

# **Income Protection Cover**

## Policy wording

## **Union Income Benefit Holdings Ltd arrange this policy on behalf of the insurer Stonebridge International Insurance Ltd**

### **About Union Income Benefit Holdings Ltd**

Union Income Benefit Holdings Ltd (Union Income Benefit or UIB) only offers a range of products from a limited number of insurers. Please ask us for a list of the products together with the insurers who provide them. The insurers for a particular product are named on the policy documents that you receive.

You will not receive advice or a recommendation from us. We may ask you some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

Union Income Benefit is authorised and regulated by the Financial Conduct Authority. Our FCA register number is 307575. Our permitted business is advising, arranging and making arrangements with the view to transacting and dealing in the administration and performance of a contract of insurance. You can check this on the FCA's register by visiting the FCA's website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on 0300 500 8082.

If you wish to register a complaint, please contact UIB - see section "How do I contact UIB".

If we cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

Union Income Benefit is covered by the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under its policies. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk), by contacting them via email on [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk), in writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU or by telephone on 0800 678 1100 or 020 7741 4100.

### **Treating Customers Fairly**

At Union Income Benefit we are committed to offering our customers the highest possible standards of service. In doing so, we recognise that both we and you have everything to gain if we look after your best interests and treat you fairly in all aspects of our dealings with you. We will:

- provide you with clear information about the products and services we offer
- encourage you to ask if there's something you don't understand
- provide you with details of the Claims Department should you need to claim
- give you access to our complaints procedure should you become unhappy with our service

### **How do I contact UIB?**

You can contact our Customer Service Department at:

Union Income Benefit Customer Services  
154 - 160 Fleet Street, Blackfriars London,  
EC4A 2DQ

Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Telephone: 0343 178 1255

*To make sure we maintain a high quality service, we may monitor or record telephone calls.*

## Contents

Policy Wording.....	4
1. Eligibility.....	4
2. Definitions .....	4
3. Law applicable .....	6
4. Paying premiums .....	6
5. Cover provided.....	7
6. Circumstances when you cannot claim.....	9
7. No transfer of benefits.....	9
8. General conditions.....	9
9. Claim conditions and how to claim.....	11
10. Complaints procedure .....	12
11. Financial Services Compensation Scheme.....	12
12. Data Protection.....	12
13. Other important information .....	14

# Policy Wording Income Protection Cover

Welcome to **your** Union Income Benefit Holdings Ltd (UIB) Income Protection Cover. In return for the appropriate **premium** this insurance will pay **you** a **monthly benefit** following temporary total **incapacity** as outlined in the following pages. If you have the additional **accidental death** cover it will also pay **you** the benefit shown on **your** certificate of insurance if **you** die as a result of an accident. Please refer to **your** certificate of insurance for the cover **you** have selected. **Your** proposal and any endorsements, statement of fact, certificate of insurance and any written or verbal statements of medical or other information **you** have made, are part of this insurance contract.

## 1. Eligibility

We will cover **you** under this contract if at the **inception date** you:

- permanently live in the United Kingdom, Channel Islands or the Isle of Man;
- are aged 18 or over and will not have reached 63 years of age; and
- are working in **employment** or are **self-employed** or a contract worker in full-time **employment**;

Eligibility at renewal of policy, you must:

- be aged 68 years or under;
- permanently live in the United Kingdom, Channel Islands or the Isle of Man.

We cannot cover **you** under this contract if **you**:

- know of any possible **illness or injury**, which may affect **you**, unless **you** have told **us** and been accepted by **us**.

## 2. Definitions

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in the policy. These words are highlighted in **bold**.

### Accident

A sudden, unexpected event which happens at a certain time and place during the **period of cover** anywhere in the world.

### Accidental Death

If during the **period of cover** **you** sustain an **accident**, which results directly and independently of any other cause within 12 calendar months, in **your** death.

### Actively working

Carrying out the usual activities of **your** profession or business, working in **your employment, part-employment or self-employment**.

### Activity of Daily Living

**Eating** – To be able to feed oneself using cutlery when provided with a meal.

**Bathing/Personal Hygiene** – To be able to do the following by oneself: bath or shower; and brush teeth; and attend to personal grooming.

