

The co-operative bank

Credit Card Payment Protection Insurance for customers

IMPORTANT INFORMATION

You are aged 18 years or over but under 65.
You are the principal card holder of the Credit Card account.
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 credit card payments 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 credit card 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 Credit Card 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 credit card 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 credit card balance would be repaid. The Co-operative Bank has not taken into account details of any other policies you hold, which could cover part of this new Credit Card commitment.

IMPORTANT PRODUCT INFORMATION

Exclusions 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 not been in paid employment for 16 hours or more per week.

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 agreement the level of cover may change

Statement of price

The cost of the Payment Protection Insurance is 76p per £100 of the outstanding balance on your credit card per month. The premium will include Insurance Premium Tax (IPT) at the appropriate rate levied on the part of the premium that pays for accident, sickness and unemployment 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** optional Credit Card 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 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 0845 600 6000. 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 9.00am to 5.00pm 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 statutory 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** wish to do so, **you** will be entitled to a full refund of the premium paid. If **you** have made a claim and then cancel within the period above, **we** may seek to recover any monies paid to **you** in settlement of the claim.

To exercise **your** right to cancel, please contact The Co-operative Bank plc at PO Box 200, Skelmersdale, WN8 6YR or call the Customer Service number on 0845 600 6000.

If **you** do not exercise **your** right to cancel **your policy**, 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 refer to 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 at PO Box 200, Skelmersdale, WN8 6YR or call the Customer Service number on 0845 600 6000.

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 the first named holder of a credit card **account**.

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 '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** 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 following the **start date**, whether **you** were aware of it or not at the **start date**.

If **you** have any questions **you** should call
The Co-operative Bank Customer Service number
0845 600 6000

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 Co-operative 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 Co-operative 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 this with The Co-operative 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** reaching 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 Co-operative Bank on 0845 600 6000.

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 one 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 one 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 cover and may need to re-consider 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 outstanding loan balance; or • £30,000 |
| Accident or Sickness | 14 days | 24 monthly benefit payments | The lower of <ul style="list-style-type: none"> • 5% of your outstanding balance; or • £1,500 per month |
| Unemployment (1) | 14 days | 18 monthly benefit payments | The lower of <ul style="list-style-type: none"> • 5% of your outstanding balance; or • £1,500 per month |
| Carer (2) | 14 days | 18 monthly benefit payments | The lower of <ul style="list-style-type: none"> • 5% of your outstanding balance; or • £1,500 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, unless the condition giving rise to the claim was unforeseen.

LIFE COVER

What Is Covered

If you die, **we** will pay the **outstanding balance** at the date of **your** death, up to a total of £30,000 for all your Credit Card **accounts** insured by us.

What Is Not Covered (in addition to General Exclusions)

We will not pay any claim due to or arising from **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.)

ACCIDENT OR SICKNESS COVER

What Is Covered

If an **accident or sickness** prevents **you** from working for more than 14 days in a row, **we** will pay 1/30th of **your monthly benefit** for each day **you** are unable to **work**, backdated to the first day **you** were unable to **work**. **We** will then continue to pay 1/30th of the **monthly benefit**, at monthly intervals in arrears, for each further day **you** are unable to **work** for up to 24 months in total.

EXAMPLE OF HOW A CLAIM IS CALCULATED

DAY 1

DAY 15

DAY 45

WAITING PERIOD

Date **you** become unable to **work** due to **accident or sickness**

If **you** are still off **work** on day 15 **we** will pay 1/30th of **your monthly benefit** payment for each day **you** have been off **work** to cover **your waiting period** (back to Day 1)

We will continue to make **monthly benefit** payments in arrears for every further 30 days **you** are off **work**

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 **your** return to **work** up to a maximum of 24 **monthly benefit** payments

- If **you** return to **work** after claiming for **accident or sickness** and then are unable to **work** within three months because of the same **accident or sickness** **you** do not have to wait before benefits can be paid. **We** will combine these two periods into one claim when calculating **your** benefit period subject to a maximum benefit of 24 months per claim.
- Once **we** have paid the maximum number of 24 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.
- **We** will not pay benefits for debts incurred after the start of **your accident or sickness** claim. If goods are purchased or money is withdrawn before this date but not debited to **your account** until after this date, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

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**.

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

UNEMPLOYMENT COVER

What Is Covered

If **you** are **unemployed** for more than 14 days in a row, **we** will pay 1/30th of **your monthly benefit** for each day **you** are **unemployed**, backdated to the first day of **your unemployment**. **We** will then continue to pay 1/30th of the **monthly benefit**, at monthly intervals in arrears, for each further day **you** are **unemployed** for up to 18 months in total.

