




Asset from Sovereign Health Care  
Personal Accident Insurance  
Policy Document

# Contents

Section 1 - Introduction .....	3
Section 2 - Scope of insurance .....	3
Section 3 - Policy definitions .....	3
Section 4 - Table of benefits .....	5
Section 5 - Other cover provided .....	6
Section 6 - What is not covered .....	6
Section 7 - Benefit limitations .....	7
Section 8 - Existing medical conditions .....	7
Section 9 - Non-specified injuries .....	7
Section 10 - Start and finish of cover for an insured person .....	8
Section 11 - General policy conditions .....	8
Section 12 - Cancellation and cooling-off period .....	9
Section 13 - Fraudulent or exaggerated claims .....	9
Section 14 - Payment of benefit .....	10
Section 15 -  How we use Personal Information .....	10
Section 16 - Claim procedure .....	10
Section 17 - Our commitment to you .....	11
Section 18 - Financial Services Compensation Scheme (FSCS) .....	12
Section 19 - Who to contact in the event of a policy query .....	12
Section 20 - Other information .....	12

## Section 1 - Introduction

This policy document sets out the terms of the Asset Personal Accident Insurance 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 **employee** as evidence of their inclusion (and that of their **partner** if selected) under this policy.

This policy is provided and administered by Sovereign Health Care and 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.

This policy document, together with the **schedule** and any endorsements forms the personal accident insurance cover which is part of the Asset product which is provided by Sovereign Health Care and applies to whichever level of cover **your** employer has selected for **you** (Level 1, 2 or 3).

This policy document, together with the **schedule** and any endorsements, collectively form part of the contract (which is part of the Asset product provided by Sovereign Health Care), between the **group policyholder** (Sovereign Health Care) and **us** (American International Group UK Limited) and **your** inclusion in the insurance policy. **We** agree to provide the insurance cover described in this policy provided the premium has been paid when due in accordance with 'Section 11 - General policy conditions' of this policy.

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.

If there are any questions about the insurance, please contact:

Sovereign Health Care, Royal Standard House,  
26 Manningham Lane, Bradford BD1 3DN.

Telephone: +44 (0) 1274 841130 (Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays).

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

**We** may record telephone calls for security and quality control purposes.

## Section 2 - Scope of insurance

If an **insured person** suffers **bodily injury** after the **cover start date** which, within 24 months solely and independently of any other cause, results in death, a **permanent disability**, **full-thickness burns**, a **fracture**, **hospitalisation**, **convalescence**, repatriation of mortal remains, or burial or cremation expenses, **we** will pay the amount specifically shown in the **table of benefits** to the **insured person** or if an **insured person** dies, to their legal representative.

## 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**, **schedule** and any endorsements attached to the **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. **We** will treat death, **permanent disability**, specified **full-thickness burns**, specified **fractures**, **hospitalisation** and **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**.

### Convalescence

A period of recuperation on the orders of a **doctor** after a period of **hospitalisation** up to a maximum of thirteen weeks.

### Cover start date

The start date of the policy shown on the **schedule**, or the date on which **you** were added to a policy, whichever is the later, as long as the premium has been paid to the **provider**.

### 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.

### Employee

A person 16 years of age or over and under 75 at the **cover start date** who is under a contract of employment or apprenticeship with the **group policyholder**.

### 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**.

### Group policyholder

The company (including associated and subsidiary companies) or organisation shown on the **schedule** that has purchased insurance for their **employees**.

### Hand

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

### Hemiplegia

The permanent and total paralysis of an **upper limb** and a **lower limb** on one side of the body.

### 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**.

### 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 person shown on the **schedule** who is also an **employee** of the **group policyholder** and for whom we have received the premium, and their **partner** if we received a premium for their **partner**.

### Loss

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

### Loss of limb

In the case of a leg or **lower limb**:

- loss by permanent physical severance at or above the ankle: or
- permanent, total and irrecoverable loss of use of a complete leg or **foot**.