**Dressing** – To be able put on clothes for oneself and to be able to undress.

**Mobility** – To be able to do the following by oneself: get up from a seated position; and rise from bed; and move from one room to another.

**Continence** – To be able to control bowel and bladder functions by oneself.

**Toileting** – To be able to get to and from the toilet by oneself; and to clean oneself.

### Administrator

Union Income Benefit Holdings Ltd (UIB) who sell and administer the insurance on behalf of the insurer.

## **Benefit period**

The maximum number of **benefit** payments that **we** would pay for any one period of claim as shown on **your** certificate of insurance.

## **CBRN Terrorism**

An unlawful act committed for political, religious or ideological purposes with the aim of influencing a government and/or causing fear among the public that results directly or indirectly in the release of chemical, radiological, biological or nuclear agents.

## **Chronic condition**

Any sickness, condition, injury, illness ongoing or lasting or recurring for which you received treatment (including medication) or advice for (including regular or routine examinations or consultations to monitor the condition) in the 24 months before the **inception date**.

## **College**

The Royal College of Surgeons, the Royal College of Physicians or any of the Royal Colleges of Medical Practitioners.

## **Company director**

A director who owns more than 10% of the share capital of a company (or **you**, if **you** are a **relative** of a director who is working for the same company as **you** and who owns more than 10% of the share capital of that company).

## **Consultant**

A medical specialist who is a member of a **college** and recognised by that **college** to be a consultant.

## **Deferred period**

The period shown in **your** certificate of insurance during which **you** will need to be continuously **incapacitated** before **you** are entitled to receive the **monthly benefit**. No benefit is payable for the deferred period.

## **Doctor**

A qualified UK-registered medical practitioner registered with the General Medical Council, practising in the UK. A **doctor** who confirms **your incapacity** during a claim cannot be **you** or a **relative**.

## **Employment**

**You** are in permanent **employment** for more

than 16 hours per week and **your** employer is taking PAYE tax and National Insurance contributions on **your** behalf.

## **Illness**

A sickness or disease which first occurs during the **period of cover** and which, within 24 calendar months of the illness first showing itself, results in an **incapacity** covered by this insurance.

## **Incapacity**

An **injury** or **illness** certified by a **doctor** which:

- if you are aged 18 to 63 years (inclusive) and **employed** when you sustain the **injury** or **illness**, totally prevents you from doing any part of your normal occupation, as shown in **your** certificate of insurance, or any similar work for which **you** are reasonably qualified or any other job for payment or reward; or
- if **you** are aged 18 to 63 years (inclusive) and are **not employed** when you sustain the **injury** or **illness**, totally prevents **you** from carrying out four out of six of those activities listed as an **Activity of Daily Living** or;
- if **you** are aged 64 when you sustain the **injury** or **illness**, totally prevents **you** from carrying out four out of six of those activities listed as an **Activity of Daily Living**.

## **Incapacitated**

**You** are suffering from an **incapacity** and **you** are:

- not working; and
- not receiving any wages; and
- if **you** are **employed** at the onset of **incapacity**, **you** are not receiving any other income, insurance, employee or pension benefits that would take **your** total **incapacity** benefits over **your** provable net income.

## **Inception Date**

The date cover first started. This will be shown on your certificate of insurance.

## **Injury**

An injury **you** suffer as the result of an **accident**, during the **period of cover** and which, within 24 calendar months of the **accident** which caused the injury, directly results in **your incapacity**.

## **Maximum benefit period**

24 months.

## **Monthly benefit**

The amount of cover **you** have chosen as shown on **your** certificate of insurance or up to **your** provable **net income**, whichever is the lesser. If **your** certificate of insurance states that **you** have a weekly benefit, this is calculated for the purposes of any claim as **your** weekly benefit times by four weeks.

## **Net income**

**Your** monthly salary (which **you** can prove to **us**) plus the average of any overtime, commission or bonus payments (or both) **you** have received in the 12 months before the **start date**, after the deductions of any PAYE tax and national insurance as taken by **your** employer on **your** behalf.

If **you** are **self-employed**, **we** will decide that **your net income** is either **your** stated salary, 'drawings' or **your** declared net profit, before company tax. These are all shown in **your** audited reports and accounts or as declared, and confirmed by, the Inland Revenue.

