

# Personal Accident Plan

Policy document

This insurance is arranged by Sovereign Health and Insurance Services Limited.  
A wholly owned subsidiary of Sovereign Health Care.

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# Personal Accident Plan

## Section 1 - Introduction

This policy document sets out the terms of the Sovereign Personal Accident Plan; please read it carefully. It tells **you** what is covered and what is not covered, what to do when making a claim and who to call if help is needed.

A **schedule** is issued to the **policyholder** as evidence of their inclusion (and that of their **partner** and **children** if selected) under this policy.

This policy is arranged on **your** behalf by **Sovereign Health and Insurance Services Limited**. This policy is underwritten by American International Group UK Limited.

American International Group UK Limited is registered in England under number 10737370. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. American International Group UK Limited is a member of the Association of British Insurers.

American International Group UK Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA (FRN 781109). This can be checked by visiting the Financial Services Register (<https://register.fca.org.uk/>) on the FCA's website.

**Sovereign Health and Insurance Services Limited** is a wholly owned subsidiary of Sovereign Health Care. It is registered in England under number 7401863. Registered office: Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN. **Sovereign Health and Insurance Services Limited** is authorised and regulated by the FCA.

Sovereign Health Care is a company limited by guarantee. It is registered in England under no 85588. It is authorised by the PRA and regulated by the FCA and the PRA.

This policy document, together with the **schedule**, is evidence of the contract between **you**, the **policyholder** and **us**, American International Group UK Limited. **We** will only provide cover for those people who are insured by the type of plan shown on the **schedule**, as long as the appropriate **premium** has been paid and **we** have accepted it.

Please familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and what is not covered. **Your** policy should be read in conjunction with **your schedule** and reviewed periodically to ensure it continues to meet the needs of the persons covered under this insurance.

## Section 2 - Scope of insurance

If you suffer **bodily injury** after the **start date of cover** which, within two years solely and independently of any other cause, results in death, **permanent disability**, specified **full-thickness burns**, specified **fractures**, **hospitalisation** or **convalescence**, we will pay the **total sum insured to you** (as long as you are not a **child**) or **your** legal representative if you die.

In the case of a **child**, we will pay the **total sum insured**:

- to the **policyholder** as long as they are a **parent** of the **child**, otherwise we will pay the **child's** legal guardian: or
- the **child's** legal representative if the **child** dies.

## Section 3 - Policy definitions

We use certain words and expressions in this policy which have a specific meaning and sometimes the meaning is unique to this policy. These words and their meaning in this policy are shown below and each time one of them is used in the policy, **table of benefits**, or **schedule**, the word or expression is shown in bold type. Plural forms of the words defined have the same meaning as the singular form.

### Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place whilst the policy is in force.

### Bodily injury

An identifiable physical injury to **your body** which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease or from a **gradually operating cause**.

We will treat death, **permanent disability**, specified **full-thickness burns**, specified **fractures**, **hospitalisation** or **convalescence** caused as a direct result of being exposed to severe weather conditions as bodily injury.

### Body

The head, trunk, **upper limbs** and **lower limbs**.

### Child

A child (including legally adopted and stepchildren) aged under 18 (or under 23 if in full-time education).

### Convalescence

A period of recuperation on the orders of a **doctor** after being in **hospital** for at least seven nights in a row. We start paying this benefit after you leave **hospital**, and stop paying it once you return to work or are able to perform the majority of the duties or activities which you performed or did before suffering **bodily injury**.

## Customer service centre

Personal Accident Customer Service Centre, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.  
Telephone: 0800 783 2842.

## Doctor

A registered medical practitioner, who is not **you** or related to **you**, or works for or with **you**, who is currently registered with the General Medical Council (GMC) in the **United Kingdom** (or foreign equivalent) to practise medicine.

## Family plan

Insures the **policyholder**, the **policyholder's partner**, and all their **children**.

## Foot

The parts of the foot below the ankle, including the toes.

## Fracture

A break in the bone.

## Full-thickness burns

Burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), and which require surgery or a skin grafting to treat.

## Gradually operating cause

A cause that is the result of a series of events which occur or develop over time that cannot be attributable to a single **accident**.

## Hand

The parts of the hand below the wrist, including the fingers and thumb.

## Hospital

An institution which has accommodation for **inpatients** and facilities for diagnosis, surgery and treatment. It does not include, for example, a long-term nursing home including palliative care, a rehabilitation centre, a retirement home, an extended-care facility or a convalescence home.

