

# Your Loan Payment Protection Insurance Policy Summary

This is a summary of the optional Payment Protection Insurance policy and does not contain the full terms and conditions of the cover which can be found in the policy. It is important that you read the policy carefully.

## Who are the insurers?

The insurers of this policy trade as Norwich Union and are:

- London and Edinburgh Insurance Company Limited for accident or sickness or hospitalisation cover if your loan is for less than 60 months unemployment and carer cover
- Norwich Union Life & Pensions Limited for accident or sickness or hospitalisation cover if your loan is for 60 months or more and life cover

## What is Loan Payment Protection Insurance?

This policy will meet your loan repayments if you are unable to work because of accident, sickness or unemployment or if you leave work to become a carer. If you die, it will repay your outstanding loan balance and may provide benefit if you go into hospital.

To be eligible for this policy you must at the start date:

- be aged 18 or over and under 65 at the start of your loan agreement
- be under age 70 when your loan agreement is due to be repaid,
- be in paid work of at least 16 hours per week,
- live in the United Kingdom, and
- be the first named person on your Co-operative Bank loan agreement.

**However if your circumstances change during the course of your loan agreement, your employment status and age at the time of any claim for benefit determines which cover you are eligible for. Please refer to the illustration below and the policy for full details.**

	Accident or sickness claim	Unemployment claim	Carer claim	Hospitalisation claim	Life claim	Back to Work Service
Age under 65 years, working 16 hours+ per week and have done so for at least the last 6 months	✓	✓	✓		✓	✓
Age under 65 years, working less than 16 hours per week	✓				✓	✓
Age over 65 and under 70 years, or not working				✓	✓	
Retired from work, not intending to seek further work				✓	✓	

If you are self-employed or work on a fixed-term contract you should read the policy to make sure it is suitable for your needs – you should pay particular attention to the ‘Employment Circumstances’, ‘Unemployment Cover’ and ‘Things to Keep in Mind When Claiming’ sections. If you are in temporary work you are not eligible for this insurance.

## What happens if my circumstances change?

Your eligibility for cover under this policy may change if your circumstances change, for example if you retire from work, voluntarily reduce your hours to less than 16 per week or leave the UK to live abroad. If this happens or is likely to happen you should discuss this with The Co-operative Bank on 08457 212 212.

## What are the benefits and features of Loan Payment Protection Insurance?

- If you are unable to work for more than 30 days in a row, we will pay one monthly benefit equal to your monthly loan repayment. We will then pay you monthly benefit, at calendar monthly intervals, for each 30 day period you are unable to work. We will continue to make these payments:
  - For up to a maximum of 12 months if claiming for unemployment or carer claims; or
  - Until your loan is repaid for accident or sickness claims

In any case the maximum monthly benefit amount will be the lower of your monthly loan repayment or £2,000 per month.

- If you are aged 65 or more but under 70, or you are retired and do not intend to seek further work, and are in hospital for more than 7 days in a row, we will pay one monthly benefit equal to your monthly loan repayment. We will then pay monthly benefit at calendar monthly intervals for each 30 day period whilst you are in hospital. We will continue to make these payments:
  - For up to a maximum of 12 months; or
  - Until your loan is repaid
 In any case the maximum benefit amount will be the lower of your monthly loan repayment or £2,000 per month.
- If you die during your loan we will pay the outstanding balance of your loan, at the date of your death, up to a maximum of £50,000.
- If you are self-employed you will be entitled to claim for unemployment if 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 the HM Revenue & Customs.
- If you receive payment in lieu of notice, your unemployment claim will start when you have registered as unemployed after the date your notice period ends.
- You will also receive details of our 'Back to Work' service which provides independent confidential advice and guidance to help you return to work

### **What am I not covered for?**

The policy excludes some situations. These generally involve anything you already know about or that are caused by illegal or deliberate acts on your part. You need to check the 'Life', 'Accident or Sickness', 'Unemployment', 'Carer' and 'Hospitalisation' sections of the policy for full details of what is and is not covered. The main exclusions are shown here:

We will not cover accident or sickness, or hospitalisation claims which result from:

