

Female Cancer Cover

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Policy Wording

Female Cancer Cover

Section 1 - Introduction

This document sets out the terms of the Female Cancer Cover policy insured by American International Group UK Limited, please read it carefully. It tells a **policyholder** (also referred to as **you**, **your** or **yourself** in this policy) what is covered, what is not covered, what to do if they want to make a claim and who to call if they need help.

The policy is underwritten by American International Group UK Limited and claims are managed on their behalf by AIG Direct. AIG Direct is a trading name of American International Group UK Limited. This policy is sold and administered by Union Income Benefit Holdings Limited (UIB) on behalf of American International Group UK Limited.

You should familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and what is not covered.

You should read this policy in conjunction with the **schedule** and review the cover periodically to ensure it continues to meet **your** needs.

Please note that the premium that **you** pay will increase as **you** get older when **you** reach the next premium age band. The policy cover and premium may also change for other reasons. Please see Section 8 Paragraph 7 for further details.

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on 0343 178 1255. Lines are open between Monday to Friday 9 a.m. to 6 p.m. or e-mail Customer Services on customercare@uibuk.com.

This policy document, together with the **schedule**, the application form and any endorsements, collectively form the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy to the **policyholder** provided that the premium is paid when it is due and **we** agree to accept it.

Section 2 - Scope of insurance

If **you** are diagnosed with a **covered cancer** after the **effective date** and before **your** insurance finishes, **we** will pay the amount shown in the **table of benefits** subject to the terms of this policy, including the conditions set out in 'Section 6 - Claims conditions' and the exclusions set out in 'Section 7 - What is not

covered'. Please read this policy document carefully to ensure that **you** are fully aware of what it covers.

Section 3 - Glossary

This policy contains technical medical terms which are necessary to describe what is and is not covered. **We** have included a glossary below which is designed to give **you** more information on some of these medical terms. The glossary does not form part of this policy. Words that are in the glossary are marked with an asterisk (*).

Carcinoma in situ means an early stage cancer in which the disease is confined to the cells where it first appeared.

Histological(ly) means the act of studying tissues and cells under a microscope.

Malignant means a medical term used to describe a severe and progressively worsening form of cancer. A malignant cancer is not self-limited in its growth, is capable of invading into adjacent tissues, and may be capable of spreading to distant tissues in the body.

Pre-malignant when used in relation to a cancer or tumour, means cells that have not yet turned cancerous.

Radiological means the collective term for X-rays, computed axial tomography (CAT scans) or magnetic resonance imaging (MRI scans) or positron emission tomography (PET scans) used to assist in the diagnosis of cancer.

Section 4 - Definitions

We use words and expressions in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words and their meaning in this policy are shown below and each time one of them is used in the policy and/or the **schedule**, it is shown in bold type. Any word or expression in bold type has the same meaning whenever it is used throughout this policy. Plural forms of the words and expressions defined have the same meaning as the singular form.

Covered cancer

Carcinoma in situ* or a malignant* tumour in a **female organ**.

Doctor

A registered medical practitioner who is not **you**, or related to **you**, or works for or with **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practise medicine.

Effective date

The start date of this policy shown on the **schedule**.

Female organ

One or both breasts, one or both Fallopian tubes, one or both ovaries, the cervix, uterus, vagina or vulva where that organ is the **primary site**.

First premium due date

The date that the first premium is due as shown on the **schedule**.

Hospital

An institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long-term nursing home, a rehabilitation centre, a retirement or convalescence home or an extended-care facility.

Inpatient

Where **you** have gone through the full admission procedure and a clinical case record has been opened and **your** admission is necessary for medical care and treatment.

Medical consultant

A **doctor** or other medical specialist who is not **you**, or related to **you**, or works for or with **you**, who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Outpatient/day patient

A scheduled visit to a **hospital** for medical care and treatment where no **overnight** stay is required.

Overnight

An **inpatient** admission before 7 p.m. with release no earlier than 8 a.m. the following morning.

Policyholder

The person that has applied and paid for this policy, is shown on the **schedule** and is over 18 years of age and under 75.

Pre-existing condition

Any medical condition (whether diagnosed or not) for which, **you**:

- Received medication, advice or treatment; or
- Experienced symptoms.

Any condition which **you** were aware of (whether diagnosed or not) prior to **your effective date** will be considered to be a pre-existing condition.

