. Should you need to, visit our website to learn more about our products and services at www.omnilife.co.uk, or by calling a member of the Omnilife Team on 020 7374 0123.

Support services

More than just providing Group Critical Illness cover, at Omnilife we want to offer support and guidance, which is why all of our Group Critical Illness policies offer employers and employees access to an **Employee Assistance Programme**[1] (EAP). Our EAP supported by the leading EAP provider in the UK, Care first, gives employees access to a qualified counsellor 24/7 through a dedicated telephone service.

Should they need to, they will have access to structured telephone counselling sessions, where a counsellor will spend the time they need on a particular issue (up to six structured session a year).

A team of highly skilled counsellors can provide guidance on a range of issues including:

- Bereavement and probate,
- Health and medical information,
- Stress and anxiety, or
- Manager support and coaching through tough workplace issues.

[1] The Employee Assistance Programme is a non-contractual benefit, available if you have a Group Critical Illness policy with Omnilife. The service is provided as an added benefit and as such can be altered or withdrawn at any time.

Technical Guide

This is an important document outlining the main features of this product which compliments the issued quotation illustrating the main costs of your policy.

You should take the time to review both sets of documents to understand the feature before we are asked to provide cover. Please keep both in a safe place in the event of a future claim or query.

For the detailed terms of and conditions of your policy please refer to our Policy Conditions. This document should not set out, or override these terms.

You can request a copy of any items relating to your policy by:

- Writing to Admin Group, Omnilife, Level 45, 22 Bishopsgate, London, EC2N 4BQ, or
- Emailing AdminGroup@omnilife.co.uk, or
- Calling 020 7374 0123 (lines are open Monday to Friday, 9am to 5pm).

This technical guide is based on the 'best practice' standard format recommended by Group Risk Insurance Development (GRiD) and Association of British Insurers (ABI).

Contents

Terms and Expressions We Use

In this guide, when we refer to 'we', 'us' or 'our' we mean Omnilife Insurance Company Limited. When we refer to 'you' or 'your', we mean the Trustees of the Scheme as detailed in the Policy.

Some terms have specific meanings and are referenced by capital letters in your Policy literature. These terms are listed below in alphabetical order together with their meanings. The singular is deemed to include the plural where relevant.

Actively at Work

Actively at Work means that an Employee has not received medical advice to refrain from work and is not only present at their place of work on the prescribed day, but is mentally and physically capable of discharging fully the normal regular duties associated with the job for which they are employed and working their normal contracted number of hours, either at their normal place of business or at a location to which the business requires them to travel.

Anniversary Date

The annual anniversary of the Commencement Date of the Policy. Prior to the Commencement Date, the Policyholder may choose a different Anniversary Date. In this case, all future Anniversary Dates will align with the date chosen by the Policyholder.

Benefit

The benefit set out in your Quotation which represents the amount payable to an Insured Person in the event of a valid claim. The amount of cover will be determined in accordance with the Benefit Rules.

Benefit Categories

Insured Persons with the same Benefit Rules will fall under one Benefit Category. Where Benefit Rules differ across Insured Persons for example due to grade, additional Benefit Categories will be required.

Benefit Rules

The rules for determining the Scheme Benefits for each Insured Person. These will depend upon, amongst other things, how base salary and pension benefits are defined.

Commencement Date

The Policy Commencement Date as shown in the Policy Schedule.

Discretionary Entrant

An individual who does not meet the Eligibility Conditions but who you wish to include in the Policy.

Eligible Employee

Any employee who meets the Eligibility Conditions for inclusion in the Policy.

Eligibility Conditions

These refer to the Eligibility Conditions shown in the Policy Schedule.

Employee

An employee of the Principal Employer or any Associated Employers shown in the Policy Schedule. This includes those who have proprietorial interest (for example, Partners in a Limited Liability Partnership).

Employer

The Principal Employer and any Associated Employers shown in the Policy Schedule.

Expected Retirement Age

The age agreed between us as being the age at which cover for an Insured Person ceases as set out in your Quotation. The maximum age must not exceed an Insured Person's 70th birthday.

Free Cover Level

This is the total amount of cover we will provide on standard terms and without the need for Medical Underwriting.

HMRC

HM Revenue & Customs.

Insured Person

An Employee or the spouse or partner of an Employee who is insured under the Policy.

Late Entrant

Late Entrants are Employees who do not join on the first date on which they becomes eligible for inclusion in the Policy.

Long Term Absentee

An employee who has been absent from their place of work, or is not mentally or physically capable of discharging fully the normal regular duties associated with the job for which they are employed, or are not working their normal contracted number of hours, either at their normal place of business or at a location to which the business requires them to travel for a period of greater than three months at the relevant time. Any Member who is currently an income protection (also known as permanent health insurance or PHI) claimant will also be a Long Term Absentee.

Medical Underwriting

The process whereby the medical evidence that we need to include an Insured Person, or part of an Insured Person's Benefit, within the policy is obtained and assessed.

Policy

The legal contract between us, the insurer and you, the insured. It comprises the Policy Terms and Conditions, which set out the standard terms of the contract, and the Policy Schedule.

Policyholder

The insured party named as the Policyholder in the Policy Schedule.

Policy Schedule

The Policy Schedule provides a summary of the key financial terms and cover provided by the Policy. It forms part of the legal contract.

Policy Year

The period running from the Commencement Date of the Policy up to the day preceding the Anniversary Date inclusive in the first Policy Year and the period running from the Anniversary Date to the day preceding the Anniversary Date inclusive in successive Policy Years.