- A medical condition, and /or associated symptoms, whether diagnosed or not:
  - which you know about when cover starts or you have seen a doctor about in the 6 months before taking out this policy; and
  - which persists or returns during the first 24 months of your policy
- Pregnancy or childbirth unless there have been medical complications

We will not cover unemployment claims:

- If you know about the unemployment at the start of the policy
- You are notified of, or which happens, within the first 90 days of the policy
- If you have resigned, retired, taken voluntary redundancy or been dismissed for misconduct
- After the end of a fixed-term contract unless you have either been employed by the same firm for at least 2 years or are on a contract of at least 12 months which has been renewed at least once with the same employer

Note - You need to register for a Job Seeker's Agreement in order to be able to make an unemployment claim.

We will not cover carer claims:

- Unless you are in receipt of (or awaiting) a Carer's Allowance
- If you know that a member of your immediate family would require a carer at the start date of the policy; or
- If you apply for a Carer's Allowance or are notified of receipt of Carers Allowance within the first 90 days of the policy

### **How long does my Loan Payment Protection Insurance run for?**

Your cover will continue for the term of your loan and the premium is guaranteed for this period. The policy is designed to cover your monthly loan repayments so you do not need to review the level of cover:

The premium for this policy is calculated for the term of your loan and is added to the money you borrow. Interest is charged on the premium amount for the term of your loan.

### What happens if I take out cover and then change my mind or repay my loan early?

This insurance is optional and you have the 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. If you cancel within this period you will receive a full refund of your premium.

If you cancel after this period, or repay your loan early, you may be entitled to receive a partial refund of premium. The table below gives examples of the amount of premium you will receive. Please refer to the 'Cancelling This Insurance or Repaying Your Loan Early' section for a full explanation.

### Approximate Proportion Of Premium Refunded

Your Original Loan Term (Years)	% Refunded If You Cancel After...			
	1 Year	2 Years	3 Years	4 Years
2	26%			
3	45%	12%		
4	57%	26%	7%	
5	64%	36%	16%	4%

For example, if your original loan is for 4 years and you cancel after 2 years, you will receive approximately 26% of your premium as a refund.

### How do I make a claim?

Please call us on 0870 900 5596 between 9.00am – 5.00pm Monday to Friday.

### How do I make a complaint?

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance:

- For sales complaints or about the handling of your insurance please speak with your normal contact at The Co-operative Bank or write to The Co-operative Bank plc, PO Box 200, Skelmersdale, WN8 6YR.
- For complaints about a claim you have made, please write to The Customer Services Manager, London and Edinburgh Insurance Company Limited, 1 New Augustus Street, Bradford BD1 5YP.

We are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may then be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action. Further details of our complaints procedure can be found in your policy.

### Would I receive compensation if Norwich Union were unable to meet its liabilities?

We are members of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations depending on the type of insurance and circumstances of the claim.

Further information about compensation scheme arrangements is available on the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk), or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portoken Street, London, E1 8BN.

London and Edinburgh Insurance Company Limited Registered in England No. 924430  
Registered Office: 8 Surrey Street, Norwich NR1 3NG  
and Norwich Union Life & Pensions Limited Registered in England No. 3253947  
Registered Office: 2 Rougier Street, York YO90 1UU  
Both companies are members of the Aviva group.  
Both companies are authorised and regulated by the Financial Services Authority

# Loan Payment Protection Insurance for customers of

**The COOPERATIVE BANK**

## IMPORTANT INFORMATION

We will have assessed your eligibility for this product and confirmed that:

You are aged 18 years or over and under 65 at the time of your application, and will be under 70 years of age when your loan agreement ends.

You are the first named person on your loan agreement.

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 your loan repayments to be made if you are unable to work because of accident, sickness or involuntary unemployment. You would also like the outstanding balance on your loan to be paid off if you die while you hold the agreement.

If you turn 65 during the term of the loan, but remain under the age of 70, you would like to have your loan repayments made if you were hospitalised for more than 7 days and you would also like the outstanding balance on your loan to be paid off if you die while you hold the agreement.