In the case of an arm or **upper limb**:

- loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the **hand**), or
- permanent, total and irrecoverable loss of use of a complete arm or **hand**.

### Loss of hearing

Permanent and irrecoverable loss of hearing resulting in an **insured person** 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 an **insured person** should see at 60 feet).

### Loss of speech

Permanent, total and irrecoverable loss of the ability to speak.

### Lower limb

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

### Medical consultant

A **doctor** or **medical specialist** who is not an **insured person**, or related to an **insured person**, or works for or with an **insured person**, 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 GMC in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

### Medical specialist

A person who is not an **insured person**, or related to an **insured person**, or works for or with an **insured person**, who currently holds a recognised qualification and all required accreditation to practise in a specific 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).

### Motorcycle

A two-wheeled motor driven vehicle.

### Overnight

An **inpatient** admission into **hospital** before 7pm 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 75 at the **cover start date** who is the husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend of an **employee** of the **group policyholder** and who permanently lives at the same address as the **employee** of the **group policyholder**.

### Pathological fracture

A **fracture** in any area where pre-existing disease has caused weakening of the bone.

### Permanent disability

A disability which is permanent, total and irrecoverable, as specifically listed under Permanent Disabilities in the **table of benefits**.

### Permanent total disablement

The inability of the **insured person** to continue in any occupation for which they are fitted by way of training, education or employment 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 which in all probability will continue for the rest of their life.

### 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.

### Provider

Sovereign Health Care, Royal Standard House,  
26 Manningham Lane, Bradford BD1 3DN.

### Quadriplegia

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

### Schedule

The certificate issued by the **provider** showing the names of **insured persons** and the **cover start date** of their cover, which should be read in conjunction with this policy document.

### Section

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

### Table of benefits

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

### 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

An **insured person**.

## Section 4 - Table of benefits

The **table of benefits** below shows the benefits provided by this policy subject to the limitations set out in 'Section 7 - Benefit limitations' and the exclusions set out in 'Section 6 - What is not covered' of this policy.

Item description	Amount payable
<b>Section A - Accidental Death:</b>	£10,000
1. Accidental death	
<b>Section B - Permanent Disabilities:</b>	
2. <b>Quadriplegia</b>	£20,000
3. <b>Paraplegia</b>	£10,000
4. <b>Hemiplegia</b>	£10,000
5. <b>Permanent total disablement</b>	£10,000
6. a) <b>Loss of limb</b> (two or more)	£10,000
b) <b>Loss of limb</b> (one)	£5,000
7. a) <b>Loss of sight</b> in both eyes	£10,000
b) <b>Loss of sight</b> in one eye	£5,000
8. a) <b>Loss of hearing</b> in both ears	£10,000
b) <b>Loss of hearing</b> in one ear	£5,000
9. <b>Loss of speech</b>	£10,000
10. <b>Loss of use of an entire shoulder, elbow, hip, knee, wrist or ankle</b>	£5,000
11. <b>Loss of use of the entire spine (vertebral column) with no injury to the spinal cord</b>	£3,500
12. <b>Loss of:</b>	
a) one entire thumb (both joints)	£2,500
b) one entire thumb (one joint)	£1,250
d) four fingers on one <b>hand</b>	£2,500
d) any other entire finger (three joints)	£625
e) any other entire finger (two joints)	£500
f) any other entire finger (one joint)	£250
g) all toes on one <b>foot</b>	£1,875

