

IMPORTANT INFORMATION

We will have assessed your eligibility for this product and confirmed that:
You are aged over 18 or over but under 65 at the time of your application.
You have a current account with an approved overdraft limit.
You are a UK resident.
You are in paid employment for at least 16 hours per week.

If you bought this product over the telephone or at a Co-operative Bank branch

Your Demands and Needs:

You would like to receive benefit if you are unable to work because of accident, sickness or involuntary unemployment.
You would also like your approved overdraft limit to be paid if you die while you hold the account.
If you retire during the approved overdraft, but remain under age of 65, you would like to receive benefit if you were hospitalised for more than 7 days and you would also like the approved overdraft limit to be paid if you die while you hold the account.
You will shortly receive a separate letter, which will confirm the details of why we have recommended this policy.

If you bought this product via the internet or by a postal application

Your Demands and Needs:

No recommendation was made but you were provided with sufficient information in order to make your decision.
By deciding to purchase the Overdraft Payment Protection Insurance, this product meets your demands and needs in that you are over 18 and under the age of 65 and wish to ensure that you receive benefit linked to your overdraft limit should you be unable to work because of accident, sickness or involuntary unemployment. It also meets your demands and needs by ensuring that should you die whilst holding the agreement the approved overdraft limit would be repaid.
If you retire during the approved overdraft, but remain under the age of 65, you would like to receive benefit if you were hospitalised for more than 7 days and you would also like the approved overdraft limit to be paid if you die while you hold the account.
The Co-operative Bank has not taken into account details of any other policies you hold, which could cover part of this new overdraft commitment.

IMPORTANT PRODUCT INFORMATION

Exclusion and Limitations

This policy does not cover a medical condition or related symptoms you knew about at the start date whether the condition had been diagnosed or not. This is known as a pre-existing medical condition. If you have seen a doctor in the last 6 months your ability to claim for this condition may be affected.
You will not be able to claim for unemployment if you know you are going to be made unemployed, or if you have been in paid employment for 16 hours or more per week for less than six months.
Certain conditions must be satisfied if you are self-employed, on a fixed-term or temporary contract, maternity or parental leave and wish to make a claim.
Cover will reduce if you retire early and remain under 65 years of age.
Please ensure that you refer to the relevant sections in the attached Policy Document.
Other exclusions apply, the most significant of these are highlighted in the Policy Summary and they are all described in the Policy Document. It is important that you read both the Summary and the Policy Document to make sure you are aware of and understand these fully.

Please note if your circumstances change during the approved overdraft the level of cover may change

Statement of price

The cost of the Payment Protection Insurance depends on the amount of your overdraft limit, however it is priced at 50p per £100 of the overdraft limit. You will be given an individual quotation on application. The premium will include Insurance Premium Tax (IPT) at the appropriate rate of 5% levied on the part of the premium that pays for accident, sickness, unemployment and hospitalisation cover. The part of the premium that pays for life cover does not attract IPT.

Cancellation information

You have a period of 30 days from receipt of the Policy Document in which to cancel this policy and receive a full refund if you change your mind. Please see the attached Policy Document for full details.

Alternative formats

Please call 08457 212 212 if you would like to receive this information in an alternative format such as large print or Braille.

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INTRODUCTION

This **policy** provides **you** with everything **you** need to know about **your** Overdraft Payment Protection Insurance. It is important that **you** read it carefully and keep it in a safe place, as it contains the full details of **your policy** including the exclusions.

This **policy** uses words and phrases that have specific meanings, **you** will find these explained in the 'Definitions' section. Defined words are shown in '**bold**' wherever they appear.

Make sure that **you**:

- are eligible for the insurance cover
- know what this insurance does and does not cover
- understand how changes to **your work** affect **your** eligibility and the terms and conditions of making a claim

If **you** have any questions about **your** eligibility for this insurance or changes to **your** circumstances **you** should call The Co-operative Bank Customer Service number on 08457 212 212. Lines are open 24 hours.

To register a claim (or check progress on a claim) call The Co-operative Bank Claims Helpline on 0800 559 3423 between 9am to 5pm Monday to Friday. If **you** are registering a claim **you** should read the 'Making A Claim' section before calling to make sure **you** have the relevant information available.

Telephone calls may be recorded and monitored.

CHANGING YOUR MIND – YOUR CANCELLATION RIGHTS

This insurance is optional and **you** have a right to cancel **your policy** during a period of 30 days from the day of purchase of the **policy** or the day on which **you** receive **your policy**, whichever is the later. This is called the 'statutory cooling off period'.

If **you** wish to cancel during this period, **you** will be entitled to a full refund of the premium paid. If **you** have made a claim and then cancel within this period, **we** may seek to recover any monies paid to **you** in settlement of the claim.

To exercise **your** right to cancel in the statutory cooling off period, please contact The Co-operative Bank plc, PO Box 200, Skelmersdale, WN8 6YR, telephone 08457 212 212.

If **you** do not exercise **your** right to cancel **your policy** in the statutory cooling off period, it will continue in force and **you** will be required to pay the premium.

For **your** cancellation rights after the statutory cooling off period, please see the 'When Does Your Policy End' section of this **policy**.

Customers With Disabilities

This **policy** is also available in large print, audio and Braille.

If **you** require any of these formats please contact the **Bank** on 08457 212 212. Lines are open between 9am – 5pm, Monday to Friday.

ELIGIBILITY, IMPORTANT NOTES AND MATERIAL FACTS

Eligibility

You are eligible for this insurance if at the start date you:

- are aged 18 years or over but under 65,
- **work** at least 16 hours per week,
- live in the **UK**, and
- are an **account** holder with an **approved overdraft limit**.