Primary site

The site at which the first cancerous change takes

place as it relates to that particular **covered cancer**.

Sanctions

Any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Schedule

The certificate showing the name of the **policyholder**, the **effective date** of cover, the level of cover purchased for Cancer Benefit A, and the premium, which forms part of this policy and which should be read in conjunction with this policy document.

Table of benefits

The part of this document that describes how much **we** will pay if **you** are diagnosed with a **covered cancer**.

United Kingdom

England, Scotland, Wales and Northern Ireland.

Waiting period

The 90 days immediately following **your effective date**.

We, us or our

American International Group UK Limited.

You, your or yourself

A **policyholder**.

Section 5 - Table of Benefits

The **table of benefits** below shows the items, a description of those items, and the amounts payable in respect of those items, for which a **policyholder** is covered under this policy. The cover is provided subject to the terms of the policy, including the conditions set out in 'Section 6 - Claims conditions' and the exclusions set out in 'Section 7 - What is not covered' of this policy.

Item	Female cover	Benefit
Cancer Benefit A	Payable on the first diagnosis of any malignant* tumour in a female organ ; or carcinoma in situ* of the breast.	£25,000
Cancer Benefit B	Payable on the first diagnosis of Carcinoma in situ* of a female organ other than the breast.	£2,500

Item	Female cover	Benefit
Inpatient Benefit	Payable for each overnight stay a policyholder is admitted to a hospital as a direct result of the first diagnosis of a covered cancer and occurring at any time directly following the diagnosis of that cancer.	£50 per overnight stay up to a maximum of £4,500
Outpatient/Day patient Benefit	Payable for each Outpatient/Day patient visit to hospital as a direct result of diagnosis of a covered cancer .	£25 per visit up to a maximum of £1,000

If **you** are diagnosed with a **covered cancer** by a **doctor** or **medical consultant**, **we** will pay the relevant cancer benefit specified in the **table of benefits** upon receipt of a completed and signed claim form and any other documentation **we** may require to process **your** claim (See 'Section 12 - Claim procedure' below).

Please note that following cancellation of **your** policy, Inpatient and Outpatient/Day patient Benefit in relation to the original **covered cancer** can continue to be claimed.

Section 6 - Claims conditions

6.1 **We** will only pay the benefits covered by this policy if:

- a **covered cancer** is diagnosed before the next premium due date following **your** 75th birthday;
- it is the first diagnosis of that **covered cancer** for **you**;
- you** are alive when the diagnosis is made;
- we** receive a completed and signed claim form and any other supporting documentation **we** may require to process **your** claim (please see 'Section 12 - Claim procedure' for further details); and
- your** cover under this policy has been in force for 91 days or more, unless section 6.2 below applies.

6.2 If conditions a-e inclusive of Section 6.1 are met, but **you** receive medical advice, have

symptoms or tests, or receive any medication or treatment for a **covered cancer** or are diagnosed with a **covered cancer** during the **waiting period**, **we** will only pay the Inpatient Benefit shown in the **table of benefits**, for each **overnight** stay **you** are admitted to a **hospital** during the first 90 days directly following diagnosis of that cancer and as a direct result of the cancer diagnosis. Neither Cancer Benefit A or B or Outpatient/Day patient Benefit will be paid. At the end of this 90 day period the policy will end for **you** and no further benefits will be payable to **you** under this policy. In the event that **you** are the **policyholder**, this policy will be cancelled.

6.3 If **we** pay Cancer Benefit A to a **policyholder**, all cover under this policy, with the exception of **inpatient** and **outpatient/day patient** treatment, will stop from the date of the claim payment.

Section 7 - What is not covered

We will not pay Cancer Benefit A or B or an Outpatient/Day patient Benefit:

- a. if **you** are diagnosed as having a **covered cancer** within the **waiting period**; or
- b. if **you** receive medical advice, have symptoms or tests, or receive any medication or treatment, for a **covered cancer** within the **waiting period**.

We will not pay Cancer Benefit B:

- c. if **we** have already paid **you** Cancer Benefit A for that cancer.