Premium

The amount payable to provide insurance cover under the Policy. The cost of the Policy will be determined by the Premium Rate and the level of Benefits.

Premium Rate

The rate shown in the Policy Schedule used to determine the cost of cover.

Quotation

The Quotation provides the rate and key terms and conditions applicable for your Policy and is based on, amongst other things, Eligibility Conditions, benefit options, membership profile and claims history along with any underwriting decisions.

The Quotation will usually be guaranteed for three months unless stated otherwise.

Rate Guarantee Period

This refers to the period at which the Premium Rate is guaranteed not to change. For Unit Rate Policies, the Premium Rate is usually guaranteed for two successive Policy Year periods.

Spouse

An Employee's legally married partner or civil partner.

Termination Date

The date on which cover under the Policy ceases.

Its Aims

The aim of this Policy is to provide a benefit if an Employee suffers from an Insured Illness. You can also choose to cover the spouse of an Employee and / or the children of an Employee. Together, Employees and Spouses covered under this Policy are called Insured Persons.

Your Commitment

- To provide us with complete and accurate information that we request when you apply for your Policy and at each Anniversary Date and to advise us if this information changes.
- To pay all Premiums as they fall due.
- To comply with all of the Policy Terms and Conditions.
- To notify us of potential claims as soon as possible, but in any event no later than 12 months after the diagnosis of the Insured Illness.
- To provide us with complete and accurate information that we request when you make a claim and to advise us if this information changes.
- To agree at outset the Eligibility Conditions of the Policy.
- To notify us promptly of any Discretionary Entrants or Late Entrants.
- To notify us promptly of any Insured Person's Benefit that exceeds the Free Cover Level.
- To notify us promptly of any changes to the companies participating in the Policy and the relationships between them.
- To notify us promptly if there are any changes to the nature of the business of the companies participating and of any changes in their location (including postcode information).

Risk Factors

- Cover will cease upon failure to comply with the Policy Terms and Conditions or if Premiums are not paid when they are due.
- We may decline claims if you do not fulfil Your Commitments.
- The Premium Rates for Policies with 20 or more employees are normally guaranteed for two years, however these rates will become reviewable should the total number of lives or total benefit change by 25 per cent or more before the end of the normal Rate Guarantee Period.
- If there is a change made to the Policy Benefit Rules or the agreed Eligibility Conditions we may review the Premium Rate.
- Payment of Benefits may be delayed or declined if we are not notified of a claim within the specified time limits.
- Benefits that require Medical Underwriting may be subject to special terms or exclusions.
- Specific terms and conditions that apply to a Policy that are detailed in the Quotation will usually be guaranteed for three months only.
- There may be changes to legislation, regulation, state pension age, HMRC practise or tax rules affecting this Policy, the Benefits or premiums.

How the Policy Works

- This Policy is a contract between us, the insurer and you, the Policyholder. In exchange for you paying the Premium and following the Policy Terms and Conditions, we will provide cover to the Insured Persons.
- If an Insured Person has a claim that meets the Policy Terms and Conditions, then we will pay the Benefit to the Insured Person.
- Our Policy is available to groups of two or more employees.
- You decide the Eligibility Conditions, Benefit Categories and Benefit Rules for your Policy.
- You decide the Expected Retirement Age at which cover expires. This may be a fixed age up to a maximum of 70 or linked to State Pension Age.
- You must include all Eligible Employees in the Policy when they first become eligible.
- The Policy will continue to be in-force as long as you meet the Policy Terms and Conditions and you pay all the Premiums due. You can select to pay Premiums for the Policy on a monthly, quarterly, biannual or annual basis.
- The Policy will have no surrender or maturity value.

1.0 Factors to consider when deciding which benefits to provide

- Any promises regarding benefits you have made to your employees.
- The salary basis you wish to use to calculate the Benefit.
- Whether you wish to insure the Additional Insured Illnesses outlined in section 1.6.2.
- Whether you wish to insure Total Permanent Disability and if so, on what definition of disability.
- Whether you wish to place a cap on benefits.
- Whether all employees will have the same level of cover or whether you require different levels of cover for different categories of employee.
- Your budget.

We offer a comprehensive range of standard and flexible options which can help you to design the most appropriate level of cover to fulfil your company's objectives and cost constraints.

1.1 Who can be covered

Employees can be covered for the Benefits once they have met the agreed Eligibility Conditions. The Eligibility Conditions must be clear and agreed with us before cover can commence. Unless we agree otherwise, everyone who satisfies the Eligibility Conditions and Actively at Work requirements must be included in the Policy automatically.

If you wish to change the Eligibility Conditions or the Benefit Categories after the Policy has started, you must also agree these changes with us first.

Eligibility Conditions

The Eligibility Conditions will be agreed prior to cover commencing and will include:

- minimum and maximum ages for Policy entry;
- the Expected Retirement Age at which cover expires;
- any service qualification applicable;
- Benefit Categories if more than one category of Employees is to be included. For example, Benefit Category 1: Directors; and Benefit Category 2: All other Employees;
- when new entrants may join the Policy. For example, daily, monthly or annual entry.

The conditions for when an Employee can join, entry dates and entry ages, must be the same for each Employee within each Benefit Category.

Permanent full-time and part-time Employees can be covered. Fixed term contract workers may be covered for a period no longer than the expiry date of their fixed term contract.

Policies usually allow cover to continue while an Employee is off work. Our standard basis for temporary absence is to cover for up to two and a half years as a result of illness or injury and 1 year for any other reason. We will also consider other periods of temporary absence to match your needs.