**We** will work out any benefits **you** may be entitled to receive on **your** average earnings over the 24 month period prior to the claim. If **your** evidence of earnings is less than four months, this may make **your** claim invalid, unless **your** stated income was previously disclosed and agreed by **us**.

## **Pandemic**

An outbreak of a pandemic disease, declared by the World Health Organization including but not limited to Coronavirus or one characterized as phase 4 or higher of the World Health Organization Pandemic Influenza Phases (2009).

## **Part-employment**

You are **employed** for less than 16 hours per week (including zero hours contract); are a contract worker or an agency worker.

## **Period of cover**

The period between the **start date** and the end date for which **you** have paid the correct **premium**, as shown on **your** certificate of insurance.

## **Premium(s)**

The amount **you** pay in return for income protection cover as set out in **your** certificate of insurance.

## **Relative**

A husband, wife, partner or any other immediate family member related to **you** by blood, marriage or law.

## **Self-employed, self-employment**

**You** are in a profession or business alone or with others and paying class-2 National Insurance contributions, or **you** are a **company director** and **you** are **actively working** for 16 hours or more each week.

## **Start date**

The date the current period of insurance begins. This will be either the same as the **inception date** or, if the policy has been renewed, the date of the most recent renewal. This will be shown on your certificate of insurance.

## **We, our, us**

The insurer Stonebridge International Insurance Ltd.

## **You, your**

The person named on **your** certificate of insurance.

## **3. Law applicable**

**You** and **we** are free to choose the law applicable to the policy. **We** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this.

## **4. Paying premiums**

- a. Premiums are payable monthly and collected by the **administrator** by direct debit.
- b. If **you** are receiving **monthly benefit** under this insurance, **you** must continue to pay the **premium** as it falls due.
- c. **We** or the **administrator** can change the **premium** by giving **you** 14 days' notice in writing before the expiry of **your** insurance. If there are any changes to the current level of Insurance Premium Tax (IPT) or any new charges are placed on **us** or **the administrator**, **we** will change **your** **premium** from the date any changes are put in place.

## 5. Cover provided

### Full Benefit

To qualify for **Full Benefit** **you** must be aged 63 or under and **actively working** in **employment** or be **self-employed** or a contract worker in **employment**, when you become **incapacitated** and suffer from partial or total loss of income as a direct consequence of not being fit and able to work at **your** normal occupation as shown on **your** certificate of insurance or any similar work for which **you** are reasonably qualified.

If you become **incapacitated** and unable to **actively work** for a period in excess of **your deferred period**, **we** will pay 1/30th of the **monthly benefit** for each day **you** remain **incapacitated**. **We** will pay the **monthly benefit** in 30 day intervals (for the 30 days just passed) up to the **maximum benefit period**.

If the total **you** receive, including this insurance, is over **your** provable **net income**, **we** will deduct, from **your monthly benefit**, any other continuing income or benefits that **you** receive during the period of **your incapacity** from:

- any work, employer or business;
- any similar insurance (including permanent health cover, mortgage payment protection, credit-card repayment protection, income protection, employee group benefits, loan protection and the like); or
- any pension.

**We** will not take account of any state benefits, compensation payments or court awards or income from savings, investments or dividends **you** receive. Any **monthly benefit** **you** receive under this insurance may affect **your** entitlement to claim certain state benefits. Please contact your local Jobcentre Plus for further information

**We** will continue to pay **you** until:

- the last consecutive day that **you** remain continuously **incapacitated**; or
- the date **you** stop providing proof that **you** are still **incapacitated**; or
- **we** have made the maximum number of **monthly benefit** payments in the **benefit period**; or

- **you** stop paying **your premiums**; or
- **you** reach the age of 65 or **you** die, whichever is earlier; or
- **you** stop being resident in the United Kingdom, Channel Islands or Isle of Man for tax purposes; or
- **your** policy is cancelled (as described in Section 8); whichever date is earliest.