If **you** have an **account** in joint names, **you** may both be covered subject to eligibility and **you** must both pay premiums in full. In the event of a claim, only one person may claim at any one time.

For the purposes of this insurance **work** means any paid **work** of at least 16 hours per week. This includes **self-employed work** and statutory maternity and parental leave but it does not include **temporary work**.

If **you** are **self-employed** or **you work** on fixed-term contracts **you** are eligible for this insurance but **you** should read the **policy** carefully to make sure it is suitable for **your** needs – **you** should pay particular attention to the 'Employment Circumstances', 'Unemployment Cover' and 'Your Claim – Things To Keep In Mind When Claiming' sections.

IMPORTANT NOTES:

1. This **policy** does not cover a medical condition or related symptoms you knew about at the **start date** whether the condition had been diagnosed or not. This is known as a **pre-existing medical condition**. If **you** have seen a **doctor** in the last 6 months **your** ability to claim may be affected. This is explained in the 'Accident Or Sickness Cover' section.
2. If **you** are off **work** due to **accident or sickness** at the **start date**
 - **You** may still be eligible for the insurance. However, **you** should be aware that **you** will not be able to claim for **accident or sickness** cover during the first 24 months following the **start date** if the condition returns.
 - If **you** do not return to **work** within the first 30 days following the **start date**, **your accident or sickness** cover will not start until you have returned to **work** for 30 consecutive days. In this case, any **pre-existing medical condition** will not be covered if it returns within 24 months of the date **your accident or sickness** cover starts.
3. This **policy** will not pay for any **unemployment** **you** were aware of at the **start date**. **You** will not be covered for any **unemployment** which **we** reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, when **you** took out this insurance.
4. This **policy** will not pay for any **unemployment** that **you** were advised of or which happens during the first 90 days of the **start date**, whether **you** were aware of it or not at the **start date**.
5. This **policy** will not pay a **carer** claim if at the **start date** **we** reasonably believe **you** were aware of the need or the likely need at any time in the future for a member of **your immediate family** to require a **carer** or **you** are notified of or apply for **Carer's Allowance** within the first 90 days of the **start date**.
6. **You** will only be eligible for **hospitalisation** cover if **you** are not working or have retired from work and are not seeking further work.

If **you** have any questions **you** should call the **Bank** on 08457 212 212

Your employment status and age at the time of any claim for benefit determines which cover you are eligible for.

You will be covered for **unemployment, accident or sickness** and life if, at the time of claim, **you**:

- are aged 18 or over but under 65 and
- live in the **UK** and
- **work** 16 hours or more per week and have done so for at least the last 6 months

You will be covered for **accident or sickness** and life if, at the time of claim, **you**:

- are aged 18 or over but under 65 and
- live in the **UK** and
- **work** less than 16 hours per week

You will be covered for **hospitalisation** and life if, at the time of claim, **you**:

- are aged 18 or over but under 65 and
- live in the **UK** and
- are not working or
- are retired from **work** and not intending to seek further **work**.

MATERIAL FACTS

All material facts must be disclosed. A material fact is one that is likely to influence **us** in the acceptance and assessment of an application e.g. living outside the **UK** or in **work** for less than 16 hours per week. It is **your** responsibility to provide complete and accurate information to the **Bank** when **you** take out **your** insurance **policy** and throughout the life of **your** **policy**.

Please note that if **you** fail to disclose any material information to **us**, this could invalidate **your** insurance cover and could mean that part or all of a claim may not be paid. **We** recommend you keep a record (including copies of letters) of all information provided to the **Bank** and **us** for **your** future reference.

CHANGES DURING THE LIFETIME OF YOUR POLICY THAT MAY AFFECT YOUR INSURANCE COVER

It is **your** responsibility to ensure that this **policy** continues to meet **your** requirements should the circumstances of **your** **work** change during the lifetime of **your** **policy**, as this could affect **your** entitlement to benefits.

Your eligibility for cover under this **policy** may change if **your** personal circumstances change. If this happens or is likely to happen **you** should discuss with the **Bank**. This would include for example:

- **You** retire from **work** and do not intend to actively seek further **work**
- Changing **your** employment e.g. **your** **work** becomes **temporary**
- **You** voluntarily reduce **your** hours of **work** to less than 16 hours per week
- **You** reach 65 years of age
- **You** leave the **UK** to live abroad

If **you** decide the **policy** is no longer suitable and **you** wish to cancel it please see the 'When Does Your Policy End' section for more details.

EMPLOYMENT CIRCUMSTANCES

Your employment circumstances will affect **your** eligibility for cover and entitlement to make a claim. If **your** employment changes or is likely to change or **you** have any questions **you** should contact the **Bank**.

Fixed-Term Contracts

If **you** **work** on a fixed-term contract and **your** contract is not renewed, **you** will only be entitled to claim for **unemployment** cover if **you** meet 1 of the following criteria:

- **you** have worked continuously for the same employer for at least 24 months; or
- **your** contract is for at least 12 months and has been renewed at least once with the same employer; or
- **you** were originally employed on a permanent basis but were transferred to a fixed-term contract by the same employer without a break in employment.

Self-Employed

We consider you to be **self-employed** if **you** meet 1 of the following criteria:

- **you** are carrying on a business in the **UK** either alone or as a partner in a partnership; or
- **you** can control the affairs of a company **you** work for because either **you** or a relative or a member of **your** household individually or jointly hold the majority of the voting rights in that company; or
- **you** can otherwise ensure that the company **you** work for conducts its affairs according to **your** wishes.