If either the Eligibility Conditions or the Scheme Benefit Categories depend on inclusion in a scheme for pension retirement benefits, you must tell us what the eligibility conditions are for those benefits. We will also require you to tell us the percentage of Eligible Employees who have chosen to join the pension scheme. To join the life insurance Scheme covered by this policy, a Member must be Actively at Work on the date of joining the Scheme and meet one of the following conditions:

- join the pension retirement benefits scheme within six months of first becoming eligible to do so; or
- join the pension retirement benefits scheme at an auto enrolment date; or
- join the pension retirement benefits scheme at an auto re-enrolment date.

A Member who does not fulfil these criteria will be treated as a Late Entrant.

Any Employee who is to be included in the Policy must satisfy the Actively at Work requirements on the date that they are first eligible for cover under the Policy.

If an Employee is absent from work on the first day they are eligible for cover, cover will commence once the Employee has been back to working their normal hours for 5 consecutive working days.

For Schemes with 20 or more Members and cover is switched to us from another insurer on the same basis, Actively at Work will be waived for all Members who were covered by the previous insurer.

The Company may also waive this period of continuous normal working if satisfactory Evidence of Health is provided.

1.2 Cover for Spouses

We can provide cover, at additional cost, for the spouse or civil partner of an Employee up to the Expected Retirement Age, or the date at which the member's cover ceases if earlier.

Cover for Spouses applies where you request this cover and the Quotation states that cover for Spouses is included. This cover will start on the same date as the relevant Employee's cover.

The maximum benefit will be the lower of

- the Employee's Benefit; and
- £150,000.

1.3 Cover for Children

We can provide cover, at additional cost, for any natural or legally adopted children of an Insured person who are at least 30 days old but less than 18 years old.

Cover for children applies where you request this cover and the Quotation states that cover for children is included. This cover will start on the same date as the relevant Employee's cover. The benefit for any one child will be the lower of

- 25% of the Employee's Benefit; and
- £20,000.

We will only pay one claim per child. Where a child has two parents covered under the Policy, the amount we will pay for a child's claim will be based on the greater of the parents' Benefit amounts.

1.4 Termination of cover

i) Under Normal Circumstances

An Employee's cover will normally cease on the earlier of:

- reaching their Expected Retirement Age; or
- leaving service; or
- no longer satisfying the Eligibility Conditions; or
- their contract of employment ending; or
- reaching age 70.

Once cover for an Employee stops, cover for their spouse and for their children stops automatically.

ii) Cancellation of the Policy by us

We reserve the right to cancel the Policy if:

- you fail to pay any Premiums due within a reasonable timescale required by us;
- you fail to comply with any reasonable request to provide information;
- new legislation or regulations are introduced, or changes are made to existing legislation which affect critical illness policies or the Policy.

If this happens, we will write to you to inform you of the Termination Date of the contract.

iii) Cancellation of the Policy by you

You can end the scheme at any time provided that:

- notification is given in writing, clearly showing your intended Termination Date.

Cover will then cease and you will not be liable for Premiums for any period after that date. Cancellation cannot be backdated.

We will pay any valid claims that occurred before the date of cancellation.

1.5 Amount of cover available

All Benefits under this Policy are payable as a lump sum. You can choose to provide a Benefit of either a multiple of salary (for example two times salary) or a fixed amount (for example £100,000).

The maximum Benefit for an individual is the lower of £500,000 and 5 times the Insured Person's salary. Where the individual is covered on more than one policy with Omnilife, this limit applies across all Policies.

It is possible to have different levels of benefit for different categories of staff.

1.5.1 Definition of Salary

To ensure the correct benefits and premiums are payable, the definition of salary will need to be agreed at outset. Some examples of acceptable benefits are:-

- Basic salary only.
- Basic salary plus agreed basis for variable payments from the employer. For example overtime, commissions or bonuses. We will usually average these payments over the previous 36 months.
- Total P60 earnings in the preceding tax year.

Where the Insured Person has proprietorial influence (for example, equity partners or members of a Limited Liability Partnership), we will only accept salary as defined as the average amount of taxable earnings drawn from the partnership in the previous three years.

We will need data to be provided that is consistent with the salary definition you wish to use. In the absence of any explicit arrangement it will be assumed that basic salary is the preferred basis.

1.5.2 Flexible Benefits

We can provide a Quotation for Flexible Benefits for Policies with greater than 100 lives.

1.6 Type of cover available

1.6.1 Core Illnesses

The following are included as Insured Illnesses in all cases. Please see the table in Section 9.1 of this guide for the full definitions of these illnesses.

You cannot select individual illnesses to be included.

- Alzheimer's disease – resulting in permanent symptoms.
- Cancer – excluding less advanced cases.
- Coronary artery bypass grafts – with surgery to divide the breastbone.
- Creutzfeldt-Jakob disease – resulting in permanent symptoms.
- Heart attack – of specified severity.
- Kidney failure – requiring permanent dialysis.
- Major organ transplant – from another person.
- Motor neurone disease – resulting in permanent symptoms.
- Multiple sclerosis – with persisting symptoms.
- Parkinson's disease – resulting in permanent symptoms.
- Pre-senile dementia – resulting in permanent symptoms.
- Stroke – resulting in permanent symptoms.

1.6.2 Additional Illnesses

You can choose whether to include these additional Insured Illnesses for additional cost. Your Quotation will show if these are included. Please see the table in Section 9.2 of this guide, for the full definitions of these illnesses.

You cannot select individual illnesses to be included.