### b. Return to Work Benefits

If after making a successful claim under the **incapacity** section of this policy **you** return to work on reduced hours for a temporary period, due to the condition that gave rise to the original **incapacity** claim **we** will continue to pay benefit at a reduced level provided that:

- **your incapacity** claim was at least 30 days in duration; and
- **you** have not reached the maximum **benefit period**; and
- **you** have returned to part-time work with **your** usual employer immediately after **your doctor** confirms **you** are certified fit for work; and
- **you** are receiving less than **your** usual **net income** from **your** employer; and
- **you** return to work immediately after **your doctor** or **consultant** confirms **you** are certified fit to work; and
- **you** are working at least the minimum hours as recommended and confirmed in writing by **your doctor** or **consultant**.

**We** will pay **you** the difference between the **net income** **you** received immediately before **your incapacity**, and **your** new **net income**, less any state benefits, up to the maximum **monthly benefit**, whichever is the lesser. Any reduction in **net income** must be more than £100 per month and a direct result of working reduced hours due to the condition resulting from **your original incapacity**

This benefit is payable:

- for up to a maximum of four months in any 12 month period, irrespective of when each **monthly benefit** is paid; or
- until **you** are in receipt of **your** usual **net income**, or
- up to the **maximum benefit period** **you**

selected has been reached for this and the original **incapacity** claim in total; or

- until cover ends as detailed in Section 8b whichever is the sooner.

Please note that exclusions detailed in Section 6 also apply to this section of cover.

#### **c. Part Benefit**

If **you** are aged 64 or over, or if **you** are not **actively working**, when **you** become **incapacitated** and **you** remain **incapacitated** for a period in excess of **your deferred period**, **we** will pay 1/7th of the benefit for each day you remain **incapacitated**. **We** will pay the **benefit** in 30 day intervals (for the 30 days just passed) for up to 50% of the **maximum benefit period** ie 12 months.

Any **benefit** **you** receive under this insurance may affect **your** entitlement to claim certain state benefits.

**We** will continue to pay **you** benefit on an **incapacity** claim until:

the last consecutive day that you remain continuously **incapacitated**; or

the date **you** stop providing proof that **you** are still incapacitated; or

we have made the maximum number of **benefit** payments in the **benefit period**; or

**you** stop paying your premiums; or

**you** reach the age of 70 or you die, whichever is earlier; or

**you** stop being resident in the United Kingdom, Channel Islands or Isle of Man for tax purposes; or your policy is cancelled (as described in Section 8); whichever date is earliest.

#### **d. Accidental Death**

**Your** certificate of insurance will show whether **you** have this cover. If **you** die as the result of an **accident** suffered during the **period of cover** and within 12 months of the event, **we** will pay out the lump-sum benefit on top of any benefit **you** may have received under the **incapacity** income protection section. **Your** policy will automatically cancel when a claim is made under this section.

- If you are aged 63 years or under at the time of the accident which results in your death, **we** will pay an accidental death benefit a lumpsum

of 104 weeks benefit shown on your certificate of insurance.

- If you are aged 64 years or over at the time of the **accident** which results in **your** death, **we** will pay an accidental death **benefit** a lumpsum of 52 weeks **benefit** shown on your certificate of insurance.

#### **e. Claiming more than once**

If **we** have paid **monthly benefit** payments up to the maximum **benefit period** for any one **incapacity** claim, **you** must have returned to **employment** or **self-employment** and have been in good health for at least three months before **you** will be entitled to claim again for the same **incapacity**.

If the number of **monthly benefit** payments **we** have made is less than the maximum **benefit period** and **you** suffer the same **incapacity** again within three months of **your** return to **employment** or **self-employment**, **we** will treat **your** claim as a continuation of the original claim. **You** will not have to go through the deferred period again and **we** will pay **monthly benefit** payments up to the maximum **benefit period**.

For **accidental death** the maximum lump sum payable is the benefit selected under Section c – Accidental Death. If **we** pay a lump sum, it will be on top of any benefit **you** receive under the **incapacity** section of this policy.

#### **f. Rehabilitation expenses**

If **you** are receiving **benefit** on an **incapacity** claim, **we** will also pay **your** rehabilitation expenses incurred in the UK for up to 30% of the actual **benefit** paid to **you** but less any amounts paid to **you** by other insurances for the same **incapacity**; rehabilitation shall cover assisting an **incapacitated** person readapt to work through vocational guidance, training or occupational therapy or **Activity of Daily Living** through occupational therapy or support.

## 6. Circumstances when you cannot claim

a. **We** will not pay a claim for **incapacity** or **accidental death** if it is caused directly or indirectly from any of the following.