If **you** are **self-employed** **you** will need to provide the following to be entitled to claim for **unemployment** benefit:

- satisfactory proof that **you** have involuntarily ceased trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to HM Revenue & Customs; and
- are registered as **unemployed** with the Department for Work and Pensions.

Retiring Before The Age of 65

If **you** retire before the age of 65 and do not intend to actively seek further **work**, **you** will no longer be eligible for **unemployment** or **accident or sickness** cover. **You** will still be eligible for life and **hospitalisation** cover, and may need to reconsider whether this **policy** remains suitable for **your** needs.

YOUR BENEFITS AT A GLANCE

This is only a summary of **your** cover; full details are given in the following sections.

Cover	Waiting Period	Maximum Claim Duration	Maximum Claim Amount
Life			The lower of <ul style="list-style-type: none"> • your approved overdraft limit; or • £5,000
Accident or Sickness	30 days	12 monthly benefit payments	The lower of <ul style="list-style-type: none"> • 10% of your approved overdraft limit; or • £500 per month
Unemployment (1) (including Carer (2))	30 days	12 monthly benefit payments	The lower of <ul style="list-style-type: none"> • 10% of your approved overdraft limit; or • £500 per month
Hospitalisation (3)	7 days	12 monthly benefit payments	The lower of <ul style="list-style-type: none"> • 10% of your approved overdraft limit; or • £500 per month

Note **You** cannot make a claim

(1) Under the 'Unemployment Cover' section during the first 90 days following the **start date**.

(2) Under the 'Carer Cover' section during the first 90 days following the **start date**, unless the condition giving rise to the claim was unforeseen.

(3) Under the 'Hospitalisation Cover' section unless **you** are not working and are not intending to seek further **work**.

LIFE COVER

What Is Covered

If **you** die, **we** will pay **your approved overdraft limit** at the date of **your** death, up to a total of £5,000.

What Is Not Covered

Please see General Exclusions

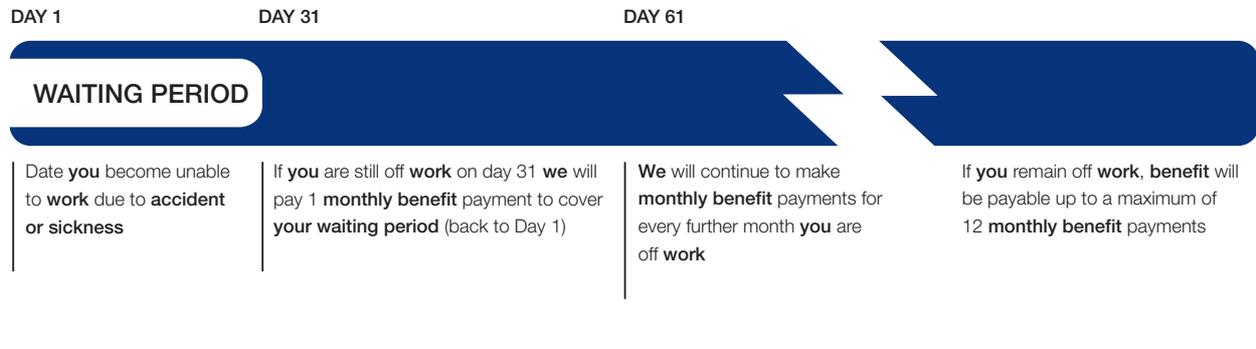
ACCIDENT OR SICKNESS COVER

You must be under 65 and be working at the time of **your** claim. **You** may claim for **accident or sickness** benefits if **you** are working for less than 16 hours a week.

What Is Covered

If an **accident or sickness** prevents **you** working for more than 30 days in a row, **we** will pay one **monthly benefit**, backdated to the first day **you** were unable to **work**. **We** will then continue to pay **monthly benefit** at calendar monthly intervals for every further 30 day period **you** are unable to **work** up to a maximum of 12 **monthly benefit** payments in total. Benefit is payable for complete 30 day periods only.

EXAMPLE OF HOW A CLAIM IS CALCULATED



- If **you** return to **work** after claiming for **accident or sickness** and then are unable to **work** within 3 months because of the same **accident or sickness** **you** do not have to wait before benefits can be paid. **We** will combine these 2 periods into 1 claim when calculating **your** benefit period subject to a maximum of 12 **monthly benefit** payments per claim.
- Once **we** have paid the maximum number of 12 **monthly benefit** payments, **you** need to return to **work**, free of all symptoms and not receiving medical treatment for **your** original condition, for at least 6 consecutive months before **you** can make another **accident or sickness** claim for the same or related condition.

What Is Not Covered (in addition to General Exclusions)

We will not pay any **accident or sickness** claims due to or arising from:

- Any **pre-existing medical condition** which persists or returns during the first 24 months of **accident or sickness** cover. This exclusion will not apply once **you** have been continuously insured under the **accident or sickness** cover for 24 months, so long as **you** are attending **work** at the start of **your** claim.

This means **we** will not pay for any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which **you** knew about, or should reasonably have known about, at the **start date**, or
- which **you** had seen or arranged to see a **doctor** about, during the 6 months immediately before the **start date**.

However, this exclusion will also not apply if **you** have been symptom free and have not consulted a **doctor** or received treatment for the condition in the 24 months prior to **your** claim. If **you** have had appointments to see a **doctor** within the 24 month period prior to **your** claim but these appointments were not kept, the exclusion will apply unless **you** have been formally discharged.