- Aorta graft surgery – for disease.
- Aplastic anaemia – with permanent bone marrow failure.
- Benign brain tumour – resulting in permanent symptoms or removed via craniotomy.
- Benign spinal cord tumour – resulting in permanent symptoms or removed via surgery.
- Blindness – permanent and irreversible.
- Cardiac arrest – with insertion of defibrillator.
- Coma – with associated permanent symptoms.
- Deafness – permanent and irreversible.
- Encephalitis – resulting in permanent symptoms.
- Heart valve replacement or repair – with surgery to divide the breastbone.
- HIV infection – caught from a blood transfusion, a physical assault or at work.
- Liver failure – of advanced stage.
- Loss of independent existence – permanent and irreversible.
- Loss of speech – total permanent and irreversible.
- Loss of hands or feet – permanent physical severance.
- Open heart surgery – with surgery to divide the breastbone.
- Paralysis of limbs – total and irreversible.
- Primary pulmonary arterial hypertension.
- Progressive supranuclear palsy – resulting in permanent symptoms.
- Pulmonary artery graft surgery.
- Respiratory failure – of advanced stage.
- Systematic lupus erythematosus – with severe complications.
- Terminal illness.
- Third degree burns – covering 20% of the body's surface area.
- Traumatic head injury – resulting in Permanent symptoms.

1.6.3 Total Permanent Disability – before age 65

Total permanent disability can be insured as an additional Insured Illness on one of the bases shown below. Full details can be found in Section 9.3 of this guide.

- Unable to do their own occupation ever again basis (own occupation);
- unable to do a suited occupation ever again basis (suited occupation), or
- unable to look after themselves ever again (loss of independent existence).

The additional cost for this cover will depend on the basis you choose.

2.0 Setting up the Policy

We prepare your Quotation based upon a specification provided by your intermediary. The specification will detail the Eligibility Conditions, benefit options and membership data, together with claims history for the last five years or such shorter period the Critical Illness Benefits may have been insured along with any Underwriting decisions and details of any Long Term Absentees.

The Quotation terms will usually be guaranteed for three months.

If the inception data differs by more than 10% compared to the Quotation data, we may need to issue a new Quotation, which may result in a change of cost and / or the Policy Terms and Conditions.

2.1 Requirements for Policy set-up

We will require full details of the Policy, including the following:

- Employer details;
- Eligibility Conditions;
- Benefit Rules; or
- any other requirements that we have set out in our Quotation.

In order for the cover to continue we will require:

- a fully completed application form;
- the deposit premium or completed standing order form;
- completed Actively at Work and / or continuation of cover declarations;
- complete and accurate membership data at the date of inception;
- details of any Insured Person with benefits in excess of the Free Cover Level;
- details of any Employee who has been absent for a period of three months or more due to illness or injury;
- evidence of Expected Retirement Age if the Expected Retirement Age is above age 65 or State Pension Age; or
- any other requirements we have asked for in our covering letter confirming risk.

Premiums will normally be paid annually in advance by cheque payable to Omnilife Insurance Company Limited or by electronic funds transfer. Biannual, quarterly and monthly payments are also available and will require a standing order.

Cover for your Policy will cease if the above is not provided within 30 days of the start date.

2.2 Evidence of health to be provided before Insured Persons are covered

Our Quotation will usually include a Free Cover Level. This is the total amount of cover we will provide on standard terms for an Insured Person before Medical Underwriting is required.

If an Employee has cover equal to or below the Free Cover Level and provided the Employee satisfies the rules for joining the Policy and our Actively at Work requirement then no evidence of health is required.

If the Insured Person has cover above the Free Cover Level then evidence of health will be required. Initially the Insured Person will be asked to complete an employee health declaration. On receipt of this we may require further medical evidence which could involve applying to the Insured Person's own doctor for a report, or requiring the Insured Person to attend a medical examination or undergo other medical tests.

Once we have completed the Medical Underwriting process this may result in extra Premiums being charged or exclusions being applied to that part of the Insured Person's benefit in excess of the Free Cover Level. In some cases we may be unable to provide cover for that part of the benefit in excess of the Free Cover Level.

If the Free Cover Level increases, we will not automatically enhance the Free Cover Level applicable to an Insured Person who has been Medically Underwritten or who has had their benefit restricted to a previous Free Cover Level.

2.2.1 Discretionary Entrants and Late Entrants

Discretionary Entrants

Discretionary Entrants (individuals who do not satisfy the normal rules for joining the Policy) will be subject to Medical Underwriting for their full benefit and cover will be at our discretion. Initially the Employee will be required to complete an employee health declaration and further medical evidence may be required. Where an Employee is a Discretionary Entrant and the Employee's Spouse or Partner is to be covered, the Spouse or Partner will also be subject to Medical Underwriting.

Late Entrants

Late Entrants are Insured Persons who do not join on the first date on which they become eligible for inclusion in the Policy. Late Entrants will be required to complete a Late Entrant form for consideration and may be subject to further Medical Underwriting. Where an Employee is a Late Entrant and the Employee's Spouse or Partner is to be covered, the Spouse or Partner will also be subject to Medical Underwriting.

2.3 Claims occurring during the Underwriting period

We will provide cover from the first date we are advised of an Insured Person who requires medical underwriting for a period of up to 90 days to enable the completion of the Medical Underwriting process.

We provide this temporary cover for the Insured Person's full benefit, up to a maximum of £250,000, provided they have not previously been declined by us or another insurer (in this instance no cover will be provided). The proportion of the Insured Person's Benefit that requires medical evidence will be subject to a pre-existing conditions exclusion and to any other underwriting restrictions we may specify.