- **You** knew at the **inception date** that **you** would become **incapacitated** or **you** had any reason to believe that **you** might become **incapacitated**
- Mental illness, depression or nervous disorders (for example dementia, schizophrenia, paranoia, mania) unless it is investigated and diagnosed by a consultant who specialises in the relevant area
- Stress, anxiety and depression unless diagnosed by a member of the Royal College of Psychiatrists and that has an adverse effect on **your** ability to carry out normal day-to-day activities as assessed and confirmed by a **doctor**.
- Any sickness, condition, **injury**, **illness**, ongoing or long-lasting or recurring disease which **you** have not told **us** about and which **you**:
  - a. knew about or, in **our** reasonable opinion, should have known about at the **start date**; or
  - b. have received treatment or advice for (including regular or routine examinations or consultations to monitor the condition) in the 24 months before the **start date**.
- Any **Chronic condition** that **you** knowingly suffered with before the **inception date**.
- A back-related condition unless there is radiological evidence of a medical abnormality or visible wound, bruising, or a **consultant** certifies that it is only **your** condition that prevents **you** from attending to **your** usual occupation.
- **You** failing to follow the advice of **your doctor** or **consultant**.
- **We** will not pay any claim if it is caused directly or indirectly from any of the following.
- **Pandemic**, war, civil commotion, revolution, **CBRN terrorism**, riot, or any similar event; or
- Ionising radiation or contamination by biological or chemical agents or radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

or the radioactive, toxic, explosive or other dangerous properties of any nuclear assembly or nuclear component machinery thereof.

- **You** take part in any flying activity, other than as a passenger in a commercially licensed aircraft.
- **You** take part in a criminal act.
- Solvent abuse or **you** deliberately taking an overdose of drugs, whether lawfully prescribed or otherwise, **you** taking controlled drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.
- Suicide or attempted suicide or **you** deliberately injure yourself or put yourself in danger (unless **you** are trying to save someone's life).

c. **We** will not pay any claim for **accidental death** as a result of an **accident** if **your** blood alcohol limit exceeds 80mg per 100ml of blood.

d. **We** will not pay any claim for **incapacity** or **accidental death** as a result of **illness** caused directly or indirectly from alcohol abuse.

e. **We** will not pay a claim for **incapacity** where the **incapacity** does not occur within 24 months of the **illness** or **injury** first presenting itself. This limitation will not be applied where **you** were placed on an NHS waiting list for surgery within the 24 month period but due to the involuntary wait (meaning the wait was not at **your** request), **your incapacity** occurs outside the 24 month period.

f. **We** will not pay a claim for **accidental death** where death does not occur within 12 months of the accident.

## 7. No transfer of benefits

**You** may not transfer the benefits of this contract to someone else.

## 8. General conditions

**You** must keep to the following conditions to have the full protection of **your** policy. If **you** do not, **we** or **the insurer** may cancel the policy or refuse **your** claim or reduce the amount of any claim payment.

### **a. Change in circumstances**

**You** must, within 30 days, or as soon as reasonably possible, give Union Income Benefit Holdings Ltd, or **us** notice of any change in **your** personal circumstances. This includes changing **your** employer, occupation, state of health, living or working outside the UK, Channel Islands or Isle of Man, changing from **employment** to **self-employment** (or vice versa), working less than 16 hours each week, or any other relevant circumstance. (If **you** are not sure whether to tell Union Income Benefit Holdings Ltd, please write to them anyway.) **We** will not cover any claims arising from a change in circumstances until **we** have agreed to the change in writing.

### **b. When cover ends**

Cover will end when  
**you** die; or  
**you** make a successful claim under Section c – **Accidental Death**; or  
**you** reach age 70; or  
**you** stop living in the UK, Channel Islands or Isle of Man; or  
**we** cancel this insurance as shown below; or  
**you** stop paying your premium; whichever is earlier.

### **c. Cancelling your cover – your statutory cancellation rights**

**You** may cancel this policy within 30 days of receipt of the policy documents (for new business) or the renewal date (for each annual renewal).