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 Loan 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 your loan repayments would be made should you become ill, suffer an accident or become unemployed. It also meets your demands and needs by ensuring that should you die whilst holding the agreement the outstanding loan amount would be repaid.

If you turn 65 during the term of the loan, but remain under the age of 70, it also meets your demands and needs in that you would like to have your loan payments made if you were hospitalised for more than 7 days and you would also like the outstanding balance on your loan to be paid off if you die while you hold the agreement.

The Co-operative Bank has not taken into account details of any other policies you hold, which could cover part of this new loan 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 reduces on reaching 65 years of age or earlier retirement.

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 term of the loan the level of cover may change**

### Statement of price

The cost of the Payment Protection Insurance depends on the amount you borrow, the term of your loan and the current interest rate. You will be given an individual quotation on application. The premium will include Insurance Premium Tax (IPT) at the current rate of 5% levied on the part of the premium that pays for accident, sickness and hospitalisation cover on loans of terms up to 59 months and for unemployment cover on all loans. Any part of the premium that pays for an accident, sickness and hospitalisation cover on loans of terms of 60 months or more or for life cover on all loans does not attract IPT. The premium is guaranteed for the term of your loan.

### 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.

**The COOPERATIVE BANK**

THE CO-OPERATIVE BANK p.l.c., HEAD OFFICE,  
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The Co-operative Bank is authorised and regulated by the Financial Services Authority



## Contents

Introduction	2
Changing Your Mind – Your Cancellation Rights	2
Eligibility, Important Notes And Material Facts	2
Changes During Your Loan Agreement That May Affect Your Insurance Cover	3
Employment Circumstances	3
Your Benefits At A Glance	4
Life Cover	4
Accident Or Sickness Cover	5
Unemployment Cover	6
Carer Cover	7
Hospitalisation Cover	8
General Exclusions Applying To All Covers	8
Your Claim	9
Rescheduled Loans	10
When Does Your Policy End	11
Cancelling This Insurance Or Repaying Your Loan Early	11
Promise Of Service - Complaints Procedure	12
General Information	12
Definitions	13

## INTRODUCTION

This **policy** provides **you** with everything **you** need to know about **your** Loan Payment Protection Insurance. It contains the full details of **your policy** including the exclusions.

It is important that **you** read it carefully along with **your loan agreement** (which confirms the details of **your** cover) and keep them in a safe place.

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 and understand what this insurance does and does not cover
- understand how changes to **your work** and/or circumstances 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 **0870 900 5596** between 9.00am to 5.00pm Monday – 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 or call the Customer Service number on **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.

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 Co-operative Bank Customer Service number on **08457 212 212**.

## 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 and under 65 at the start of **your loan agreement**,
- are under age 70 when **your loan agreement** is due to be repaid,
- **work** at least 16 hours per week,
- live in the **UK**, and
- are the first named person on **your loan agreement**.

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 for this condition may be affected. This is explained in the 'Accident Or Sickness Cover' section.
2. If **you** are off **work** due to **accident or sickness** or **hospitalisation** 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** or **hospitalisation** 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** or **hospitalisation** cover will not start until **you** have returned to **work**. 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 receipt of or apply for a **Carers Allowance** within the first 90 days of the **start date**.
6. **You** should refer to the 'Cancelling This Insurance Or Repaying Your Loan Early' section to understand how **your** premium will be refunded if **you** cancel this insurance or choose to repay **your** loan early.

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, carer** 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
- are working less than 16 hours per week.

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

- are aged 65 or over but under 70 and
- live in the **UK** and
- are not working or are retired from **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**. 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** for **your** future reference.

### CHANGES DURING YOUR LOAN AGREEMENT 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 **your** **loan agreement**, 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 this 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 **you** will be entitled to receive a partial refund of premium. However, this will not be a proportionate amount of the premium **you** originally paid. Please see the 'Cancelling This Insurance or Repaying Your Loan Early' 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** on **08457 212 212**.