3.0 Cost of cover

The calculated Premium depends on the benefit design and the level of benefits provided. The information used to determine Premiums include:

- the level of cover provided;
- the type of cover provided;
- whether spouses and / or children are covered;
- age and gender profile of Insured Persons covered;
- occupation of Insured Persons covered;
- eligibility Conditions;
- location of the workforce;
- claims' history (for previously insured critical illness benefits); or
- payment frequency.

The minimum annual premium applicable to a Policy is currently £500. This increases to £1,800 for Policies that do not pay annually.

3.1 Premium calculations

(a) Policies covering 2 to 19 Employees

Single Premium costed policies

Premiums are calculated separately for each Employee.

With single premium costed policies the rate will vary each year and will be dependent on the Insured Person's age, gender, occupation and location and the Premium Rates in-force at that time.

If the number of Insured Persons increases to 20 or more, the Policy may be administered and costed on a Unit Rate basis as detailed below.

(b) Policies with 20 or more Insured Persons

Unit Rate costed policies

Employees' Premiums are prepared as those for single premium policies however these are then aggregated in order to provide a unit rate normally expressed as a per mille (per thousand) of the total Benefits. This Unit Rate will normally be guaranteed for 2 years.

If the number of Insured Persons falls below 20 we may administer the Policy on a Single Premium basis as set out above.

3.2 Additional premiums

Extra Premiums may be charged for:

- Insured Persons Medically Underwritten and for whom special terms apply to the part of the Benefit in excess of the Free Cover Level;
- Discretionary Entrants or Late Entrants; or
- Employees who are older than the Expected Retirement Age and still require cover.

You will be notified of any increase in the Premiums and the date from when they will be payable.

If any of the information provided by you to us, used to calculate the Premiums is incomplete or incorrect this could mean you are not paying the correct Premium. In this circumstance, we may revise the Premium amount.

3.3 Commission

The Premium is inclusive of any commission payable to your financial adviser. The commission rate is shown on the front of our Quotation.

3.4 Discount for good claims experience

The claims experience is one of the factors we use to calculate the final Premium and good experience will usually be reflected in the final Premium charged.

4.0 Policy accounting

The Policy usually operates on one year accounting periods.

At each Anniversary Date we need new complete and accurate data in order to charge the correct Premium. Until we receive this data we will charge approximate Premiums. Once accounts have been finalised we will advise you of what arrears are due, or if you have overpaid, we will make a refund to you.

4.1 Information required for accounting purposes

A full list of all Employees covered by the Policy is required at each Anniversary Date. The list must show:

- name;
- gender;
- date of birth;
- salary;
- post code of Employee's work location;
- Benefit Category (if more than one category);
- date of joining Policy (if a new Insured Person);
- date of leaving Policy (if applicable) and
- date of salary change(s) (only if the Scheme has less than 20 Members).

It is also necessary to advise us if an Insured Person's benefit exceeds the Free Cover Level during the Policy year, of any Employee who is not Actively at Work and of any Insured Person who is resident overseas or who undertakes regular business travel outside of the European Economic Area or North America.

4.2 Adjustments for those who join, leave or have benefit increases during the year

(a) Single Premium costed Policies

At each Anniversary Date we will calculate a Premium adjustment for the amount and duration of the cover actually provided since the last anniversary (or Commencement Date if later).

(b) Unit Rate costed Policies

At each Anniversary Date we will calculate a Premium adjustment to allow for any increases or decreases in salaries or membership since the last Anniversary Date. We will assume that all changes occurred halfway through the Policy Year.

If there is any change to the

- Benefit Rules;
- Eligibility Conditions;
- Benefit Categories;
- legislative or tax regime; or
- Premium Rate applicable.

During that period, we will calculate adjustments for the periods before and after the change took effect.

4.3 Cancelled Policies

A final account will be produced based on the cover provided up to the date you cancelled the Policy and either a refund will be paid or any outstanding Premium requested.

5.0 Making a claim

We aim to make the claim process as simple as possible and would normally request that the Policyholder contact us and a member of the Claims Team will guide you through the process.

If you want to make a claim you must notify us as soon as practically possible after diagnosis of an Insured Illness, but no later than 3 months after the date of diagnosis.

We will normally need the following from you:

- a claim form, fully completed by the Policyholder; and
- a personal statement, fully completed by the Insured Person; and
- if benefits are linked to salary, evidence of the Employee's earnings.

In addition,

- where the claim is for a spouse or civil partner, we will need an original copy of the marriage or civil partnership certificate;
- where the claim is for a child, we will need an original copy of their birth or adoption certificate.

Once we have received all our initial requirements, we will advise you:

- of any further information we require to assess the validity of the claim; or
- if we are unable to admit the claim and the reason(s) why; or
- if we have all the information we require, after assessment, we can admit the claim.

If we cannot admit the claim, we will initially call and explain the rationale for the decision. We will then follow this up in writing.

We aim to process each stage of a claims' process within five working days. However, this process may take longer where we need specialist external reports such as a medical or consultant's report.

The benefits payable under the policy will be paid by Omnilife to the Insured Person in UK currency.

6.0 What is not covered

6.1 Pre-existing conditions

No Benefit is payable for any critical illness occurring within two years of an Insured Person becoming covered for which, in the opinion of the medical adviser appointed by the Company, has resulted either directly or indirectly from any condition or related condition for which the Insured Person has received treatment, or suffered symptoms of, or received advise on, or was aware existed at the time of, or prior to becoming an Insured Person under this policy. Where Benefits were insured with another insurer on the day before cover started under this Policy, we will backdate the two year period to the day that the Employee first became eligible under any previous policies held by the Employer.