- Pregnancy or childbirth – unless there has been a **medical complication**.
- Cosmetic surgery or other treatment which is not medically necessary.
- **Your** detention in prison under the direction of a court of law. This will not apply if **you** are later acquitted.
- **Your** own wilful actions, drug or alcohol abuse. (This does not include any drugs prescribed by **your doctor**, except if they are to treat drug addiction.)

Note

If **you** have retired, are not actively seeking **work** and are not registered as **unemployed** **you** will not be able to claim for **accident or sickness**.

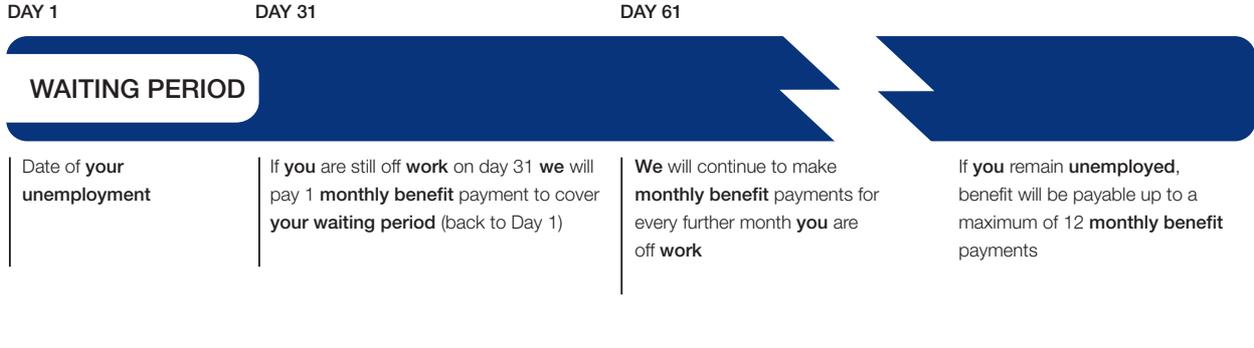
UNEMPLOYMENT COVER

You must be under 65 and **work** 16 hours or more per week and have done so for at least 6 months at the time of **your** claim.

What Is Covered

If **you** are **unemployed** for more than 30 days in a row, **we** will pay one **monthly benefit**, backdated to the first day of **your** **unemployment**. **We** will then continue to pay **monthly benefit** at calendar monthly intervals for every further 30 day period **you** are **unemployed** up to a maximum of 12 **monthly benefit** payments in total. Benefit is payable for complete 30 day periods only.

EXAMPLE OF HOW A CLAIM IS CALCULATED



- If, after claiming for **unemployment**, **you** are made **unemployed** again within 3 months of returning to **work**, **you** will not have to wait before benefits can be paid. **We** will combine these 2 periods of **unemployment** into 1 claim when calculating **your** benefit period subject to a maximum of 12 **monthly benefit** payments per claim.
- Once **we** have paid the maximum number of 12 **monthly benefit** payments, **you** need to return to **work** for at least 6 consecutive months before **you** can make another **unemployment** or **carer** claim.

Temporary Work

If **you** do any **temporary work**:

- during a claim, **your** **monthly benefit** will be suspended during the period of **temporary work** and will be resumed when the **temporary work** finishes
- during the **waiting period**, the **waiting period** will be suspended until the end of the **temporary work**

Self-Employed

If **you** are **self-employed** and **you** have involuntarily ceased trading because **you** could not find enough **work** to meet all **your** reasonable business and living expenses and have declared this to HM Revenue & Customs **you** will be entitled to claim for **unemployment** benefit.

If, for the purpose of this insurance **you** are not **self-employed**, all other terms, conditions and exclusions of this **policy** will apply.

In either case **you** will need to have a Jobseeker's Agreement for the whole time **you** are claiming. If **you** are ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence that is acceptable to **us** that **you** are **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.

Payment in Lieu Of Notice

If **you** have been paid or are entitled to be paid in lieu of notice any claim for **unemployment**, including the **waiting period**, will not start until the end of **your** notice period.

What Is Not Covered (in addition to General Exclusions)

We will not pay for any **unemployment**:

- **We** reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, when **you** took out the **policy**.
- **You** are notified of or which happens within the first 90 days of the **start date**.
- If **you** have resigned or taken voluntary redundancy.
- If **you** retire and do not intend to actively seek further **work**.
- Due to **your** misconduct.
- After **temporary work** (unless **you** have taken **temporary work** during a claim).
- Which is normal, regular or seasonal in **your** **work**.
- After the end of a fixed-term contract which is not renewed, unless:
 - **you** have worked continuously for the same employer for at least 24 months; or
 - **your** contract is for at least 12 months and has been renewed at least once with the same employer; or
 - **you** were originally employed on a permanent basis but were transferred to a fixed-term contract by the same employer without a break in employment.
- As a result of **you** being detained in prison under the direction of a court of law. This will not apply if **you** are later acquitted.
- Due to **your** own wilful actions, drug or alcohol abuse. (This does not include any drugs prescribed by **your** **doctor**, except if they are to treat drug addiction.)