We will not pay any benefit:

- d. for the **covered cancer** for which **you** are claiming if **you** have been diagnosed with the same cancer before your **effective date**; or
- e. for any **covered cancer** directly or indirectly caused by any **pre-existing condition**, if it is reasonable for **you** to know or suspect a link at the time of taking out this policy; or
- f. for any **covered cancer** if **you** experienced symptoms prior to **your effective date**, if it is reasonable for **you** to know or suspect that **you** have that **covered cancer**; or
- g. based on a diagnosis made by any person other than a **doctor** or a **medical consultant**; or
- h. for any tumours which are histologically* described as pre-malignant*; or
- i. if **you** are resident outside the **United Kingdom**. (Please see subsection 9 'Residence outside the United Kingdom' of 'Section 8 - General conditions' for further details).

Section 8 - General conditions

1. Assignment

This policy may not be assigned or transferred unless agreed by **us** in writing.

2. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **policyholder** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

3. Complying with the policy

To have the full protection of this policy **you** must comply with all Sections in particular the conditions outlined in 'Section 12 - Claim procedure', which are conditions of the policy. Failure to comply with these conditions may determine whether **we** deny any claim made under this policy or the amount **we** pay to **you** in the event of a claim.

4. Disclosure of information

When completing an application for this policy, reasonable care must be taken by the **policyholder** to ensure that any information given to **us** by the **policyholder** is accurate and complete, including when answering questions **we** may ask and/or in providing confirmation of or amending any information previously given to **us**. If there are any changes to the **policyholder's** circumstances and/or the information they have provided is no longer true, valid or up-to-date the **policyholder** must tell **us** as soon as is reasonably possible as this may affect their policy and their ability to claim under it.

5. Interest on amounts payable

We will not pay interest on any amount paid under this policy.

6. Law and jurisdiction

This policy will be governed by English law, and the **policyholder** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **policyholder** resides in Scotland or Northern Ireland, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

7. Policy and premium alteration

UIB will notify the **policyholder** on **our** behalf of any changes to the terms and conditions, including the premium, of the policy by giving the **policyholder** 30 days' notice in writing to the **policyholder's** last known address. **We** will only make a change in order to reflect a change to **your** circumstances (for example if **your** premium age band changes), or in the event of a change in the law affecting this policy, (for example a change in Insurance Premium Tax), or to reflect a change to **our** underwriting approach.

If the changes are acceptable to the **policyholder** then this policy will continue.

If the changes are not acceptable, the **policyholder** may cancel this policy in accordance with 'Section 9 - Cancellation and cooling off period'. If the **policyholder** cancels the policy, no claims will be payable in respect of a **covered cancer** diagnosed after the next premium due date following the date UIB receive notice of cancellation. UIB will return to the **policyholder** any premium already paid to UIB in advance for cover that is unused at the date of cancellation.

8. Premium payment

The premium is payable monthly as shown on the **schedule**.

The premium is due by the **first premium due date** and subsequently on the first day of each month thereafter. Each premium paid purchases cover under the terms of this policy for the whole calendar month the premium due date falls in. Unless the **policyholder** advises UIB to cancel the policy or they are no longer eligible for cover, UIB will automatically renew the cover under the terms of this policy for a further month from the premium due date and collect the required premium.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date. No claims will be paid for any event that occurs after the 30 days have passed if the premium remains unpaid.

Your premium will increase when **you** move into the next premium age band, these are:

18 - 24, 25 - 29, 30 - 34, 35 - 39, 40 - 44, 45 - 49, 50 - 54, 55 - 59, 60 - 64, 65 - 69, 70 - 74.

9. Residence outside the United Kingdom

Cover under this policy cannot continue for a

policyholder who resides outside the **United Kingdom** for more than 180 consecutive days. Cover will cease from the 181st day that an **insured person** resides outside the **United Kingdom**. Please tell UIB as soon as this happens so there is no overpayment of premium.

10. Rights of third parties

Only the **policyholder** (or their executor or legal representative in the event of the death of the **policyholder**) and American International Group UK Limited may enforce the terms of this policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

11. Sanctions

We will not be liable to provide cover (including payment of a claim or provision of any other benefit) under this policy if **we** are prevented from doing so by any **sanction** which prohibits **us** or **our** parent company (or **our** parent company's ultimate controlling entity) from providing cover under this policy. **Sanctions** change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities. This means that if **you**, or any third party who has suffered a loss which would otherwise be covered under the policy, are the subject of a **sanction**, **we** may not be able to provide cover under the policy.

12. Upper age limit

Cover under this policy will stop on the next premium due date following **your** 75th birthday. **You** can only purchase this policy up to **your** 69th birthday.