For some conditions, no Benefit is payable for any critical illness occurring at any time for which, in the opinion of the medical adviser appointed by the Company, has resulted either directly or indirectly from any condition or related condition for which the Insured Person has received treatment, or suffered symptoms of, or received advise on, or was aware existed at the time of, or prior to becoming an Insured Person under this policy or any previous policies held by the Employer.

Examples of related conditions are contained in the tables below

Group 1: Cardiovascular	Related Conditions
• Coronary artery by-pass grafts • Heart attack • Heart transplant (under major organ transplant) • Heart valve replacement or repair • Stroke • Aorta graft surgery* • Cardiac arrest* • Open heart surgery* • Primary pulmonary arterial hypertension* • Pulmonary artery graft surgery	Applies for two years: • Any disease or disorder of the heart. • Any obstructive or occlusive arterial disease. • High or Low Blood Pressure treated at any time by prescribed medication. Applies indefinitely: • Diabetes mellitus

Group 2: Cancer	Related Conditions
• Cancer • Aplastic anaemia* • Benign brain tumour* • Benign spinal cord tumour*	Applies for two years: • Polyposis coli • Papilloma of the bladder • Any invasive carcinoma in situ • Crohn's Disease • Ulcerative Colitis • Abnormal smear test.

Group 3: Neurological	Related Conditions
• Alzheimer's Disease • Creutzfeldt-Jakob Disease • Motor neurone disease • Multiple Sclerosis • Parkinson's disease • Pre-Senile Dementia • Paralysis of limbs • Progressive supranuclear palsy*	Applies for two years: • Any disease or disorder of the brain or central nervous system.

Group 4: Major organs	Related Conditions
• Kidney failure • Kidney or liver transplant (under major organ transplant) • Liver failure*	Applies for two years: • Any chronic renal disease or disorder. • Any chronic liver disease. • Chronic pancreatitis. Applies indefinitely: • Chronic leukaemia • Diabetes mellitus

Group 5: Respiratory	Related Conditions
• Lung transplant (under major organ transplant) • Respiratory failure*	Applies for two years: • Any chronic lung disease.

Group 6: Disability and Terminal Illness	Related Conditions
• Total Permanent Disability** • Blindness* • Deafness* • Loss of hands or feet* • Loss of independent existence* • Loss of speech* • Paralysis of limbs* • Terminal Illness*	Applies for two years: • Peripheral vascular disease. • Inflammatory polyarthropathy. Applies indefinitely: • All other critical illnesses. • Diabetes mellitus. • Any disease or disorder of the brain or central nervous system. • Chronic or recurring mental illness. • Chronic symptoms of fatigue, back, joint or muscle pain.

* These conditions only apply if "additional conditions" are selected (see section 9.2).
** Total Permanent Disability only applies if selected (see section 9.3).

In addition, no child benefit will be paid for any condition that the child suffered prior to the start of cover for that child under this policy or any previous policies held by the Employer.

6.2 Survival Period

Benefits are not payable if the Insured Person (or in the case of a child's claim, the child) does not survive for 14 days. The 14 day period starts from:

- for Major Organ Transplant, the date of inclusion on the waiting list;
- for Coronary Artery Bypass Graft and Heart Valve Replacement or Repair, the date of operation;
- for all other conditions, the date of diagnosis.

6.3 Multiple Claims

6.3.1 Linked Claims

No claim shall be paid for any critical illness occurring which, in the opinion of the medical adviser appointed by the Company, has resulted either directly or indirectly from a condition or related condition for which the Insured Person has already received a Benefit, whether under this policy or any previous policies.

6.3.2 Claim Groups

No claim shall be paid for any Defined Condition in each of the groups in section 6.1 above, where the Insured Person has already suffered from a Defined Condition in that group.

For example, where an Insured Person suffers a heart attack then no benefit shall be payable in respect of any subsequent stroke claim.

6.3.3 Total Permanent Disability

No claim shall be paid for Total Permanent Disability which, in the opinion of the medical adviser appointed by the Company, has resulted either directly or indirectly from a condition or related condition for which the Insured Person has already received a Benefit, whether under this policy or any previous policies.

Upon payment of a claim for Total Permanent Disability for an Insured Person, all cover for that Insured Person will end and no further claims will be payable.

6.4 Underwriting exclusions

If we agree to provide cover in special circumstances where Medical Underwriting has been required, there may be certain causes of claim that are not covered. This will be detailed in the Quotation or when we communicate the outcome of Medical Underwriting on a case by case basis.

6.5 General exclusions

No Benefit will be payable if the defined critical illness is caused directly or indirectly from any of the following:

- Alcohol or drug abuse.
- Unreasonable failure to follow medical advice.
- Taking part in hazardous pursuits.
- Intentional self-inflicted injury.

7.0 Overseas Cover

Overseas cover can be provided for UK-based companies for Employees temporarily based outside of the UK. Special terms may apply dependent on the geographical cover required.

For UK-based companies with Employees not paid in UK currency, Premiums and benefits will be fixed to UK currency on an open market exchange rate applicable at the Commencement Date or previous Anniversary Date whichever is later. The benefits payable under the policy will be paid by Omnilife to the Policyholder in UK currency.

All Premiums must be paid in UK currency.

8.0 Taxation Considerations

As with all tax matters, Omnilife would recommend seeking financial advice since:

- rules can be complex;
- advice requires understanding relating to specific circumstances of the Policyholder;
- advice may require discussion with your local tax inspector;
- rules are subject to change.

The following does not constitute tax or financial planning advice but represents Omnilife's current understanding of the treatment of Premiums and benefits.