#### 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 be eligible for **hospitalisation** and life cover and **you** 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"><li>• your outstanding loan balance; or</li><li>• £50,000</li></ul>
Accident or Sickness	30 days	Until your original loan agreement expiry date is reached	The lower of <ul style="list-style-type: none"><li>• your monthly loan repayment; or</li><li>• £2,000 per month</li></ul>
Unemployment (1) (including Carer (2))	30 days	12 monthly benefit payments	The lower of <ul style="list-style-type: none"><li>• your monthly loan repayment; or</li><li>• £2,000 per month</li></ul>
Hospitalisation (3)	7 days	12 monthly benefit payments	The lower of <ul style="list-style-type: none"><li>• your monthly loan repayment; or</li><li>• £2,000 per month</li></ul>

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.

## LIFE COVER

### What Is Covered

If you die, we will pay the **outstanding loan balance** for all **your loan agreements** insured by us at the date of **your** death up to a total of £50,000.

## ACCIDENT OR SICKNESS COVER

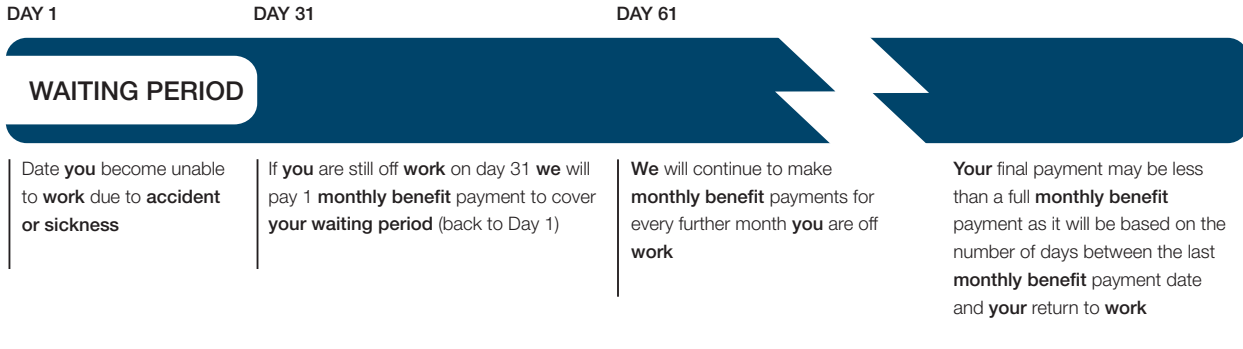
You must be under 65 and working at the time of **your** claim.

### 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**. **We** will then pay **you** **monthly benefit** at calendar monthly intervals for each 30 day period that **you** are unable to **work**.

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**

### EXAMPLE OF HOW A CLAIM IS CALCULATED



**you** do not have to wait before benefits can be paid.

### 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 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 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 months 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**.

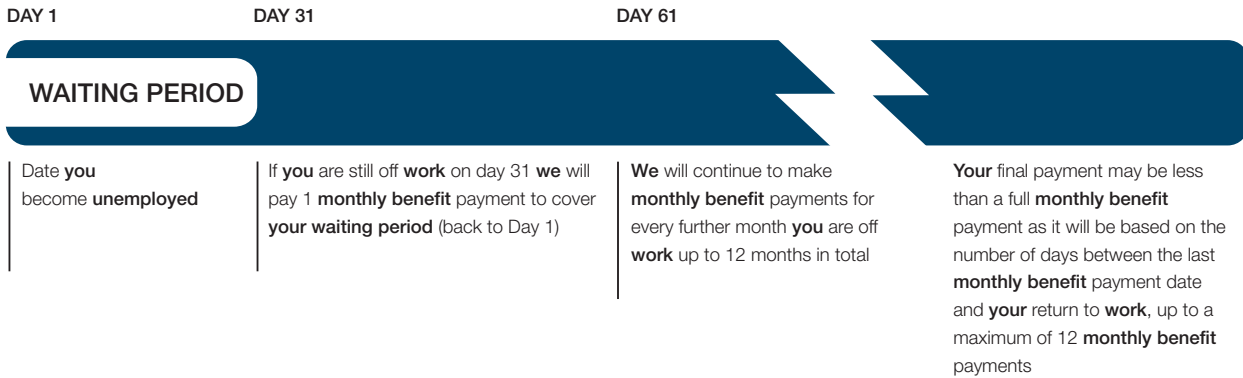
## UNEMPLOYMENT COVER

**You** must be under 65 and **work** 16 hours or more per week and have done so for at least the last 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**. **We** will then pay you **monthly benefit** at calendar monthly intervals for each 30 day period that **you** are **unemployed** up to a maximum of 12 full **monthly benefit** payments in total.