Section 9 - Cancellation and cooling off period

The policyholder's cooling off period

The **policyholder** may cancel this policy within 15 days of the policy commencing or the **policyholder** receiving the policy documentation (whichever is the later) (the 'Cooling Off Period'). The **policyholder** may cancel this policy by giving UIB notice in writing to Customer Services Department, Union Income Benefit Holdings Ltd, 39-51 Highgate Road, London NW5 1RT, by e-mail to customercare@uibuk.com or by calling Customer Services on **0343 178 1255**.

UIB will give the **policyholder** a full refund of any premiums paid, less any claim payments. Refunds

will be returned to the **policyholder** within 30 days from the date UIB receive notice of cancellation.

If within this Cooling Off Period a **policyholder** has made a claim which is covered under this policy, UIB will only refund the part of the premium in proportion to the period of unused cover. This will be returned to the **policyholder**.

The policyholder's right to cancel the policy after the cooling off period

The **policyholder** may cancel this policy at any time by giving UIB notice using the contact details above.

Cover will stop from the next premium due date following the date UIB receive notice of the cancellation.

Our right to cancel the policy

In the event that **we** are no longer able to provide cover, **we** will give the **policyholder** at least 60 days' notice in writing to the **policyholder's** last known address. This may arise for example, where **we** have serious grounds for doing so, including any failure to comply with the conditions under 'Section 8 - General conditions' of this policy which is incapable of remedy or which the **policyholder** fails to remedy within 14 days of receiving a notice from **us** requiring the **policyholder** to remedy the breach. The **policyholder** will receive a proportionate refund of the premium paid from the date **we** cancel the policy except where there is an instance of fraud, and provided a claim has not been made during the policy period.

Please see 'Section 8 - General conditions', paragraph 8. 'Premium payment' for details of the procedure should the premium not be paid on the date it is due.

Section 10 - Fraud or false information

By the policyholder

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **policyholder's** application for this policy or in connection with a claim, will make this policy invalid. In this event UIB will not refund any premiums and **we** will not consider for payment any claims which have not already been submitted to **us**.

False information about your age

If **we** have been told that **you** are younger than **you** are in the **policyholder's** application for this policy, **we** will only pay part of the benefits covered under this policy based on the percentage of the premium paid compared with the premium that should have been paid for **your** age at **your effective date**. If **you** are over 75 years of age, no claim payment will be made.

If **we** have been told that **you** are older than **you** are in the **policyholder's** application for this policy, **we** will pay the benefit shown on the **schedule** that applies to **your** real age and **UIB** will refund to the **policyholder** the extra premium that has been paid without adding interest.

Section 11 - Payment of benefits

Any benefit due will be paid to the **policyholder** who is the subject of the claim. In the event of **your** death before payment is made, the benefit will be paid to **your** legal representative or executor and their receipt will discharge **our** liability under the policy.

Section 12 - Claim procedure

We must be notified of a claim as soon as reasonably practicable after **your** diagnosis of a **covered cancer**, by completing a claim form and returning it to **us**. **You** can call **us** on **020 8662 8101** to request a claim form or by e-mail to aigdirect.claims@aig.com. If **you** have access to the internet **you** can download a claim form from our website www.aigdirect.co.uk.

Failure to notify **us** may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **policyholder** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

Claims Department, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: **020 8662 8101**
(9 a.m. to 5 p.m. Monday to Friday).

E-mail: aigdirect.claims@aig.com

We will ask for a reasonable amount of information as evidence in support of the claim at no expense to **us** including written reports prepared by each **doctor** or **medical consultant** who has treated **you** including acceptable clinical, radiological*, histological* and laboratory evidence which satisfy the medically recognised diagnostic requirements specified in this policy corresponding to that **covered cancer**.

If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, this will affect **our** ability to assess **your** claim and **your**

claim may be rejected.

We may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

You must give **us** permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated **you**; otherwise **we** may not pay the claim.

If **you** die **we** have the right to ask for a post-mortem examination if **we** believe it necessary to assess **your** claim, at **our** expense. If this is refused, **we** may not pay the claim.

Section 13 - Cancer Support Service

If **you** make a claim **you** will also be able to access a support team. This service is available at anytime while the policy is active, not just when making a claim.

The specialist support team can provide information and advice about cancer, including benefits, allowances, grants and work related issues. They can pass on information about appliances and specialist equipment **you** may need as well as advice on nutritional supplements. If **you** require it they can arrange therapy or counselling for **you** and **your** family as well as providing a link to other support services such as local hospices, support groups or charities.