Premiums paid by you will normally be treated as a business expense. However, tax relief on premiums paid by you in respect of any Insured Persons who have a proprietorial interest in the company will not normally be available. HMRC may, nevertheless, agree to allow such relief if similar benefits are provided for a substantial number of other employees.

Clarification of the tax position in such cases should be sought from your local tax inspector.

For Insured Persons who are working in the UK and are subject to UK tax:

- Premiums paid by you are normally treated as a P11D benefit for employees; or
- Policy benefits paid to the Insured Person are not normally subject to tax.

If we have agreed to include Insured Persons who are working outside the UK, the tax treatment of the premiums and benefits will depend on the individual Insured Person's circumstances. Clarification of the tax treatment should be sought as the benefits paid to the Insured Person may be subject to tax.

9.0 Critical Illness Definitions

9.1 Core Illnesses

These definitions apply in all cases.

Alzheimer's Disease – resulting in permanent symptoms

A definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to do all of the following:

- remember;
- reason; and
- perceive, understand, express and give effect to ideas.

For the above definition, the following are not covered:

- Other types of dementia.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

For the above definition, the following are not covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant;
  - non-invasive;
  - cancer in situ;
  - having borderline malignancy; or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification T2bN0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer (including cutaneous lymphoma) other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- All thyroid tumours unless histologically classified as having progressed to at least TNM classification T2N0M0.

Coronary artery by-pass grafts – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Creutzfeldt Jakob Disease

A definite diagnosis of Creutzfeldt Jakob Disease (CJD) by a Consultant Neurologist. There must be permanent clinical impairment of motor function and loss of the ability to:

- remember;
- reason, and
- perceive, understand, express and give effect to ideas.

Under the CJD definition, we do not cover other types of dementia.

Heart Attack – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- typical clinical symptoms (for example, characteristic chest pain);
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher;
  - Troponin T > 200 ng/L (0.2 ng/ml or 0.2 ug/L)
  - Troponin I > 500 ng/L (0.5 ng/ml or 0.5 ug/L)

The evidence must show a definite acute myocardial infarction.

For the above definition, the following are not covered:

- other acute coronary syndromes;
- Angina without myocardial infarction.

Kidney Failure – requiring permanent dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is permanently required.

Major Organ Transplant – from another donor

The undergoing as a recipient of a transplant from another donor, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official UK waiting list for such a procedure.

For the above definition, the following is not covered:

- transplant of any other organs, parts of organs, tissues or cells;

Motor neurone disease – resulting in permanent symptoms

A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist:

- Amyotrophic lateral sclerosis (ALS);
- Primary lateral sclerosis (PLS);
- Progressive bulbar palsy (PBP);
- Progressive muscular atrophy (PMA).

There must also be permanent clinical impairment of motor function.

Multiple Sclerosis – with persisting symptoms

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Parkinson's disease – resulting in permanent symptoms

A definite diagnosis of Parkinson's disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function with associated tremor and muscle rigidity.

For the above definition, the following are not covered:

- Parkinsonian syndromes/Parkinsonism.

Pre-Senile Dementia

A definite diagnosis of dementia by a Consultant Neurologist, Psychiatrist or Geriatrician. There must be permanent clinical loss of the ability to:

- remember;
- reason and
- perceive, understand, express and give effect to ideas.

For the above definition, dementia secondary to alcohol or drug abuse is not covered.

Stroke – resulting in permanent symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- transient ischaemic attack;
- traumatic injury to brain tissue or blood vessels;
- death of tissue of the optic nerve or retina / eye stroke.

9.2 Additional Illnesses

We can provide cover, at additional cost, for the following additional illnesses. Your Quotation will state whether or not these additional illness are included.

Aorta graft surgery – for disease

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches.

For the above definition, the following is not covered:

- any other surgical procedure, for example the insertion of stents or endovascular repair.

Aplastic anaemia – with permanent bone marrow failure

A definite diagnosis of aplastic anaemia by a Consultant Haematologist. There must be permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia.

Benign brain tumour – resulting in permanent symptoms or removed via craniotomy

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull, resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms;
- removal of the tumour by craniotomy (surgical opening of the skull).

For the above definition the following are not covered:

- tumours in the pituitary gland;
- tumours originating from bone tissue;
- angioma and cholesteatoma.

Benign spinal cord tumour

A non-malignant tumour in the spinal canal or spinal cord, resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- invasive surgery to remove the tumour.

For the above definition, the following is not covered:

- tumours treated with radiotherapy;
- granulomas, haematomas, abscesses, disc protrusions and osteophytes.

Blindness – permanent and irreversible

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

Cardiac Arrest – with implantation of defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and resulting in either of the following devices being surgically implanted:

- Implantable Cardioverter-Defibrillator (ICD); or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

Coma – with associated permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems for a continuous period of at least 96 hours; and
- with associated permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- medically induced coma;
- coma secondary to alcohol or drug abuse.

Deafness – permanent and irreversible

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

Encephalitis – resulting in permanent symptoms

A definite diagnosis of encephalitis by a Consultant Neurologist. There must be permanent neurological deficit with persisting clinical symptoms.

Heart valve replacement or repair – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

HIV infection – caught from a blood transfusion, a physical assault or at work

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment; or
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment.

After the start of the policy and satisfying all of the following:

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures;
- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident;
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

Liver failure – of advanced stage

Liver failure due to cirrhosis and resulting in:

- permanent jaundice; and
- ascites; and
- encephalopathy

For the above definition, the following is not covered:

- liver disease secondary to alcohol or drug abuse.