### 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** 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.)

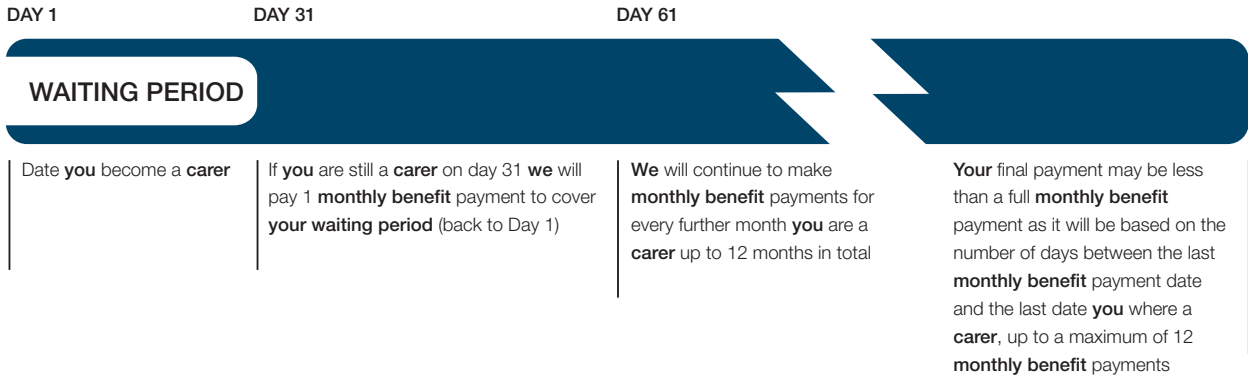
## CARER COVER

You must be under 65 and **work** 16 hours or more per week and have done so for at least the last 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**. **We** will then pay **you** **monthly benefit** at calendar monthly intervals for each 30 day period **you** are a **carer** up to a maximum of 12 full **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 months before **you** can make another **carer** 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 a **Carer's Allowance**, or are notified of receipt of a **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**.

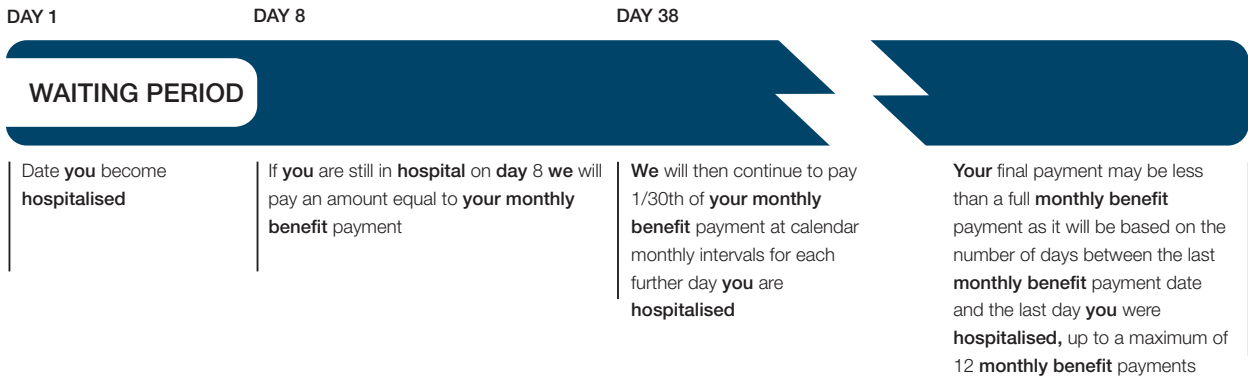
## HOSPITALISATION COVER

You must be aged over 65 but under 70 and not working or retired from **work** and do not intend 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**. **We** will then continue to pay 1/30th of the **monthly benefit** at calendar monthly intervals for each further day **you** are **hospitalised** up to a maximum of 12 full **monthly benefit** payments in total.