EXAMPLE OF HOW A CLAIM IS CALCULATED



- If, after claiming for **unemployment**, **you** are made **unemployed** again within three months of returning to **work**, **you** will not have to wait before benefits can be paid. **We** will combine these two periods of **unemployment** into one claim when calculating **your** benefit period subject to a maximum benefit of 18 months per claim.
- Once **we** have paid the maximum number of 18 payments, **you** need to return to **work** for at least 6 consecutive months before **you** can make another **unemployment** claim.
- **We** will not pay benefits for debts incurred after the date **we** reasonably believe **you** knew **you** were likely to become **unemployed**, whether **you** had official notice or not. If goods are purchased or money is withdrawn before this date but not debited to **your account** until after this date, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

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

What Is Covered

If **you** voluntarily leave **your work** to become a **carer**, for more than 14 days in a row, **we** will pay 1/30th of your **monthly benefit** for each day **you** are a **carer**, backdated to the first day **you** became a **carer**. **We** will then continue to pay 1/30th of the **monthly benefit**, at monthly intervals in arrears, for each further day **you** are a **carer** for up to 18 months in total.

EXAMPLE OF HOW A CLAIM IS CALCULATED



- If **you** claim for a second period of being a **carer** within three months of returning to **work**, **you** will not have to wait before benefits can be paid. **We** will combine these two periods into one claim when calculating **your** benefit period subject to a maximum benefit of 18 months per claim.
- Once **you** have received the maximum number of 18 payments, **you** need to return to **work** for at least 6 months before **you** can make another **carer** claim.
- **We** will not pay benefits for debts incurred after the date **we** reasonably believe **you** were aware of the need for **you** to be a **carer** for a member of **your immediate family**. If goods are purchased or money is withdrawn before this date but not debited to **your account** until after this date, **we** will pay benefit provided that **you** can supply satisfactory proof of the date of the transaction.

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**.

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** Credit Card Payment Protection Insurance policy number (GC 472)
- **your** postcode

Step 2 - Call 0800 559 3423 between 9.00am to 5.00pm 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 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,
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.

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 three – there is no additional **waiting period**. However, **we** will not pay more than **24 monthly benefit** payments for any one continuous period of **accident or sickness** or **18 monthly benefit** payments for any one continuous period of **unemployment** including a **carer** claim.

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**.
- **We** have paid 18 full **monthly benefits** for any one continuous period of **unemployment** or a period for which **you** are a **carer**, or 24 full **monthly benefits** any one continuous period of **accident or sickness**.
- **Your outstanding balance** is repaid.
- **You** reach age 65.

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 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.

If **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
- **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** 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 Co-operative Bank on

0845 600 6000 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

Claims Operations Manager
London and Edinburgh,
1 New Augustus Street,
Bradford,
BD1 5YP

If **you** remain unhappy with the decision **you** receive, **you** may write to

Chief Executive UK Insurance,
Aviva,
PO Box 6,
Surrey Street,
Norwich, NR1 3NS.

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

Full contact details of both **our** Chief Executive UK Insurance 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.

London and Edinburgh 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 Banks' 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, Portsoken Street, London, E1 8BN.

Data Protection Act – Information Users

For the purposes of the Data Protection Act 1998, the (joint) Data Controller(s) in relation to any personal data **you** supply are London and Edinburgh Insurance Company, Aviva Life & Pensions UK Limited and The Co-operative Bank plc.

Insurance Administration

Information **you** supply may be used for the purposes of insurance administration by **us**, **our** associated companies and agents and The Co-operative 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 Credit Card account with The Co-operative Bank.

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.

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 5% of **your outstanding balance**, up to a maximum of £1,500 per month.

Outstanding Loan Balance

The amount **you** owe on **your account**, as shown in the records of The Co-operative Bank, (excluding any arrears from missed payments or any associated interest and costs), and any transactions made up to the:

- date of **your** death,
- start of **your accident or sickness** claim,
- date on which **we** reasonably believe **you** knew **you** were likely to become **unemployed**, whether **you** had official notice or not,
- 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**.

Policy

This document sets out the benefits, terms, conditions and exclusions of **your** Visa Credit Card 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 **you** open **your account**. If **you** apply for insurance at any other time, **your** insurance starts on the date **your** first monthly premium is debited from **your account**.

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 14 days of any claim.

We/Us/Our

For all **unemployment**, **carer** and **accident or sickness** 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/Your/Yours

The person who is eligible, is the first named holder of a credit card **account** has applied and been accepted by **us** for insurance and who has paid or agreed to pay the premiums and issued with this **policy** by The Co-operative Bank.

Underwritten by London and Edinburgh Insurance Company Limited (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
Underwritten by Aviva Life & Pensions UK Limited
Registered in England No:3253947
Registered Office: 2 Rougier Street, York, YO90 1UU
Authorised and regulated by the Financial Services Authority