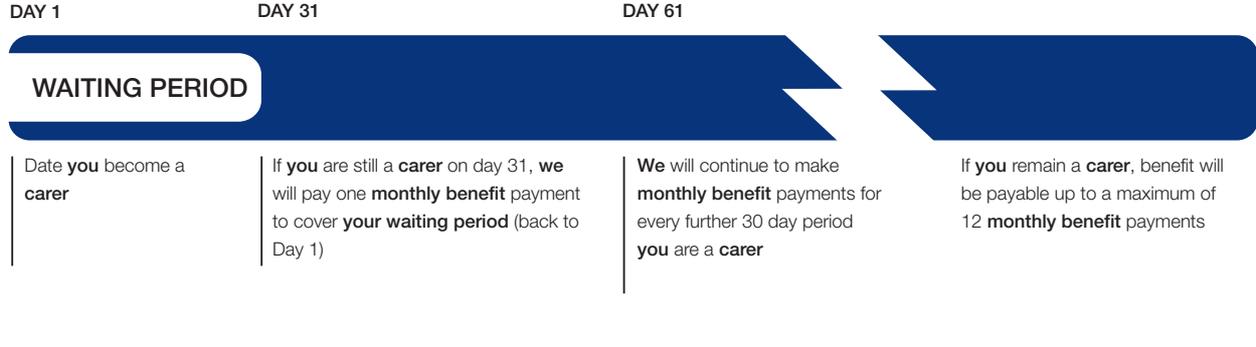
CARER COVER

You must be under 65 and **work** 16 hours or more per week and have done so for at least 6 months at the time of **your** claim.

What Is Covered

If **you** voluntarily leave **your work** to become a **carer**, for more than 30 days in a row, **we** will pay one **monthly benefit**, backdated to the first day **you** became a **carer**. **We** will then continue to pay **monthly benefit** at calendar monthly intervals for every further 30 day period **you** are a **carer** up to a maximum of 12 **monthly benefit** payments in total.

EXAMPLE OF HOW A CLAIM IS CALCULATED



- If **you** claim for a second period of being a **carer** within 3 months of returning to **work**, **you** will not have to wait before benefits can be paid. **We** will combine these 2 periods into 1 claim when calculating **your** benefit period subject to a maximum of 12 **monthly benefit** payments per claim.
- Once **you** have received the maximum number of 12 **monthly benefit** payments, **you** need to return to **work** for at least 6 consecutive months before **you** can make another **carer** or **unemployment** claim.

What is Not Covered (in addition to General Exclusions)

Any claim for **carer** cover:

- If at the **start date** **we** reasonably believe **you** were aware of the need, or likely need at any time in the future, for a member of **your immediate family** to require a **carer**.
- If within the first 90 days of **your start date** **you** apply for **Carer's Allowance**, or are notified of receipt of **Carer's Allowance**, **we** will not consider a **carer** claim unless the condition of the member of **your immediate family** requiring a **carer** was due to or caused by an unforeseen event happening after the **start date**.
- Where the person **you** are caring for is not a member of **your immediate family**.

HOSPITALISATION COVER

You must be aged 18 or over but under 65 and not working or intending to seek further **work** at the time of **your** claim.

What is Covered

If **you** are in **hospital** for more than 7 days in a row, **we** will pay an amount equal to **your monthly benefit**. If **you** remain in **hospital** beyond 7 days, **we** will continue to pay 1/30th of **your monthly benefit** for each further day of **hospitalisation** at calendar monthly intervals up to a maximum of 12 full **monthly benefit** payments in total.

EXAMPLE OF HOW A CLAIM IS CALCULATED

DAY 1	DAY 8	DAY 38	DAY 68
WAITING PERIOD			
Date you become hospitalised	If you are still in hospital on day 8 we will pay an amount equal to your monthly benefit payment	From day 8 we will pay 1/30th of your monthly benefit payment for each further day you are hospitalised and your second benefit payment will be made on day 38.	We will continue to pay 1/30th of your monthly benefit payment for each further day you are hospitalised at calendar monthly intervals.
			Your final payment may be less than a full monthly benefit payment as it will be based on the number of days between the last monthly benefit payment date and the last day you were hospitalised , up to a maximum of 12 monthly benefit payments

- If **you** claim for a second period of **hospitalisation** within 3 months of being **hospitalised**, **you** will not have to wait before benefits can be paid. **We** will combine these 2 periods into 1 claim when calculating **your** benefit period subject to a maximum of 12 **monthly benefit** payments per claim.
- Once **you** have received the maximum number of 12 **monthly benefit** payments, at least 6 consecutive months must have elapsed when **you** are not in **hospital** before another **hospitalisation** claim can be made. **You** must have had a period of at least 6 months free from symptoms and not been consulting with, or receiving treatment from, a **doctor** during that period.

Once **we** have paid the maximum benefit, at least 6 consecutive months must have elapsed when **you** are not in **hospital** before another **hospitalisation** claim can be made.

What Is Not Covered (in addition to General Exclusions)

We will not pay any **hospitalisation** claims due to or arising from:

- Any **pre-existing medical condition** which persists or returns during the first 24 months of **your start date**. This exclusion will not apply once **you** have been insured under **your policy** for 24 months, provided that the period of **hospitalisation** claimed for begins after **your policy** has been in force for at least 24 continuous months.

This means **we** will not pay for any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which **you** knew about, or should reasonably have known about, at the **start date**, or
- which **you** had seen or arranged to see a **doctor** about, during the 6 months immediately before the **start date**.

However, this exclusion will also not apply if **you** have been symptom free and have not consulted a **doctor** or received treatment for the condition in the 24 months prior to **your** claim. If **you** have had appointments to see a **doctor** within the 24 month period prior to **your** claim and these were not kept, the exclusion will apply unless **you** have been formally discharged.