### EXAMPLE OF HOW A CLAIM IS CALCULATED



- 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 during that period.

### 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 **hospitalisation** cover. This exclusion will not apply once **you** have been insured under the **hospitalisation** cover for 24 months as long as **you** are in **work** at the start of the 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 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 months 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.)

### 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, carer or hospitalisation claims

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

- **your loan agreement** number
- **your** Loan Payment Protection Insurance certificate number GC371/15
- **your** postcode
- **your** bank account details

##### Step 2 - Call 0870 900 5596 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 **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 **you** will need to 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 a **Carer's Allowance**.

**Our** claims office address is London and Edinburgh Insurance Limited, 1 New Augustus Street, Bradford BD1 5YP.

- 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 a **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:
  - 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** or **hospitalisation** claim **you** must agree to any medical examination which **we** arrange and pay for.

## PAYING CLAIMS

We will make claim payments to the **bank** 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 an **unemployment** to an **accident or sickness**, **hospitalisation** or a **carer** claim or a combination of all 4 – there is no additional **waiting period**. **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 are no longer **hospitalised** or **you** are no longer a **carer**
- **We** have paid 12 full **monthly benefit** payments for any 1 continuous period of **unemployment** or **hospitalisation** or period for which **you** are a **carer** or a combination of all
- **Your outstanding loan balance** is repaid
- For **unemployment**, **accident or sickness** or **carer** benefits **you** reach age 65
- For **hospitalisation** benefits **you** reach age 70

## RESCHEDULED LOANS

If **you** replace **your** existing **loan agreement** with a new **loan agreement** and **your** monthly repayment or loan duration increases **we** will reapply the following exclusions to the increased monthly repayment. However, cover will not apply to any increase made to the duration of **your** original **loan agreement**.

- **Accident or sickness** due to or arising from any **pre-existing medical condition**. This exclusion will not apply once the increase in cover has been insured for 24 months.
- **Unemployment** which **we** reasonably believe **you** knew was likely to happen, whether **you** had official notice or not, on the date **you** rescheduled **your loan agreement** and increased **your** monthly repayment, or which **you** are notified of or which happens within the first 90 days of the date of increase.
- **Carer** claims if on the date **you** rescheduled **your loan agreement** and increased **your** monthly repayment **we** reasonably believe **you** were aware of the need, or likely need at any time in the future, for the member of **your immediate family** to require a **carer**.
- If within the first 90 days of the date **you** rescheduled **your loan agreement** and increased **your** monthly repayment **you** apply for a **Carer's Allowance**, or are notified of receipt of a **Carer's Allowance**, **we** will not consider a **carer** claim for the increase in **your** monthly repayment 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 date **you** increased **your** monthly repayment.

## WHEN DOES YOUR POLICY END

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

- The loan repayments for **your loan agreement** end
- The original date agreed by the **bank** for **your loan agreement** to be repaid is reached
- **Your loan agreement** is transferred to a third party
- For **unemployment, accident or sickness** or **carer** insurance **you** reach age 65
- For life or **hospitalisation** insurance **you** reach age 70
- **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** cancel at any time following the end of **your** statutory cooling off period by giving **us** 30 days' written notice. However, **we** will continue to pay **monthly benefit** that is due to be paid for **accident or sickness, unemployment, hospitalisation or carer** cover for any claim that happened prior to the end date.

## CANCELLING THIS INSURANCE OR REPAYING YOUR LOAN EARLY

The premium for this **policy** is calculated for the term of **your loan agreement** and is added to the money **you** borrow under this **loan agreement**. Interest is charged on the premium amount for the term of **your loan agreement**.

**You** have the right to cancel **your policy** at any time by giving written notice to the address below.

- If **you** cancel **your policy** during the statutory cooling off period **you** will be entitled to a full refund of the premium paid. Please see the 'Changing Your Mind – Your Cancellation Rights' section.
- If **you** cancel **your policy** (or repay **your** loan before the scheduled end date) after the statutory cooling off period **you** may be entitled to a partial refund of **your** original premium. This refund is not calculated on a proportionate basis.