## Hospitalisation

Admission to a **hospital** as an **inpatient overnight**.

## Individual plan

Insures the **policyholder** only. However, if the **policyholder** is a **single parent**, cover extends to include the **policyholder's child** or **children**.

## Inpatient

An **insured person** who has gone through the full admission procedure into **hospital** and for whom a clinical case record has been opened and whose admission into **hospital** is necessary for the medical care and treatment of a **bodily injury**.

## **Insured person**

The **policyholder** and a person insured, either under the **individual plan** or **family plan** as shown on the **schedule**.

## **Loss**

Permanent, total and irrecoverable loss of use, or the permanent and total loss by physical severance, resulting in separation.

## **Loss of hearing**

Permanent, total and irrecoverable loss of hearing resulting in **you** being classified as **profoundly deaf**.

## **Loss of sight**

Permanent, total and irrecoverable loss of sight in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what **you** should see at 60 feet).

## **Lower limb**

The thigh, knee, leg below the knee and **foot**.

## **Medical consultant**

A **doctor** or **medical specialist** who is not **you**, or related to **you**, or works for or with **you**, who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

## **Medical specialist**

A person who is not **you**, or related to **you**, or works for or with **you**, who currently holds a recognised qualification and all required accreditation to practise in a specific medical field in the **United Kingdom**, including, but not limited to, audiology or optometry, from a recognised body registered in the **United Kingdom** (or foreign equivalent).

## **Overnight**

An **inpatient** admission into **hospital** before 7am and a release no earlier than 8am the following morning.

## **Paraplegia**

The permanent and total paralysis of both **lower limbs**, bladder and rectum.

## **Partner**

A person aged 16 or over and under 70 at the **start date of cover** who is the **policyholder's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend and who permanently lives at the same address as the **policyholder** and is named on the **schedule**.

## **Permanent disability**

A disability which is permanent, total and irrecoverable, as specifically listed in **section B** in the **table of benefits**.

## Permanent total disablement

For an **insured person** who is in employment for which they receive regular income, the inability of the **insured person** to continue in any occupation for which they are fitted by way of training, education or experience which in all probability will continue for the rest of their life. For an **insured person** who is not in employment for which they receive regular income, the inability to work in any gainful employment and which in all probability will continue for the rest of their life.

## Plan administrator

The company (including associated and subsidiary companies) or organisation shown on the **schedule**.

## Policyholder

A person aged 18 or over and under 70 who is named on the **schedule**.

## Premium

The weekly or monthly premium as shown on the **schedule**.

## Premium due date

If the **premium** is taken from the **policyholder's** pay or pension, it is due every week, every four weeks or every month depending on how often the **policyholder** is paid. If the **premium** is paid by Direct Debit, it is due on the 10th day of each calendar month.

## Profoundly deaf

The inability to hear sounds when tested by a qualified audiologist quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.

## Quadriplegia

The permanent and total paralysis of both **upper limbs** and both **lower limbs**.

## Schedule

The document that includes name of the **policyholder** (**partner**, if applicable), **start date of cover**, plan type, number of units purchased and **premium** payable, and which forms part of this policy.

## Section

A section shown in the **table of benefits** in this policy.

## Single parent

A **policyholder**, who has a **child** or **children**, and is unmarried or separated or divorced or permanently living apart from their partner.

## Sovereign Health and Insurance Services Limited

Sovereign Health and Insurance Services Limited, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

## Start date of cover

The date **you** start to be insured by this policy. This is the start date of the insurance period shown on **your schedule**.

## **Table of benefits**

The part of the document that describes how much **we** will pay for the type of **bodily injury** suffered by an **insured person**.

## **Total sum insured**

The number of units shown on the **schedule** multiplied by the sum insured for each unit for the appropriate item in the **table of benefits**. However, the most **we** will pay under:

**Section A** item 1 is £500,000;

**Section A** item 2 is £250,000;

**Section B** items 1 to 12 is £25,000;

**Section C** item 1 is £25,000; and

**Section C** item 2 is £7,500.

## **United Kingdom**

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

## **Upper limb**

The arm below the shoulder, the elbow, forearm and **hand**.

## **War**

Military action, either between nations or resulting from civil war or revolution.

## **We, us, or our**

American International Group UK Limited.