- Pregnancy or childbirth – unless there has been a **medical complication**.
- Cosmetic surgery or other treatment which is not medically necessary.
- **Your** detention in prison under the direction of a court of law. This will not apply if **you** are later acquitted.
- **Your** own wilful actions, drug or alcohol abuse. (This does not include any drugs prescribed by **your doctor**, except if they are to treat drug addiction.)

GENERAL EXCLUSIONS APPLYING TO ALL COVERS

We will not pay any claim due to or arising from:

- any dishonest or exaggerated behaviour by **you** or anyone acting for **you**. If this happens, **you** will have to return any benefits already paid and **you** will forfeit all future rights under this **policy**.
- war, invasion, act of foreign enemy, hostilities or a warlike operation or operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power and/or any action taken in controlling, preventing, suppressing or in any way relating to any of these causes or events.

YOUR CLAIM

Making A Claim

It is important that **you** register **your** claim as soon as possible with **us**.

For Life Claims

Your dependants or representatives should register the claim as soon as possible using the telephone number shown in step 2.

For Accident or Sickness, Unemployment or Carer Claims

Step 1 – Please have the following information ready when you call

- **your account** number
- **your** Overdraft Payment Protection Insurance policy number GC 325
- **your** postcode

Step 2 - Call 0800 559 3423 between 9am - 5pm Monday to Friday.

We will be there to give **you** advice, answer questions, help **you** through the claim and register it for **you**.

Step 3 – We will then send you a claim pack

When **we** first respond to **your** claim **we** will send **you** our claims pack. This will include:

- claim forms
- a guide to help **you** make **your** claim and explain when payments will be made.

Step 4 – The forms should be completed as soon as possible and returned to us with the relevant information

- For **accident or sickness** claims **you** will need to get a **doctor** and **your** employer to fill in the relevant section of the form. For **hospitalisation** claims **you** will need to get a **doctor** to fill in the relevant section of the form.
- For **unemployment** claims **you** will need to arrange for a Department for Work and Pensions official and **your** previous employer to fill in the relevant sections of the form
- For **carer** claims arrange for **your** previous employer to fill in the relevant section of the form and provide evidence that **you** are either in receipt of or awaiting **Carer's Allowance**.

Our claims office address is London and Edinburgh Insurance Company Limited, Creditor Unit, PO Box 3486, Norwich NR1 3FY.

- If **you** are a **carer** making a claim, **we** need satisfactory proof that **you** are required to look after a member of **your immediate family**, that **you** have completed a **Carer's Allowance** Claim pack and are either in receipt of or awaiting **Carer's Allowance**.
- **We** are concerned that **you** should not pay for the dishonesty of others. **We** make random checks, so do not be alarmed if one of **our** claims advisers calls. **We** also exchange information with other insurers to prevent fraud.

BACK TO WORK

If **you** are unable to work due to an **accident or sickness or unemployment**, **you** will be contacted by **our** specialist Back to Work service. This service is free, confidential and designed to provide advice and assistance to help **you** make a speedy return to **work**.

Accident or Sickness

If **you** have a soft tissue injury (e.g. sprained muscle or whiplash), **our** rehabilitation specialists will contact **you** to help **you** with a speedy recovery and return to **work**. This service provides:

- access to a specialist website
- clinically run helpline and self-help booklet with tips for a speedy recovery
- a personal care adviser who can, where appropriate, arrange for suitable treatment to speed **your** return to **work**

This service is designed to operate alongside the NHS and other recognised medical professionals.

Unemployment

Our Back to Work service provides:

- Self-help guide
- Access to a specialist web site
- Telephone advice providing access to specialist employment counsellors
- Confidential advice and ongoing support throughout **your** search on:
 - seeking **work**, career changes, state benefits
 - managing **your** time effectively while searching for employment.
 - tips on preparing **your** CV.
 - help with preparing for interviews

THINGS TO KEEP IN MIND WHEN CLAIMING

- **You** must supply and pay for all reasonable information or evidence **we** ask for to support **your** initial claim and from time to time throughout **your** claim. If **we** ask for proof, you need to be able and willing to supply it.
- If **we** do not receive all the information **we** need (for example declarations and medical questionnaires) or if these documents are not acceptable to **us** **we** may delay or suspend **your** claim payments.
- **We** may contact **your** past employers or other insurers for information about **you**.
- For **unemployment** claims **you** need to have a Jobseeker's Agreement for the whole time **you** are claiming. If **you** are ineligible for a Jobseeker's Agreement, **you** must be able to provide ongoing alternative evidence acceptable to **us** that **you** are **unemployed** and actively seeking **work**. This could include copies of job applications, responses and registration with job agencies.
- When making an **accident or sickness** claim **you** must agree to any medical examination which **we** arrange and pay for.

PAYING CLAIMS

We will make claim payments to **your account** on **your** behalf. When **we** have made these payments, **we** will not make any further payments for the same claim.

SWITCHING BETWEEN CLAIMS

If **you** need to **you** can switch from **unemployment** to an **accident or sickness** or a **carer** claim or a combination of all 3 – there is no additional **waiting period**. However, **we** will not pay more than 12 **monthly benefit** payments for any claim period. This applies to any 1 continuous period of **accident or sickness, unemployment** or a period for which you are a **carer** or a combination of all 3.

You cannot claim for **accident or sickness, unemployment** or a **carer** claim at the same time.