- by telephone on 0343 178 1255 (Mon to Fri 9am - 6pm)
- by email to [customercare@uibuk.com](mailto:customercare@uibuk.com)
- by writing to UIB Customer Services, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ

Providing **you** have not incurred eligible claims during the period **we** will refund any **premium** **you** may have paid. However there is no refund of **premium** if a claim is made for **accidental death** during this period.

If **you** are paying by instalments and a claim is made for **accidental death** **we** may at **our**

discretion, deduct the outstanding instalments due from any claim payment made.

### **d. Cancellation outside the statutory period**

**You** may cancel this policy at any time outside the statutory period

- by telephone on 0343 178 1255 (Mon to Fri 9am - 6pm)
- by email to [customercare@uibuk.com](mailto:customercare@uibuk.com)
- by writing to UIB Customer Services, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ

The **administrator** will then cancel the insurance on the date on which **your** next monthly **premium** installment is due, but we will not provide any refund of **premium** paid. If **you** incur eligible claims **you** will either have to continue with the monthly installment payments until the policy renewal date or **we** may, at **our** discretion, deduct the outstanding installments due from any claim payment made.

**We** (or the **administrator**) reserve(s) the right to cancel **your** policy when there is a valid reason to do so. Valid reasons include, but are not limited to:

- **You** provide us with inaccurate or incomplete information.
- **You** make a change to **your** information which renders the risk no longer acceptable for **us** to insure.
- **You** act in a fraudulent manner.
- **You** fail to supply requested validation documents. See Section 9. Claim conditions and how to claim.

If **we** or the **administrator** cancel **your** policy **you** shall be provided with 14 days prior written notice to the contact details that **we** hold for **you**. Within this notice **we** will advise **you** of **our** reasons for cancelling **your** policy and any **premium** refund will be calculated in accordance with the above.

### **e. Non payment of premiums**

**We** (or the **administrator**) reserve the right to cancel this policy by providing 14 days prior written notice in the event of non payment of the premium or default if **you** are paying by instalments. If **we** are unable to collect a

payment by instalments **we** will use reasonable endeavours to collect the outstanding payment(s) before exercising **our** right to cancel the policy.

### **Fraud**

**You** must not act in a fraudulent way. If **you** or anyone acting for **you**:

- make a claim under the policy knowing the claim to be false or exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or
- make a claim for any loss or damage caused by **your** deliberate act or with **your** agreement.

In these circumstances **we** or the **administrator**:

- will not pay the claim;
- will not pay any future claim, which may, or may not, have already been notified to **us**;
- may declare the policy void;
- will be entitled to recover from **you** the amount of any claim already paid under the policy;
- will not return any of **your premiums**;
- may let the police know about the circumstances.

## **9. Claim conditions and how to claim**

**You** must keep to the following conditions to have the full protection of **your** policy. If **you** do not, **we** or the **administrator** may cancel the policy or refuse **your** claim or reduce the amount of any claim payment.

**You** or your legal representative must write to **us** about a claim within 30 days from when **you** first became unable to work; the date of **your** death or as soon as reasonably possible. Write to the **administrator** at, UIB Claims Department, 154 - 160 Fleet Street, Blackfriars, London EC4A 2DQ.

Or **you** or your legal representative can phone **our** customer service desk on 0800 014 7024 or email claims@uibuk.com to get a claim form.

**We** or the **administrator** will send **you** or your

legal representative the claim form. **You** or your legal representative will need to fill this in and return it to **us** as soon as reasonably possible, giving **us** all the information **we** ask for so **we** can process **your** claim. **You** or your legal representative must do this within 30 days or **you** must write to **us** with **your** reasons for the delay.

For a claim for **Incapacity** under Section 5a) or b) this should include wage slips for at least four months, **your** P60 or, if **you** are **self-employed**, audited annual accounts or Inland Revenue and National Insurance records or tax returns. **You** must declare to **us** all other income or relevant and similar insurance plans that may provide a benefit for this claim.

For a claim for **accidental death** under section 5d) your legal representative will need to provide a certified copy of **your** death certificate indicating cause of death.

**You** or your legal representative will be responsible for giving **us** the proof **we** need. If **you** delay in sending a claim to **us**, it may make **your** claim harder to confirm. It could also lead to a delay in paying **your** claim or not paying **your** claim at all.