If **you** would like to speak to one of the team members about any aspect of **your** treatment, please call the claims department on **020 8662 8101** during normal opening hours.

Section 14 - How we use Personal Information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

The types of Personal Information we may collect and why

Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside your country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

Sharing of Personal Information

For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer

Due to the global nature of **our** business Personal Information may be transferred to parties located in

other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

Security and retention of Personal Information

Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal Information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions

To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB. More details about **our** use of Personal Information can be found in **our** full Privacy Policy at www.aigdirect.co.uk/privacy-policy or **you** may request a copy using the contact details above.

Section 15 - If something goes wrong with our service

Complaints procedure:

We believe **you** deserve a courteous, fair and prompt service. If there is any occasion when **our** service does not meet **your** expectations please contact **us** using the appropriate contact details below providing the Policy/Claim Number and **your** name to help **us** to deal with **your** comments quickly.

Claims related complaints:

Claims Manager UK, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) **20 8662 8101**

Facsimile: +44 (0) **20 8668 9202**

E-mail: aigdirect.claims@aig.com

Online: www.aig.co.uk and select "Your Feedback"

All other complaints:

Customer Services Department, Union Income Benefit Holdings Ltd, 39-51 Highgate Road, London NW5 1RT.

Telephone: **0345 178 1255**

E-mail: customercare@uibuk.com

American International Group UK Limited or UIB (as appropriate) will acknowledge the complaint within 5 business days of receiving it, keep **you** informed of progress and do **our** best to resolve matters to **your** satisfaction within 8 weeks. If **we** are unable to do this **you** may be entitled to refer the complaint to

the Financial Ombudsman Service. **We** will provide full details of how to do this when **we** provide **our** final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service will not consider a complaint if **you** have not provided **us** with the opportunity to resolve it previously.

The Financial Ombudsman Service can be contacted at:

The Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Telephone: **0800 023 4567** (free for people phoning from a "fixed line", i.e. a landline at home)

0300 123 9123 (free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Following this complaint procedure does not affect **your** right to take legal action.

Section 16 - Financial Services Compensation Scheme (FSCS)

American International Group UK Limited is covered by the FSCS. If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim. For this type of insurance, 90% of **your** claim is covered, without any upper limit.

Further information about compensation scheme arrangements is available at www.fscs.org.uk and on **020 7741 4100**, or **0800 678 1100**.

Section 17 - How to contact UIB Customer Services

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on **0343 178 1255**. Lines are open between 9 a.m. to 6 p.m. Monday to Friday and 10 a.m. to 2 p.m. Saturday or e-mail Customer Services on customercare@uibuk.com.

Alternatively, **you** can write to:

Customer Services Department
Union Income Benefit holdings Ltd, 39-51 Highgate Road, London NW5 1RT.

Section 18 - Demands and needs

Female Cancer Cover meets the demands and needs of those who would benefit from receiving cash in the event of being diagnosed with a female specific cancer during the term of the cover. We are not offering advice or personal opinion on the suitability of this product, **you** need to decide based on the information provided whether this cover is right for **you** and meets **your** needs.

Section 19 - Other information

This insurance is underwritten by American International Group UK Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Registered in England: company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

This policy is sold and administered by Union Income Benefit Holdings Limited (UIB). UIB manages all aspects of customer services (except claims) on behalf of American International Group UK Limited. UIB is registered in England with no. 03877610. Registered office 4th Floor, 7/10 Chandos Street, London W1G 9DQ.

UIB is authorised and regulated by the Financial Conduct Authority (FRN 307575). This can be checked on the FCA website: www.fca.org.uk.

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Contact Us

Customer Services

Telephone: 0343 178 1255
Email: customercare@uibuk.com

Address:
Union Income Benefit Holdings Ltd.
39/51 Highgate Road
London
NW5 1RT

Lines open Mon to Fri 9 a.m. to 6 p.m. Telephone calls may be recorded for monitoring and quality purposes.

Claims

Telephone: 020 8662 8101
Email: aigdirect.claims@aig.com

Address:
Claims Department
American International Group UK Limited
2-8 Altyre Road
Croydon
CR9 2LG

Lines open Mon to Fri 9 a.m. to 5 p.m. For Your protection calls may be recorded and may be monitored.