WHEN WILL MONTHLY CLAIM PAYMENTS END

We will continue paying **your** claim until the first of the following happens:

- **Your unemployment** ends, **you** recover from **your accident or sickness** or **you** are no longer a **carer** or you are no longer in **hospital**.
- **We** have paid 12 full **monthly benefit** payments for any 1 continuous period of **unemployment accident or sickness** or a period for which **you** are a **carer** or a combination of all 3, or **we** have paid 12 full **monthly benefit** payments for any 1 continuous period of **hospitalisation**.
- **Your approved overdraft limit** is cancelled.
- **You** reach age 65

PAYING PREMIUMS DURING A CLAIM

When **you** are making a claim under this **policy you** should continue to pay the monthly premium to ensure that cover can continue once **your** claim has ended.

Should **you** cancel **your** policy during a claim then **we** will continue to pay **monthly benefit** provided the claim happened prior to the cancellation date, and **your** premiums were up to date. However, **you** will not be covered for any claim that happens on or after the cancellation date.

CHANGE OF PREMIUM AND COVER

We may change the premium rates and terms of cover at any time by sending **you** at least 30 days' written notice to **your** last known address.

WHEN DOES YOUR POLICY END

The cover provided by this **policy** and all benefit payments will end, if any of the following happen:

- **Your account** is closed or **your approved overdraft limit** is cancelled
- **Your account** is transferred to a third party
- **You** reach 65 years of age
- **You** make a false claim (**you** will have to return any claim payments **we** have made)
- **You** die

The cover provided by this **policy** will end if:

- **You** have not paid **your** premiums when they are due
- **You** cancel this insurance at any time following the expiry of **your** statutory cooling off period by giving **us** 30 days' written notice
- **We** cancel this insurance by giving **you** 30 days' written notice

However, **we** will continue to pay **monthly benefit** that is due to be paid for **accident or sickness, unemployment or carer or hospitalisation** cover for any claim that happened prior to the end date.

PROMISE OF SERVICE - COMPLAINTS PROCEDURE

Our goal is to give excellent service to all **our** customers but **we** recognise that things do go wrong occasionally. **We** take all complaints **we** receive seriously and aim to resolve all **our** customers' problems promptly. To ensure that **we** provide the kind of service **you** expect **we** welcome **your** feedback. **We** will record and analyse **your** comments to make sure **we** continually improve the service **we** offer.

What will happen if you complain?

- **We** will acknowledge **your** complaint within 2 working days of receipt.
- **We** aim to resolve complaints, following assessment and investigation, within 5 working days of receipt.

Most of **our** customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, **we** will contact **you** with an update and give **you** an expected date of response.

What to do should you be dissatisfied?

If **you** have a complaint about the handling of **your** insurance please call the **Bank** on

08457 212 212 or write to
The Co-operative Bank plc,
PO Box 200,
Skelmersdale,
WN8 6YR.

If **you** have a complaint about a claim **you** have made, please write to

The Customer Service Manager,
London and Edinburgh Insurance Company Limited,
Creditor Unit,
PO Box 3486,
Norwich,
NR1 3FY.

or telephone **0800 559 3423**

If **you** remain unhappy with the decision **you** receive regarding **your** claim, **you** may write to the Chief Executive, London and Edinburgh Insurance Company Limited at

PO Box 6,
Surrey Street,
Norwich,
NR1 3NS.

If **you** are dissatisfied with **our** final decision (from the Chief Executive Officer), **you** can refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of both **our** Chief Executive and the FOS will be provided when **we** write in response to **your** complaint.

Notes

1. The FOS will only consider **your** complaint if **you** have given **us** the opportunity to resolve it and **you** are a private policyholder. If, however, **we** do not resolve **your** complaint within 40 working days, the FOS will accept a direct referral.
2. Whilst **we** are bound by the decision of the FOS, **you** are not.
3. Following the complaints procedure does not affect **your** right to take legal action.

GENERAL INFORMATION

This insurance is underwritten by London and Edinburgh Insurance Company Limited and Aviva Life & Pensions UK Limited, both trading as Aviva.

London and Edinburgh Insurance Company Limited and Aviva Life & Pensions UK Limited are authorised and regulated by the Financial Services Authority.

Aviva Life & Pensions UK Limited has agreed that London and Edinburgh Insurance Company Limited may administer this insurance on its behalf.

CODES OF PRACTICE

This insurance has been arranged by The Co-operative Bank plc, Head Office 1 Balloon Street, Manchester, M60 4EP. The Co-operative Bank is authorised and regulated by the Financial Services Authority. The Co-operative Bank's regulatory status can be confirmed on the FSA's register by visiting the FSA website www.fsa.gov.uk/register or by contacting the FSA on 0845 6061234.

The Law

There is a choice of law for this insurance, but unless **we** agree otherwise, the law for that part of the **UK** where **you** live at the **start date** will apply.

Financial Services Compensation Scheme

Aviva's obligations are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** obligations, **you** could be entitled to compensation from this scheme, depending on the type of insurance and the circumstances at the time.

Further information about the scheme is available from the FSCS website www.fscs.org.uk or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portoken Street, London, E1 8BN.

Data Protection Act – Information Users

For the purposes of the Data Protection Act 1998, the joint Data Controllers in relation to any personal data **you** supply are London and Edinburgh Insurance Company Limited, Aviva Life & Pensions UK Limited and the **Bank**.

Insurance Administration

Information **you** supply may be used for the purposes of insurance administration by **us**, **our** associated companies and agents, by and the **Bank**. It may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing **our** compliance with any regulatory rules/codes. **Your** information may also be used for research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. Where this happens, **we** will ensure that anyone to whom **we** pass **your** information agrees to treat **your** information with the same level of protection as if **we** were dealing with it.