**You** must allow **us** access to **your** medical records as defined by the Access to Medical Reports Act 1988. If **we** want **you** to have a medical, **you** must attend or **we** may refuse to pay **your** claim. **We** will pay any costs involved for the medical. **You** must, if necessary, meet **our** appointed representative, **consultant** or adjustor. **We** will pay the benefit when **we** receive satisfactory evidence of **your** entitlement to claim.

Throughout the period for which **you** claim under this contract **we** will need **you** to provide evidence of **your** **incapacity** by filling in a monthly claim continuation form and providing sick notes signing **you** off work from **your** **doctor** or **consultant**. **We** will only accept sick notes for individual periods of up to one month. If longer, **we** will need detailed written evidence from **your** **doctor** as to the reasons why **you** need a longer period. **We** will not pay benefit for any period of **incapacity** for which **you**

do not provide evidence. **We** may ask **you** to produce **your** certificate of insurance as proof. Once **we** have accepted a claim, **we** will pay **your** benefit for the month passed, as soon as **we** have received and assessed all the necessary information that **you** have provided. This may include **you** seeing **our consultants**.

If **you** are **self-employed** and claiming under Section 5a) or b) and during **your** period of **incapacity** **you** sell or give up ownership of **your** business or partnership, all benefit payments under this policy will cease.

If **you** cease to be **employed** during **your** period of **incapacity** **you** must advise **us** or the **administrator** and disclose any income **you** receive from **your employer** or any pension. This will be deducted from any **benefits** payable.

## 10. Complaints procedure

**We** and Union Income Benefit Holdings Ltd always try to provide a first-class standard of service. However, sometimes things can go wrong.

If **you** have a complaint **you** should contact the **administrator** Union Income Benefit Holdings Ltd who arranged this insurance for **you**;

- by email: *customerrelations@uibuk.com*
- by phone on: 0343 178 1255
- in writing to: UIB Customer Relations, 154 - 160 Fleet Street, Blackfriars, London, EC4A 2DQ

If the **administrator** cannot resolve the complaint to **your** satisfaction, **you** can contact:

Financial Ombudsman Service, Insurance Division, Exchange Tower, London E14 9SR. Phone: 0800 0234567 or fax: 020 7964 1001. Email: *complaint.info@financial-ombudsman.org.uk*.

FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the firm has given **you** written confirmation that they have been through their full complaints procedure. **You** have six months from the date of the firm's final response in which to

refer **your** complaint to the FOS. **We** and the **administrator** are bound by a FOS decision but **you** are not.

## 11. Financial Services Compensation Scheme

In the unlikely event **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk), by contacting them via email on [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) in writing to 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU; or by telephone 0800 678 1100 or 020 7741 4100.

## 12. Data Protection

The Personal Information **you** provide. Stonebridge International Insurance Ltd the insurer (**we/us**) and Union Income Benefit Holdings Ltd, the **administrator**, are the joint data controllers (as defined in the Data Protection Act 2018 and any successor regulation (DPA)) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either party. In this notice, Personal Information is personal data (as defined in the DPA) and means any information that identifies an individual and includes any special category personal information (as defined in the DPA e.g. information about health or medical condition(s)).

Where this notice refers to **you** or **your** Personal Information, this will include any information that identifies another person whose information **you** have provided to **us** or the **administrator**. **We** and the **administrator** will assume that they have appointed **you** to act for them. **You** agree to receive on their behalf any data protection notices from **us** or the **administrator**.

**Your** Personal Information will be used for the purpose of providing insurance services:

to decide if **we** can offer insurance to **you**; to administer **your** policy and to handle claims. The Personal Information **we** collect will include name, address, date of birth and financial information. If a claim is made, **we** will collect additional information about the claim. Where this includes special category data eg information relating to health, where appropriate **we** will ask **you** for consent to collect this information.

**Your** Personal Information will be used by **us** and the **administrator** for legitimate interests **we** or the **administrator** have as a business including customer profiling to better understand customers, improve products and to suggest other products that may be relevant to customers including marketing and for management and audit of business operations. **We** or the **administrator** will only communicate with **you** in line with any marketing preferences that **you** have given **us** or the **administrator** and this may continue after **your** policy has ended.

**Your** marketing preferences can be updated at any time by contacting the **administrator**: By email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

By phone: 0343 178 1255

By post: Customer Services, Union Income Benefit, 154 - 160 Fleet Street, Blackfriars, London, EC4A 2DQ.