## **You, your or yourself**

The **policyholder**, their **partner**, and **child** or **children** insured by the type of plan shown on the **schedule**.



## Section 4 - Table of benefits based on each unit of cover unless otherwise stated

### Section A - Catastrophic injuries

Item	Description	Sum insured
1	Quadriplegia	£100,000 for the first unit, and £50,000 for the second and subsequent unit(s) up to the maximum of £500,000
2	Paraplegia	£50,000 for the first unit, and £25,000 for the second and subsequent unit(s) up to the maximum of £250,000

### Section B - Permanent disabilities

Item	Description	Sum insured
1	Permanent total disablement	£25,000
2	Loss of sight in both eyes	£25,000
3	Loss of both hands or both feet	£25,000
4	Loss of sight in one eye	£12,500
5	Loss of one hand or foot	£12,500
6	Loss of hearing in:	(a) both ears £12,500 (b) one ear £6,250
7	Loss of four fingers	£6,250
8	Loss of a thumb:	(a) both joints £6,250 (b) one joint £2,750
9	Loss of a finger:	(a) two or more joints £1,250 (b) one joint £625
10	Loss of toes:	(a) all toes - one foot £6,000 (b) big toe - both joints £3,000 (c) big toe - one joint £1,000 (d) other than big toe - each toe £1,000
11	Complete fusion of the backbone (all vertebrae)	£12,500
12	Permanent disability not otherwise provided for above based on a medical assessment in line with the benefits and sums insured in section 7 - Non-specified injuries.	up to £25,000

## Section C - Accidental death

Item	Description	Sum insured
1	Policyholder or partner	£25,000
2	Child - benefit limited to £7,500 no matter how many units have been bought.	£7,500

## Section D - Burns

Item	Description	Sum insured
1	Full-thickness burns which cover: (a) 27% or more of the <b>body</b> surface (b) 18% or more, but less than 27%, of the <b>body</b> surface (c) 9% or more, but less than 18%, of the <b>body</b> surface (d) 4.5% or more, but less than 9%, of the <b>body</b> surface	£10,000 £8,000 £6,000 £3,000

## Section E - Fractures

Item	Description	Sum insured
1	Fracture or fractures to the elbow, wrist or one or more bones of the arm (humerus, radius and ulna).	£350
2	Fracture or fractures to the ankle or one or more bones of the leg (femur, patella, tibia and fibula).	£700

## Section F - Hospitalisation

Item	Description	Sum insured
1	Paid for the number of nights spent as an <b>inpatient</b> in a <b>hospital</b> , up to 52 weeks. The benefit paid for each <b>overnight</b> stay will be one-seventh of the sum insured.	£150 a week

## Section G - Convalescence

Item	Description	Sum insured
1	Policyholder or partner - paid for up to four weeks immediately after <b>hospitalisation</b> of seven nights in a row. The benefit paid for each <b>overnight</b> stay will be one-seventh of the sum insured.	£75 a week
2	Child - paid for up to four weeks immediately after <b>hospitalisation</b> of seven nights in a row. The benefit paid for each <b>overnight</b> stay will be one-seventh of the sum insured.	£40 a week

## Section 5 - What is not covered

We will not pay benefits for **bodily injury** caused by:

- a) **war**, whether declared or not;
- b) intentional self-inflicted injury, suicide or attempted suicide;
- c) flying as a pilot
- d) flying as aircrew or flight personnel;
- e) a **gradually operating cause**, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system;
- f) any **fracture** where osteoporosis had been diagnosed and made known to **you** before **you** suffered **bodily injury**; or
- g) sickness or disease not resulting from an **accident**.

## Section 6 - Benefit limitations

- a) When more than one form of **permanent disability** results from **bodily injury**, we will add together the benefits under **section B**. The most we will pay for each unit will be the sum insured under item 1 of **section B**.
- b) We will only pay either the **quadriplegia** or **paraplegia** benefit under **section A** as the result of one **accident** causing **bodily injury**.
- c) **You** can only claim under one of the **sections A, B or C** for **bodily injury** resulting from one **accident**.
- d) If **you** die within 13 weeks of **bodily injury**, as long as death was a result of **bodily injury**, we will pay the benefit under **section C** instead of the benefits under **sections A or B**.
- e) We will not pay benefits under **sections D and E** as well as those under **section C**.
- f) We will not pay benefits under **section B** items 7, 8, 9 and 10 as well as items 3 and 5 of that **section**.
- g) We will only pay the benefit under **section G** when **you** have been admitted to **hospital** as an **inpatient** for at least seven nights in a row and after **you** leave **hospital** to recuperate on the orders of a **doctor**. Payment under **section G** ceases when **you** have returned to work or when the maximum period of 4 weeks has been received.