If **you** give **us** information about another person, in doing so **you** confirm that they have given **you** permission to provide it to **us** and for **us** to be able to process their personal data (including any sensitive data) and also that **you** have told them who **we** are and what **we** will use their data for, as set out in this notice.

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, **you** have the right to access and if necessary rectify information held about **you**.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, **we** may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this insurance, **you** signify **your** consent to such information being processed by **us** or **our** agents.

Fraud Prevention and Detection

In order to prevent and detect fraud **we** may at any time:

- share information about **you** with other organisations and public bodies including the police
- undertake credit searches and additional fraud searches
- check and/or file **your** details with fraud prevention agencies and databases, and if **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this

We can on request supply further details of the databases **we** access or contribute to.

DEFINITIONS

Wherever the following words or phrases appear in this **policy**, they will be shown in **bold** and have the following meanings

Accident or Sickness

Any accident, sickness or disease which occurs after the **start date** which results in **you** being totally unable to carry out the duties of **your normal work** and not doing any other **work**, as confirmed by a **doctor** or **specialist**. **Normal work** means **your work** immediately before **your accident or sickness**, or any other **work** which **we** think **you** are, or may reasonably become qualified for, in view of **your** training, education and ability.

Account

Your current account with the **Bank**.

Approved Overdraft Limit

The amount of overdraft limit agreed by the **Bank** on **your account**, up to a maximum of £5,000.

Bank

The Co-operative Bank plc

Carer

You look after a member of **your immediate family** on a full-time basis and have completed a Carer's Allowance Claim pack and are either in receipt of or awaiting a **Carer's Allowance** from the Department for Work and Pensions.

Carer's Allowance

A taxable benefit paid by the Department for Work and Pensions to informal **carers**.

Doctor

A medical practitioner, (other than **you** or a member of **your** family) who holds a full qualification entitling him or her to full registration with the General Medical Council.

Hospital

A lawfully operated establishment which has accommodation for residential patients (other than a convalescent, nursing or rest home or similar section of a hospital) with facilities for diagnosis and major surgery and which provides a 24 hour nursing service by registered nurses.

Hospitalisation/Hospitalised

A period for which you are confined to a **hospital** on a **doctor's** recommendation, due to illness or injury, after the **start date**. **You** will only be eligible for **hospitalisation** benefit if **you** are not eligible for **accident** or **sickness**, **unemployment** or **carer** benefit.

Immediate Family

Your spouse, civil partner, live in partner, children and parents.

Medical Complication

A symptom of pregnancy which has developed into an identified condition diagnosed by a recognised obstetric **specialist**. It does not include delivery by caesarean section or other surgically assisted means or any normal symptom of a temporary or minor nature, which presents no significant medical hazard to mother or baby.

Monthly Benefit

An amount equal to 10% of **your approved overdraft limit** on **your account**, up to a maximum of £500 per month, at the:

- date of **your** death,
- start of **your accident or sickness** claim,
- date on which **we** reasonably believe **you** were aware of the need for **you** to be a **carer** for a member of **your immediate family**,
- start of **your hospitalisation** claim.

Policy

This document sets out the benefits, terms, conditions and exclusions of **your** Overdraft Payment Protection Insurance.

Pre-existing Medical Condition

Any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether diagnosed or not:

- which **you** knew about, or should reasonably have known about, at the **start date**, or
- which **you** had seen or arranged to see a **doctor** about, during the 6 months immediately before the **start date**.

Self-employed

You are self-employed if:

- **you** are carrying on a business in the **UK** either alone or as a partner in a partnership; or
- **you** can control the affairs of a company **you** work for because either **you** or a relative or a member of **your** household individually or jointly hold the majority of the voting rights in that company; or
- **you** can otherwise ensure that the company **you** work for conducts its affairs according to **your** wishes.

Specialist

A **doctor** who is or has been a consultant at an NHS **hospital**.

Start Date

The date an **approved overdraft limit** is granted. If **you** apply for insurance at any other time, **your** insurance starts on the date **we** accept **your** application for insurance.

Temporary Work

Work that is casual, occasional or for a specific task. Also **work** that is seasonal or irregular, or for a period of training or apprenticeship.

UK

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

Unemployment/Unemployed

Having no paid **work** or **temporary work** and having a Jobseeker's Agreement with the Department for Work and Pensions in the **UK**. If **you** are ineligible for a Jobseeker's Agreement **you** must be able to provide alternative proof acceptable to **us** that **you** are actively seeking **work**.

Waiting Period

The first 30 days of any **accident or sickness**, **unemployment** or **carer** claim or the first 7 days of any **hospitalisation** claim.

We/Us/Our

For all **unemployment**, **carer** and **accident or sickness** and **hospitalisation** insurance benefits London and Edinburgh Insurance Company Limited. For life insurance Aviva Life & Pensions UK Limited.

Work

Any paid work of at least 16 hours a week. This includes **self-employed** work and statutory maternity and parental leave but not **temporary work**. **You** may claim for **accident or sickness** benefit if **you** are working less than 16 hours a week.

You/Your/Yours

The person(s) who is(are) eligible, has(have) applied and been accepted by **us** for insurance and who has(have) paid or agreed to pay the premiums.

Underwritten by London and Edinburgh Insurance Company Limited
trading as Aviva (a member of the Aviva group)
Registered in England No: 924430
Registered Office: 8 Surrey Street, Norwich, NR1 3NG
Authorised and regulated by the Financial Services Authority

And

Aviva Life & Pensions UK Limited trading as Aviva
Registered in England No: 3253947
Registered Office: 2 Rougier Street, York, YO90 1UU
Authorised and regulated by the Financial Services Authority