Item description	Amount payable
h) big toe (both joints)	£625
i) big toe (one joint)	£250
j) any other entire toe	£250
13. <b>Permanent disability</b> not otherwise provided for under benefits 5 -12 overleaf and above (see 'Section 9 - Non-specified injuries'):	up to a maximum of £10,000
<b>Section C - Other Injuries:</b>	
14. <b>Full-thickness burns</b> which cover:	
a) over 27% of the body's surface	£5,000
b) over 18% up to 27% of the body's surface	£4,000
c) over 9% up to 18% of the body's surface	£3,000
d) over 4.5% up to 9% of the body's surface	£1,500
e) up to 4.5% of the body's surface	£500
15. <b>Fracture (or fractures):</b>	
a) to the skull (excluding nose and teeth), breast bone, ankle or one or more bones of the leg (femur, patella, tibia and fibula):	£150
b) to the collar bone, elbow, wrist or one or more bones of the arm (humerus, radius and ulna):	£75
<b>Section D - Other Benefits</b>	
16. If an <b>accident</b> occurs outside of the <b>United Kingdom</b> and it causes death of an <b>insured person</b> :	
a) Repatriation of mortal remains:	up to a maximum of £10,000
b) Burial or cremation expenses abroad:	up to a maximum of £1,000
<b>Section E - Hospitalisation</b>	
17. <b>Hospitalisation</b> benefit as an <b>inpatient</b> following an <b>accident</b> (payable for a maximum of 365 days)	£53 per week
<b>Section F - Convalescence</b>	
18. <b>Convalescence</b> benefit following an <b>accident</b> . As required by a <b>doctor</b> (payable for a maximum of 13 weeks following a minimum of one <b>overnight</b> stay)	£25 per week

## Section 5 - Other cover provided

### 1. Disappearance

If **you** disappear and, after a suitable amount of time 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 representative 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**.

### 2. Residency outside the United Kingdom

If **you** reside outside the **United Kingdom**, cover will continue provided that the **employee** remains employed by the **group** policyholder.

- c) if **you** take a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor**;
- d) if **you** take a drug or drugs for the treatment of drug addiction;
- e) if **your** **bodily injury** is sustained whilst **you** are directly involved in an unlawful act;
- f) if **you** deliberately or recklessly expose **yourself** to danger;
- g) caused by a gradually operating cause, fibromyalgia (a syndrome characterised by chronic pain in the muscles and soft tissues surrounding joints, fatigue and tenderness at specific sites in the body), myalgic encephalomyelitis (muscle pains and inflammation of the brain and spinal cord), chronic fatigue syndrome, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system;
- h) if the **accident** occurs whilst **you** are driving, or in charge of, a vehicle and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs;
- i) if **your** injuries are intentionally self-inflicted;
- j) if **your** **bodily injury** is contributed to by **you** participating in or practising or training for a sport as a professional or semi-professional;

## Section 6 - What is not covered

### 1. We will not pay any benefit for **bodily injury**:

- a) caused by **war**, whether declared or not;
- b) if **bodily injury** is sustained while **you** are flying, unless **you** are flying as a fare-paying passenger;

- k) for any **fracture** where osteoporosis or a **pathological fracture** had been diagnosed and made known to **you** before the **cover start date**;
  - l) if **your injury** is a result of **you** driving a mechanically propelled vehicle in any kind of race;
  - m) which occurs after the first premium due date following **your 75th birthday**.
2. **We will not pay any benefit for your death** if it is caused by **your suicide**.

## Section 7 - Benefit limitations

1. If death results from a **bodily injury** and this occurs within 13 weeks of the date of an **accident**, **we** will pay the accidental death benefit only.
2. Under the **table of benefits**:
  - a) **We** will pay only one of items 1-5, 6a) or 7a) to an **insured person** in respect of any one **accident** and the cover under this policy will stop in respect of that **insured person** from the date of payment of such item by **us**.
  - b) **We** will pay more than one of the items 6b), 7b), and 8 to 13 inclusive for any one **accident** where the relevant injuries are sustained, but this is subject to a maximum payment in all of £20,000 in respect of one **accident**. If **we** pay this maximum payment, cover under this policy will stop in respect of that **insured person** from the date of payment of such item by **us**.
  - c) For items 17 and 18 if your period of **hospitalisation** or **convalescence** is less than one week, **we** will pay one-seventh of the weekly benefit shown in the **table of benefits** for each **overnight** stay of **convalescence** or **hospitalisation**.
  - d) **We** will not pay the benefits for items 10 or 12a) – 12j) as well as item 6a) and 6b).
  - e) **We** will not pay item 5 for **insured persons** under the age of 16 or aged 65 or over.
  - f) **We** will only pay 50% of items 15a) and 15b) for an **insured person** aged 65 or over.
  - g) **We** will only pay 50% of item 15a) for an **insured person** under the age of 18.
  - h) **We** will only pay 50% of any item if **you** have suffered the **bodily injury** whilst riding on a **motorcycle**.
  - i) If a claim is admitted under item 15 in the **table of benefits** involving the **fracture** of a bone and osteoporosis or a **pathological fracture** is either:
    - first diagnosed at the date of the **fracture**; or
    - had been diagnosed between the **cover start date** and the date of **fracture**
 no further claims under this item will be admitted in respect of the **insured person** concerned.