The table below shows examples of the approximate proportions of the original premium that **you** can expect to receive as a refund.

Your Original Loan Term (Years)	% Refunded If You Cancel After...			
	1 Year	2 Years	3 Years	4 Years
2	26%			
3	45%	12%		
4	57%	26%	7%	
5	64%	36%	16%	4%

For example, if **your** original loan is for 4 years and **you** cancel after 2 years, **you** will receive approximately 26% of **your** premium as a refund.

To cancel this **policy** **you** should write to The Co-operative Bank plc, PO Box 200, Skelmersdale, WN8 6YR or call the Customer Service number on **08457 212 212**.

## 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 Services Manager,**  
**London and Edinburgh,**  
**1 New Augustus Street,**  
**Bradford**  
**BD1 5YP**  
**Or telephone 0870 900 5596**

If **you** remain unhappy with the decision **you** receive regarding a claim, **you** may write to the Chief Executive, London and Edinburgh Insurance Company Limited, 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 Norwich Union Life & Pensions Limited and trade as Norwich Union.

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

Norwich Union Life & Pensions 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 Banks' regulatory status can be confirmed on the FSA register by visiting the FSA website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

### 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

Norwich Union'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.

**You** would be covered for all of the first £2,000 of any claim and 90% of the remainder, without any upper limit.

Further information about the scheme is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk) or write to Financial Services Compensation Scheme, 7th Floor Lloyds Chambers, Portsoken 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, Norwich Union Life & Pensions 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, 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.

### Bank

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.

### 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 resident 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 24-hour a day nursing service by registered nurses.

### Hospitalisation/hospitalised

Means being confined to a **hospital** upon the recommendation of a **doctor** because of an **accident or sickness** after the **start date**.

### Immediate Family

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

### Loan Agreement

**Your** unsecured personal loan agreement with the **bank**. At least 12 months and no more than 84 monthly repayments must be due under the loan agreement.

### 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 the monthly repayment **you** must pay to the **bank** each month under **your loan agreement**, up to a maximum of £2,000 per month.

### Outstanding Loan Balance

The amount **you** owe to the **bank** on all **your** insured **loan agreements**, less any discount for early settlement. The outstanding loan balance does not include any monthly repayment arrears or any associated interest and costs.

### Policy

This document sets out the benefits, terms, conditions and exclusions of **your** Loan Payment Protection Plan Insurance, which will commence from the **start date** and continue for the duration of

**your loan agreement**. It should be read in conjunction with **your loan agreement**.

### 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 when **your** insurance starts. For life cover this is the date **you** sign **your loan agreement**. For **accident or sickness, unemployment, hospitalisation** and **carer** cover, the date the loan funds are debited to **your** loan account. However, if **you** are off **work** due to **accident or sickness** for more than 30 days when **you** applied for **your loan agreement, your accident or sickness** cover will not begin until **you** have returned to **work** for 30 consecutive days.

### 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 claim in respect of **accident or sickness, unemployment** and **carer** cover and the first 7 days for **hospitalisation** cover.

### We/Us/Our

For all **unemployment, carer, hospitalisation** and **accident or sickness** insurance benefits (if the term of **your loan agreement** is less than 60 months) London and Edinburgh Insurance Company Limited. For life insurance, **hospitalisation** and **accident or sickness** benefits (if the term of **your loan agreement** is 60 months or more) Norwich Union Life & Pensions 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/Your/Yours

The person who is the first-named on the **loan agreement**, is eligible, has applied and been accepted by **us** for insurance and who has paid or agreed to pay the premiums.

Underwritten by London and Edinburgh Insurance Company Limited trading as Norwich Union  
Registered in England No: 924430  
Registered Office: 8 Surrey Street, Norwich NR1 3NG

and

Norwich Union Life & Pensions Limited  
Registered in England No: 3253947  
Registered Office: 2 Rougier Street, York YO90 1UU

Both companies are members of the Aviva group and are authorised and regulated by the Financial Services Authority