Loss of independent existence – permanent and irreversible

Loss of the physical ability through an illness or injury before the age of 65 to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Loss of speech – total permanent and irreversible

Total permanent and irreversible loss of the ability to speak as a result of physical injury or disease.

Loss of hands or feet – permanent physical severance

Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

Open Heart Surgery – with surgery to divide the breastbone

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist, to correct any structural abnormality of the heart.

Paralysis of limbs – total and irreversible

Total and irreversible loss of muscle function to the whole of any 2 limbs.

Primary pulmonary arterial hypertension

A definite diagnosis of pulmonary arterial hypertension of unknown cause. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association classification of functional capacity (marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain).

For the above definition, the following is not covered:

- pulmonary hypertension secondary to any other known cause i.e. not primary.

Progressive supranuclear palsy – resulting in permanent symptoms

A definite diagnosis of progressive supranuclear palsy by a Consultant Neurologist. There must be permanent clinical impairment of eye movements and motor function.

Pulmonary artery graft surgery

The undergoing of surgery on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

For the above definition, the following is not covered:

- any other surgical procedure, including endovascular repairs or the insertion of stents.

Respiratory failure – of advanced stage

Advanced stage emphysema or other chronic lung disease, resulting in:

- the need for regular oxygen treatment on a permanent basis; and
- the permanent impairment of lung function tests where Forced Vital Capacity (FVC) and Forced Expiratory Volume at 1 second (FEV1) are less than 50% of normal.

Systemic lupus erythematosus – with severe complications

A definite diagnosis of systemic lupus erythematosus by a Consultant Rheumatologist resulting in either of the following:

- permanent neurological deficit with persisting clinical symptoms; or
- the permanent impairment of kidney function tests with Glomerular Filtration Rate (GFR) below 30 ml/min.

Terminal illness

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- the illness either has no known cure or has progressed to the point where it cannot be cured; and
- in the opinion of the attending Consultant, the illness is expected to lead to death within the earlier of 12 months and the member's cease age.

Third degree burns – covering 20% of the body's surface area

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

Traumatic head injury – resulting in permanent symptoms

Death of brain tissue due to traumatic injury resulting in permanent neurological deficit with persisting clinical symptoms.

9.3 Total Permanent Disability (TPD)

We can provide cover, at additional cost, for Total Permanent Disability. The Quotation will state whether TPD is included and which definition has been used.

A benefit will only be payable under the Policy as a result of total permanent disability if the Insured Person:

- survives for more than six months from the date of total permanent disability, and
- suffers Total Permanent Disability throughout this period.

If Children's benefit is included, the Loss of Independence Existence definition will apply to any child's claim.

The definitions of Total Permanent Disability are shown below.

Unable to do their own occupation ever again (Own Occupation)

Loss of the physical or mental ability through an illness or injury before the age of 65 to the extent that the member is unable to do the material and substantial duties of their own occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of the person's own occupation that cannot reasonably be omitted or modified.

Own occupation means the member's trade, profession or type of work done for profit or pay. It is not a specific job with any particular employer and is irrespective of location and availability. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the member expects to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Unable to do a suited occupation ever again (Suited Occupation)

Loss of the physical or mental ability through an illness or injury before the age of 65 to the extent that the member is unable to do the material and substantial duties of a suited occupation ever again. The material and substantial duties are those that are normally required for, and/or form a significant and integral part of, the performance of a suited occupation that cannot reasonably be omitted or modified.

A suited occupation means any work the member could do for profit or pay taking into account their employment history, knowledge, transferable skills, training, education and experience, and is irrespective of location and availability. The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the member expects to retire.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Loss of Independent Existence

Loss of the physical ability through an illness or injury before the age of 65 to do at least 3 of the 6 tasks listed below ever again.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.

The insured person must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Getting dressed and undressed** – the ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
- **Feeding yourself** – the ability to feed yourself when food has been prepared and made available.
- **Maintaining personal hygiene** – the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- **Getting between rooms** – the ability to get from room to room on a level floor.
- **Getting in and out of bed** – the ability to get out of bed into an upright chair or wheelchair and back again.

For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Further Information

Group Life Assurance policies are issued by Omnilife Insurance Company Limited whose office is incorporated in the United Kingdom. Registered number 2294080. The office address is:

Omnilife Insurance Company Limited
Level 45, 22 Bishopsgate
London
EC2N 4BQ

Phone: **020 7374 0123**
Email: **AdminGroup@omnilife.co.uk**

Questions and Complaints

If you have any questions or wish to make a complaint about your Policy, you should first speak to the financial adviser who arranged it for you.

If you then still need to speak to us, you should send the details of your question or complaint to the address above.

Omnilife Insurance Company Limited
Level 45, 22 Bishopsgate
London
EC2N 4BQ

Phone: **020 7374 0123**
Email: **AdminGroup@omnilife.co.uk**

Complaints which we cannot settle can be referred to the Financial Ombudsman Service:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Telephone: **0800 023 4567** or, for mobile phone users:
0300 123 9123
E-mail: **complaint.info@financial-ombudsman.org.uk**
Website: **www.financial-ombudsman.org.uk**

Making a complaint will not prejudice your right to take legal proceedings.

Compensation

If we cannot meet our liabilities, you may be entitled to compensation under the Financial Services Compensation Scheme. Further information is available from the Financial Services Compensation Scheme.

Law

The construction, validity and performance of the Policy will be governed by the Law of England and Wales.

Under the Policy, Insured Persons do not have any rights under the Contracts (Rights of Third Parties) Act 1999.

GCI/TG/0821