## Section 8 - Existing medical conditions

**We** will only pay for the **bodily injury you** suffered if it is directly as a result of the **accident**. Any existing physical impairment or medical condition **you** have before the **accident** will be taken into consideration in calculating the amount payable on the basis of the difference between **your** physical impairment or medical condition before and after the **accident**.

**We** will ask **your doctor** (if suitably qualified) or the **medical consultant** that treated **you** to make these assessments (or an

independent **medical consultant** or other suitably qualified person if they are unable or unwilling to do so). The assessment will be converted into a percentage and applied to the policy benefit payable.

Example of an existing medical condition:

**You** were partially blind in **your** left eye and then had an **accident** which left **you** totally blind in both eyes and **you** make a claim under item 7a) for **loss of sight** in both eyes. **We** will ask an independent ophthalmic specialist to assess the difference between the amount of vision **you** had before and after the **accident** and if the partial blindness contributed to the cause of the **accident**.

If the independent ophthalmic specialist assesses the pre-**accident** vision in **your** left eye at 50%, **we** will pay 50% of the benefit payable but under item 7b) for the **loss of sight** in one eye. If the vision in **your** right eye was normal before the **accident**, **we** would pay 100% of the benefit payable also under item 7b) for **loss of sight** in one eye for the **loss of sight** in that eye.

## Section 9 - 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 5 to 12, 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 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 5-12, **we** will calculate a percentage disablement to the nearest **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 5-12, **we** will then calculate a percentage disablement of the body as a whole and apply this to the amount shown for item 13 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. You would then receive a maximum payment of £500 which is calculated as 5% of £10,000 for item 13 shown in the **table of benefits** under **section B**.

## Section 10 - Start and finish of cover for an insured person

Cover for an **insured person** will begin on the **cover start date** or the date they are added to this insurance, whichever is the later. Cover for an **insured person** is subject to the **provider** receiving the premium for that **insured person**. Cover will end on the earliest of the following dates:

- a) the end of the period for which premium was paid to us;
- b) the cancellation of this policy by the **group policyholder** or us (please see 'Section 12 - Cancellation and cooling-off period' for further details);
- c) in respect of an **insured person**:
  - i) that **insured person** notifying the **group policyholder** that they no longer wish to be included;
  - ii) the expiry of the premium payment month during which that **insured person** reaches 75 years of age;
  - iii) that **insured person** dying (although the policy will extend to such death if it is within the scope of this insurance);
  - iv) the day the **insured person** who is an **employee** leaves the employment of the **group policyholder**. Cover will also end for any **partner** upon this date.

## Section 11 - 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 practicable 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 an **insured person** must comply with the conditions outlined in 'Section 16 - 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 an **insured person** in the event of a claim.

### 4. Disclosure of information

The **group policyholder** and **you** 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 the **group policyholder** or **you** fail to exercise reasonable care, **we** will treat the policy as if it had not existed from the effective date, 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 **you** at all, had **we** known about such information. **We** will return the premium provided that **you** or the **group 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 **you** or the **group policyholder** had taken reasonable care to provide **us** with accurate and complete information. If **we** would have insured **you** or the **group policyholder** 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 **you** or the **group policyholder** 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 the **group policyholder** or **you** change address during the period of this policy **you** or the **group policyholder** must notify **us** by contacting: Sovereign Health Care on +44 (0) 1274 841130. