

Income Protection policy

Ocean Spray International Services (UK) Limited

- Income Protection insurance provides cover for you when a member is unable to work because of illness or injury (which we call incapacity)

A member may be an employee, equity partner, barrister, or member of a Limited Liability Partnership, who meets the eligibility conditions shown in the coverage section. The detailed terms concerning members are contained in the user guide.

- The cover will meet a proportion of a member's insured salary. We call this the basic benefit
- We can also cover additional expenses that may be incurred when a member is on long-term sick leave - for example, employer National Insurance costs. We call these additional benefits
- Benefits become payable after a member has been incapacitated for an agreed period. We call this the deferred period
- If, as a result of illness or injury, an incapacitated member can return to work only on a part-time basis or to a lower-paid job and suffers a loss of earnings, we will pay a proportionate benefit
- A person will automatically become a member when they first meet the eligibility conditions you have chosen - including the eligibility date and any requirement to be actively at work
- It is important that you provide us with information about new members. Please see the user guide for more details

This Income Protection policy has two parts:

1. This **coverage** document, which contains the key terms of the policy and the cover choices you have made
2. The [user guide](#) UP841 09-2017 which contains the **general terms** of the policy and also tells you how the insurance works in day to day practical terms

The coverage and the general terms within the user guide together form the contract between us - this is known as the policy.

Policy coverage

Key terms

You will be entitled to the benefits shown in the coverage section when a member has been unable to work, because of incapacity, for longer than the deferred period. Benefits, membership, incapacity and deferred period are all explained in the coverage section which sets out your choice of the following:

Who is covered?

You decide the eligibility conditions for membership. If you have chosen more than one category of membership the terms applying to each category are shown.

When does cover begin and end?

- The policy begins on the date you choose, this is called the start date
- New members who are actively at work (this is defined in the general terms) are covered from the date shown in each category
- Cover will end on the date you have chosen as the cover cease age or earlier in some circumstances, described in the general terms
- The general terms also explain the circumstances when the policy may terminate earlier

How much is covered and how long benefits are paid

The coverage section includes your choice of benefits, deferred period, how long benefits will be paid and what is meant by incapacity. Cover is usually provided up to the non-medical limit. For members benefits above the non-medical limit, a medical health and lifestyle assessment will be necessary. The results of the assessment will affect the terms on which cover will be offered.

Limits of cover

Details of limits of cover are contained in the coverage section and the user guide. If a member is able to make a partial return to work, we will pay benefits in proportion to the reduction in the member's earnings. If an incapacitated member receives other income, this may reduce the amount of benefit we pay.

Premium

We will calculate the premium based on the information you have provided. If we do not have all the information we need, we will charge an approximate premium based on the details we have at that time and make an adjustment when the information is provided. The premium will be adjusted (usually, at the policy anniversary) to take account of any changes in the membership during the preceding year. Any premiums will be due and payable as shown on the invoice we have sent to you.

Claims

To make a claim, you should notify us no later than the end of the 10th week of absence, for deferred periods of 26 weeks or more, and the 6th week for shorter deferred periods. **If we do not receive the completed claims forms within 90 days of the end of the deferred period, we have the right to decline the claim or to limit cover.**

Policyholder obligations

Information

The benefits and the premiums payable under this policy are based on the information you give us. The members covered by the policy and the benefits payable will change during the life of the policy and it is important that you provide us with details of changes. If you do not provide the information we need, this could mean that you will have no cover or that cover is limited. You must provide the evidence, information and access to information we need to assess a claim and must make sure that the member is aware that they need to let us know of any changes to their circumstances that might affect the claim.

Membership

If the number of members increases above or falls below 20, we may alter the basis on which the premium is calculated. If the membership falls below the minimum, we may cancel the policy. If we do alter the premium calculation basis or cancel the policy, this will be from the next policy anniversary. You must let us know if there are any significant changes to your business (examples of this can be found in the user guide). The user guide contains more detail about the information you need to provide and when.

If the information we need is not provided, this could result in the cancellation of the policy. Alternatively, it could mean that we will refuse or limit cover for a specific claim.

Incapacitated members

You are responsible for the member and must work with professional advisers and Unum to assist incapacitated members and, where appropriate, take the action necessary to reduce the time that members are absent from work.

Changes to the policy and the policyholder

This policy may continue for many years. We will make changes to the policy's terms and premium rate from time to time. These will usually be made at the policy review date. But, if there are material changes to the law, regulations affecting state benefits or tax, or changes to the policyholder or an associated company, changes can be made at other times. The circumstances when changes may be made are set out in the user guide. The terms and conditions applying to an incapacitated member will be those in force on the date they first became incapacitated.

Complaints

If you are not completely happy with our service or a claims decision, you can make a complaint to our Customer Resolution team.

Phone: 01306 644761

Email: CustomerResolution@unum.co.uk

Letter: Customer Resolution Team, Unum, Milton Court, Dorking, Surrey RH4 3LZ

Fax: 01306 873635

Please include your preferred contact details.

We will do our best to resolve your complaint but if you are still dissatisfied you have the right to contact the Financial Ombudsman Service, for up to 6 months after our final decision.

Consumer helpline: 0800 023 4567 / (from mobile) 0300 123 9 123

Email: complain.info@financial-ombudsman.org.uk

Letter: The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Web: www.financial-ombudsman.org.uk

Coverage

Start date	16 February 2009
Effective date	20 March 2018
Policy anniversary	1 February
Policy review date	1 February 2021
Policy non-medical limit	£70,000 (benefit)

The following company is insured under this policy:

1. Ocean Spray International Services (UK) Limited Company registration number 03108153

Policy overriding provision

This policy is part of the Gallagher Risk & Reward Ltd small schemes arrangement, a special arrangement between your advisor and us. Our once and done approach to medical underwriting can apply to policies with 3 or more members. If this policy stops being part of the Gallagher Risk & Reward Ltd small schemes arrangement (for example by changing advisor or not meeting the criteria to participate) or if the arrangement changes, we will remove or change the applicable terms at the next policy review date or, if earlier, when you accept a quote.

Category name 1. All Employees

Who is eligible for cover

Employment type Employed (PAYE taxed)
 Eligibility All Employees
 Entry ages 16 to State Pension Age
 Cover cease age State Pension Age
 New entrants join Daily

Benefits covered

Benefit levels and definitions

Description	Level	Escalation	Payment period
Employee basic benefit	75% of salary	5% p.a.	Until cover cease age
Employer National Insurance benefit	Payable based on the basic benefit	5% p.a.	Until cover cease age

Salary, for benefit calculation, is taken as on the day before incapacity

Escalation applies on Anniversary of when payment was first due
 Definition of incapacity Insured occupation cover (Gainful occupation cover applies for licence holders)
 Deferred period 13 weeks
 Salary definition Basic annual salary
 Salary changes Daily
 Non-medical limit applies Yes