## Section 7 - Non-specified injuries

If **you** have an **accident**, suffer **bodily injury** and the resulting disability is not specifically mentioned in the **table of benefits section B** or is not a 100% loss of an item in the **table of benefits** under **section B** items 1 to 11, but nevertheless results in a permanent, total and irrecoverable disability, dependent on the injury sustained, **you** may still be eligible to receive a payment from **us**.

In order to assess the **bodily injury** sustained, we will ask the treating **medical consultant** or **medical specialist** that treated **your** injury to review the impairment and disability and provide **us** with their assessment.

If they are unable or unwilling to do this in a timely manner or if or they are unable to provide us with justifiable evidence to support their assessment, we will appoint an independent **medical specialist** to make this assessment. This may require them to examine you and/or review your medical records and other medical reports and/or refer to medical assessment guides so that an assessment can be made. We may also ask an independent **medical specialist** to examine you and/or review your medical records and other medical reports to obtain a second opinion. We may also ask your treating **medical consultant** or **medical specialist** to review and comment on the assessment made by the independent **medical specialist** we appoint to reach a joint agreement.

Once we are in receipt of the assessment(s) we will then calculate the disablement as follows:

- a) If you suffer **bodily injury** to a part of the body that is listed in the **table of benefits section B**, items 1-11, we will calculate a percentage disablement to the permanent disability item shown in the **table of benefits** to arrive at a claim payment amount.
- b) If you suffer **bodily injury** to a part of the body that is not listed in the **table of benefits section B**, items 1-11, we will then calculate a percentage disablement of the body as a whole and apply this to the amount shown for item 12 to arrive at a claim payment amount.

Example: You sustain a head injury as a result of an assault during an attempted theft from you. This injury results in the permanent, total and irrecoverable **loss** of smell and taste. There is no benefit for **loss** of smell and taste listed in the **table of benefits** under **section B**. Your **bodily injury** is assessed by reference to medical reports and a medical assessment guide. From the review the **loss** of smell and taste is established as 5% whole person impairment. If you had purchased one unit's worth of cover, you would then receive a maximum payment of £1,250 which is calculated as 5% of £25,000 for item 12 shown in the **table of benefits** under **section B**.

## Section 8 - General policy conditions

### 1. Assignment

This policy may not be assigned or transferred unless agreed by us in writing.

### 2. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in our rejection of the claim if it is made so long after the event that we are unable to investigate it fully, or may result in you not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

### 3. Complying with the policy

To have the full protection of this policy you must comply with the conditions outlined in 'Section 12 - Claim procedure', which are conditions of the policy. Failure to comply with these conditions may determine whether we deny any claim made under this policy or the amount we pay to you in the event of a claim.

#### 4. Disappearance

If **you** disappear and, after a suitable amount of time and on the evidence provided, it is reasonable for **us** to believe that **you** have died as the result of an **accident**, then **we** will pay the accidental death benefit to **your** legal representatives or executor and their receipt will discharge **our** liability under the policy in full. If this belief is incorrect and it is subsequently found that **you** have not died as a result of an **accident**, then the amount paid must be returned to **us**.

#### 5. Disclosure of information

The **policyholder** must take reasonable care to make sure that all facts and information that they provide **us** with when they take out, renew, or request changes to the cover provided by the policy, are accurate and complete. If a **policyholder** fails to exercise reasonable care, **we** will treat the policy as if it had not existed from the **start date of cover**, renewal date or date when any changes were made to the policy (as the case may be) if they:

- a) deliberately or recklessly gave **us** inaccurate or incomplete information; or
- b) did not take reasonable care to give **us** accurate and complete information in circumstances where **we** would not have covered an **insured person** at all, had **we** known about such information. **We** will return the **premium** provided that the **policyholder** did not deliberately or recklessly provide **us** with inaccurate or incomplete information.