**We** or the **administrator** may share **your** Personal Information with the Embignell group, reinsurers, business partners and agents to help administer the products and services and to keep regulatory obligations.

**We** or the **administrator** may also pass **your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **us** or the **administrator** to do so.

**We** or the **administrator** may transfer **your** Personal Information to countries outside the United Kingdom and the European Economic Area (EEA) which may not have the same level of data protection as in the United Kingdom, but if this is necessary it will be ensured that appropriate safeguards are in place to protect **your** Personal Information.

**We** may carry out automated decision making

based on **your** Personal Information. This will include **your** age and the level of cover and is used to calculate the price of cover that **we** provide.

**We** and the **administrator** may monitor and/or record **your** communication with **us** or the **administrator**, either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and operations. **We** or the **administrator** will keep information about **you** only for so long as it is appropriate. **We** and the **administrator** need **your** personal information to administer **your** policy or handle any claims whilst **your** policy is in force. **We** may need to keep information after **your** policy has ended to ensure **we** and the **administrator** have an accurate record of our relationship to **you** and communications that **we** or the **administrator** had or where **we** are required to keep the information for legal, regulatory or tax purposes.

**You** have the right to ask **us** to delete **your** data or cease processing it at any time, however **we** may not be able to do this if **we** require **your** data in respect of our contract with **you**. The **administrator** has a dedicated Data Protection Officer who **you** can contact for any queries or to exercise any of **your** rights under data protection regulations including: data subject access requests, correcting **your** information, making a complaint. If **you** believe **we** or the **administrator** are holding inaccurate information about **you** or wish to request a copy of **your** information, **you** should contact the **administrator**.

The Data Protection officer can be contacted

**By email:** [dataprotection@embignell.com](mailto:dataprotection@embignell.com)

**By post:** Data Protection Team, Union Income Benefit 39/51 Highgate Road, London NW5 1RT.

The information that **you** have requested will be provided in a suitable format to meet **your** requirements.

If the complaint cannot be resolved to **your** satisfaction, **you** can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations.

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

By post: Information Commissioner's Office,  
Wycliffe House, Water Lane, Wilmslow, Cheshire  
SK9 5AF

By telephone: 0303 123 1113

More detail is also available in the  
**administrator's** Privacy Policy which can be  
viewed online at  
[www.embignell.com/privacy-policy](http://www.embignell.com/privacy-policy)

## 13. Other important information

Stonebridge International Insurance Ltd  
(Stonebridge) is the insurer on this policy.  
Stonebridge is authorised by the Prudential  
Regulation Authority and regulated by the  
Financial Conduct Authority and the Prudential  
Regulation Authority.

Union Income Benefit Holdings Ltd acts as an  
agent of the insurer for sales, administration,  
claims management, underwriting services and  
complaints.

Union Income Benefit Holdings Ltd are  
authorised and regulated by the Financial  
Conduct Authority. This can be checked on the  
FCA's register by visiting the FCA's website at  
[www.fca.org.uk](http://www.fca.org.uk)

Marketing preferences that **you** have given **us**  
or the **administrator** and this may continue  
after your policy has ended. **Your** marketing  
preferences can be updated at any time  
by contacting the administrator: By email:

[customercare@uibuk.com](mailto:customercare@uibuk.com)

By phone: 0343 178 1255

By post: Customer Services, Union Income  
Benefit, 154 - 160 Fleet Street, Blackfriars,  
London, EC4A 2DQ.



# Contact Us

Telephone calls may be recorded for monitoring and quality purposes.

## **Customer Services**

Telephone: 0343 178 1255  
Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Address:  
Customer Services  
Union Income Benefit  
154 - 160 Fleet Street  
Blackfriars  
London  
EC4A 2DQ

Lines open Mon to Fri 9 a.m. to 6 p.m.

## **Claims**

Telephone: 0800 014 7024  
Email: [claims@uibuk.com](mailto:claims@uibuk.com)

Address:  
Claims Department  
Union Income Benefit  
154 - 160 Fleet Street  
Blackfriars  
London  
EC4A 2DQ

Lines open Mon to Fri 9 a.m. to 6 p.m.