In all other cases, **we** may refuse to pay all or part of a claim, depending on what **we** would have done if the **policyholder** had taken reasonable care to provide **us** with accurate and complete information. If **we** would have insured an **insured person** on different terms (other than in relation to **premium**), then the policy will be treated as if it had contained such terms. In such circumstances, **we** will only pay a claim if the claim would have been covered by a policy containing such terms.

If **we** would have provided an **insured person** with cover for a higher **premium**, the amount payable on any claim will be reduced proportionally, based on the ratio that the **premium** actually charged bears to that which **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the **premium**.

If this policy covers more than one **insured person** and an **insured person** fails to comply with this condition, **we** may rely on **our** rights under this condition as against that **insured person**, as if a separate policy had been issued to them, leaving the remainder of the policy and the rights of other **insured persons** unaffected.

If a **policyholder** or an **insured person** changes address during the period of this policy the **policyholder** must notify **us** by contacting the Personal Accident Customer Service Centre on 0800 783 2842. Lines open between 9am to 5pm Monday to Friday (excluding public holidays), or email customer services at [VEBEnquiries@aig.com](mailto:VEBEnquiries@aig.com).

#### 6. Failure to comply

If **premiums** are taken from the **policyholder's** pay or pension, the insurance will not be affected if the **plan administrator** fails to send reports or pay **premiums** to **us**, please refer to subsection 10 overleaf for further information. If the **premiums** are paid to **Sovereign Health and Insurance Services Limited**, the insurance will not be affected if **Sovereign Health and Insurance Services Limited** fails to send reports or pay **premiums** to **us**, please refer to subsection 10 overleaf for further information.

## 7. Interest on amounts payable

We will not pay interest on any amount paid under this policy.

## 8. Law and jurisdiction

This policy will be governed by English law and the **plan administrator, insured persons and we** agree to submit to the exclusive jurisdiction of the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **policyholder** resides in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **policyholder** and **us** before the **start date of cover**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

## 9. Policy and premium alteration

We will notify the **policyholder** of any changes to the terms and conditions, including the **premium**, of the policy by giving the **policyholder** 30 days' notice in writing to the **policyholder's** last known address or through the **plan administrator**. We will only make a change in order to reflect a change to the **policyholder's** circumstances, in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax, or to reflect a change to **our** underwriting approach.

If the changes are acceptable to the **policyholder** then this cover will continue.

If the changes are not acceptable, the **policyholder** may cancel this policy in accordance with 'Section 10 - Cancellation'. If the **policyholder** cancels, claims made from the next **premium due date** following the date we receive notice of the cancellation will not be payable except where the event giving rise to the claim arose prior to such **premium due date**. We will return to the **policyholder** any **premium** already paid to **us** in advance for cover that is unused at the date of cancellation.

The **policyholder** is responsible for notifying **insured persons** of such cancellation or any changes to the terms and conditions.

## 10. Premium payment

If the **premium** is taken from the **policyholder's** pay or pension, the **plan administrator** will take it every week, every four weeks or every month depending on how often the **policyholder** is paid. If the **premium** is paid by Direct Debit, it will be taken from the **policyholder's** chosen bank or building society account every month and collected by **Sovereign Health and Insurance Services Limited** on **our** behalf.

It is the **policyholder's** responsibility to make sure that **premiums** are taken from their pay or pension, or paid by their chosen bank or building society on the **premium due date** and for the correct amount to make sure cover is continuous.

If the **premium** is taken from the **policyholder's** pay or pension, each **premium** buys cover in line with how often the premium is paid:

- A weekly **premium** buys cover for the 7 days following the deduction being made
- A four-weekly **premium** buys cover for the 28 days following the deduction being made
- A monthly **premium** buys cover for the calendar month the deduction is made

If the **premium** is paid by Direct Debit, each **premium** buys cover for the calendar month it is paid.

If the **premium** is not paid on the **premium due date**, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid **premium** was due. If the **premium** is paid during the 30 day period, then cover will operate as if it had been paid on the due date. No claims will be paid for any **accident** that occurs after the 30 days have passed if the **premium** remains unpaid.

### 11. Residence outside the United Kingdom

An **insured person's** cover under this policy cannot continue if they reside outside the **United Kingdom** for more than 180 consecutive days. An **insured person's** cover will be cancelled from the 181<sup>st</sup> day that they reside outside the **United Kingdom**. The **policyholder** must tell the **plan administrator**, if the **premium** is taken from the **policyholder's** pay or pension, or **Sovereign Health and Insurance Services Limited**, if the **premium** is paid by Direct Debit, as soon as this happens so there is no overpayment of **premium**.

### 12. Rights of third parties

Only the **plan administrator**, an **insured person** (or their executor or legal representative in the event of the death of an **insured person**) and **we** may enforce the terms of this policy and the provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

### 13. Sanctions

**We** shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us**, **our** parent company or **our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

## Section 9 - Start and finish of cover for an insured person

**Your** cover will begin on the **start date of cover**.

**Your** cover will end on the earliest of the following dates:

a) When:

- the payment of **premiums** stops (unless this is due to a mistake by the **plan administrator**);
- the **policyholder** stops being a pensioner or employed by, the **plan administrator**, if **premiums** are taken from the **policyholder's** pay or pension and the **policyholder** does not make arrangements with **Sovereign Health and Insurance Services Limited** to pay by Direct Debit to ensure continuous cover;
- the **policyholder** dies;
- in relation to a **partner**, the **policyholder** tells **Sovereign Health and Insurance Services Limited** to stop insuring their **partner**;
- a **partner** no longer meets the criteria of a **partner** under the terms of the policy;
- **we** write to the **policyholder** at their last known address or through the **plan administrator**, giving at least 30 days' notice in writing to cancel cover (**we** can only do this after the policy has been in force for five years from the start date of cover shown on the original **schedule**);

- an **insured person** becomes a non-resident of the **United Kingdom** (please see ‘Section 8 - General policy conditions’, item 11 - ‘Residence outside the United Kingdom’); or
- an **insured person** attains 70 years of age.

If **premiums** are taken from the **policyholder’s** pay or pension, the policyholder must also tell the plan administrator to stop taking deductions.

b) In relation to cover for a **child**:

- the **child** attains 18 years of age (or 23 years of age if in full-time education); or
- if the cover changes from a **family plan** to an **individual plan** and the **policyholder** is not a **single parent**.

## Section 10 - Cancellation

### Cancellation

The policy may be cancelled by:

- **us**, direct or through **Sovereign Health and Insurance Services Limited**, sending **you** 30 days’ notice in writing to **your** registered address; or
- **you** sending **Sovereign Health and Insurance Services Limited** 30 days’ notice in writing to Sovereign Health and Insurance Services Limited, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN; or
- if the **premium** is paid by Direct Debit, the **policyholder** contacting **Sovereign Health and Insurance Services Limited** to stop payments.

Cover will stop from the next **premium due date** following the date the **customer service centre** receives notice of the cancellation.

If this policy is cancelled and the **premium** is taken from the **policyholder’s** pay or pension, the **policyholder** must tell the **plan administrator** to stop making deductions. If the **premium** is paid by Direct Debit, the **policyholder** must tell their chosen bank or building society to stop making payments.

### Our right to cancel the policy

**We**, direct or through **Sovereign Health and Insurance Services Limited**, can cancel this policy by sending at least 30 days’ notice in writing to the **policyholder** at their last known address or through the **plan administrator**. **We** can only do this after the policy has been in force for five years from the start date of cover shown on the original **schedule**.

The **policyholder** will receive a proportionate refund of the **premium** paid from the date **we** cancel the policy except where there is an instance of fraud, and provided a claim has not been made during the policy period.

The **policyholder** is responsible for promptly telling other **insured persons** that the policy has been cancelled.

No person other than the **policyholder**, **Sovereign Health and Insurance Services Limited** and **us** has the right to cancel this policy.



## Cancellation period

The **policyholder** may cancel this policy by returning the policy and **schedule** to **Sovereign Health and Insurance Services Limited** within 15 days of the start date of cover shown on the original **schedule** or the **policyholder** receiving the policy documentation, whichever is the later. **We** (through **Sovereign Health and Insurance Services Limited**) will give the **policyholder** a full refund of any **premiums** paid, less any claim payments. Refunds will be returned to the **policyholder** within 30 days from the date **Sovereign Health and Insurance Services Limited** receive notice of cancellation from the **policyholder**.

If within this cancellation period an **insured person** makes a claim which is covered under this policy, **we** will only refund the part of the **premium** in proportion to the period of unused cover. This will be returned to the **policyholder** for them to pass on to the **insured person** if the cost of their inclusion in this insurance has been collected from the **insured person**.

## Section 11 - Fraudulent or exaggerated claims

By the **policyholder**

If the **policyholder** makes any fraudulent or exaggerated claim, **we** will refuse to pay the claim and the **policyholder** must pay back any benefits they have already received in respect of such claim. **We** may also terminate this policy from the date of the fraud or exaggeration. If **we** terminate the policy, **we** will not refund any premiums.

By the **insured person**

If an **insured person** makes a fraudulent or exaggerated claim, **we** will only refuse to pay that **insured person's** claim and **we** may only terminate the cover for that **insured person**, leaving the remainder of the policy and the rights of other **insured persons** unaffected. In such a case, **we** will not refund any premium in respect of that **insured person**.

## Section 12 - Claim procedure

**We** must be notified as soon as reasonably practicable after the **accident** of a claim, by completing a claim form and returning it to the **customer service centre**. To obtain a claim form, please contact the claims department as detailed below.

Failure to notify **us** may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

In writing: Claims Manager, Personal Accident Customer Service Centre, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: 0800 368 3254 Monday to Friday 9am to 5pm (excluding public holidays).

Email: [aigdirect.claims@aig.com](mailto:aigdirect.claims@aig.com)

We will ask for a reasonable amount of information as evidence in support of the claim at no expense to us, including information to show that the **bodily injury** is a result of an **accident**. If the information supplied is insufficient, we will identify the further information which is required. If we do not receive the information we need this will affect our liability to assess your claim and the claim could be rejected.

We may ask the **insured person** to attend one or more medical examinations. If we do, we will pay the cost of the examination(s) and for any medical reports and records. If the **insured person** fails to attend without reasonable cause, then their claim may be rejected.

The **insured person** must give us permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated them; otherwise we may not pay the claim.

If an **insured person** has an existing physical impairment or medical condition, we may also ask an independent **medical consultant**, to assess:

- a) whether their existing physical or medical condition has contributed to the **bodily injury** or expense for which they are claiming; or
- b) whether this new **bodily injury** makes their existing physical or medical condition worse.

In either case, we will ask the independent **medical consultant** to assess the difference between the **insured person's** existing physical impairment or medical condition before and after the **accident**. Any payment made by us will be based on this difference and will be expressed as a percentage of the sum insured. If the **insured person's** injury is not described in the **table of benefits** we will assess it in a certain way. Please see 'Section 7- Non-specified injuries' for further details.

If the **insured person**, (or the person claiming on their behalf if they die), does not comply with any reasonable request by us under this claims procedure, we may not pay the claim.

If the **insured person** dies, we have the right to ask for a post-mortem examination if we believe it necessary to assess the **insured person's** claim, at our expense. If this is refused, we may not pay the claim.

## Section 13 - How we use Personal Information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

"**Personal Information**" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide **Personal Information** about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their **Personal Information** with us.

**The types of Personal Information we may collect and why** - Depending on our relationship with you, **Personal Information** collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other **Personal Information** provided by you or that we obtain in connection with our relationship with you.

**Personal Information** may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

**Sharing of Personal Information** - For the above purposes **Personal Information** may be shared with **our** group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers).

**Personal Information** will be shared with other third parties (including government authorities) if required by laws or regulations. **Personal Information** (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. **We** may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. **Personal Information** may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business, **Personal Information** may be transferred to parties located in other countries (including the United States, China, Mexico, Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, **we** will take steps to ensure that your **Personal Information** is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in **our** Privacy Policy (see overleaf).

**Security of Personal Information** - Appropriate technical and physical security measures are used to keep your **Personal Information** safe and secure. When **we** provide **Personal Information** to a third party (including **our** service providers) or engage a third party to collect **Personal Information** on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

**Your rights** - You have a number of rights under data protection law in connection with **our** use of **Personal Information**. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access **Personal Information**, a right to correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer your data to another organisation, a right to object to **our** use of your **Personal Information**, a right to request that certain automated decisions **we** make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in **our** Privacy Policy (see overleaf).

**Privacy Policy** - More details about your rights and how we collect, use and disclose your **Personal Information** can be found in our full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: [dataprotectionofficer.uk@aig.com](mailto:dataprotectionofficer.uk@aig.com).

## Section 14 - Our commitment to you

What to do if you are unhappy with any aspect of your insurance.

We believe that you deserve to be treated in a courteous, fair and prompt manner. Our goal is to provide an excellent service to all of our customers. If there is an occasion when you feel let down then please contact one of the following quoting the name of the **policyholder** and the policy number (if known).

### For sales and administration complaints, please contact:

In writing: Customer Relations Manager, Sovereign Health Care, Royal Standard House,  
26 Manningham Lane, Bradford BD1 3DN.

Telephone: +44 (0) 1274 841 130

Email: [cr@sovereignhealthcare.co.uk](mailto:cr@sovereignhealthcare.co.uk)

Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays).

For full details of Sovereign Health Care's complaint procedure please visit [www.sovereignhealthcare.co.uk/regulation](http://www.sovereignhealthcare.co.uk/regulation).

### For claims related complaints please contact:

In writing: Claims Manager, Personal Accident, American International Group UK Limited,  
The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: 0800 368 3254

Email: [aigdirect.claims@aig.com](mailto:aigdirect.claims@aig.com)

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9am to 5pm (excluding public holidays).

### All other complaints: The AIG Customer Relations Team, which can be contacted as follows:

In writing: American International Group UK Limited, The AIG Building, 2-8 Altyre Road,  
Croydon CR9 2LG.

Telephone: 0800 012 1301 or +44 (0) 20 8649 6666 (if calling from overseas)

Email: [uk.customer.relations@aig.com](mailto:uk.customer.relations@aig.com)

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am to 5pm (excluding public holidays).

We take all customer complaints seriously and we have established the following complaint procedure to resolve your concerns quickly, fairly and by the appropriate department.

### **Step 1: Within three business days of receiving your complaint:**

In the first instance we would encourage you to contact the department you are unhappy with. Members of staff are empowered to support you and will aim to resolve your concerns within three business days, following receipt of your complaint. A written summary resolution communication will be provided to you if the complaint is resolved to your satisfaction.

### **Step 2: If your complaint cannot be resolved within three business days:**

We will send you an acknowledgement letter to explain your complaint has been escalated to the Customer Relations Team who will appoint a dedicated Complaint Manager to support you, keep you informed of progress and provide one of the following within 8 weeks:

- A final response letter explaining the outcome of our investigation, the reason for it and the next steps; or
- A holding letter confirming when we anticipate we will have concluded our investigation.

### **Step 3: Referring to the Financial Ombudsman Service:**

After receiving our final response or if we have been unable to conclude our investigation within 8 weeks, you may be able to refer your complaint to the Financial Ombudsman Service. We will provide full details of how to do this in our final response or holding letter.

The Financial Ombudsman Service can be contacted as follows:

In writing: The Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Telephone: 0800 023 4567 or 0300 123 9 123

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Online: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

The Financial Ombudsman Service may not be able to consider a complaint if you have not provided us with the opportunity to resolve it first or if you are:

- a business with more than 10 employees and a group annual turnover of more than €2 million; or
- a trustee of a trust with a net asset value of more than £1 million; or
- a charity with an annual income of more than £1 million.

If you wish to complain about an insurance policy purchased online you may be able to use the European Commission's Online Dispute Resolution platform, which can be found at <http://ec.europa.eu/consumers/odr/>.

Following this complaint procedure does not affect your rights to take legal action. Calls may be recorded for quality, training and monitoring purposes.

## Section 15 - Financial Services Compensation Scheme

American International Group UK Limited is covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on whether **you** are an eligible claimant, the type of insurance and the circumstances of the claim.

Further information on the scheme is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) and by calling +44 (0) 20 7741 4100 or 0800 678 1100.

## Section 16 - How to contact us

If **you** have any questions about this insurance, **you** should contact:

The Manager, Personal Accident Customer Service Centre, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: 0800 783 2842. Lines are open Monday to Friday between 9am and 5pm (excluding public holidays).

Email: [VEBEnquiries@aig.com](mailto:VEBEnquiries@aig.com)

## Section 17 - Other information

This policy is arranged on your behalf by Sovereign Health and Insurance Services Limited. This policy is underwritten by American International Group UK Limited.

American International Group UK Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA (FRN 781109). This can be checked by visiting the Financial Services Register (<https://register.fca.org.uk/>).

American International Group UK Limited is registered in England under number 10737370.

Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom.

American International Group UK Limited is a member of the Association of British Insurers.

Sovereign Health Care is a company limited by guarantee. Registered in England no 85588.

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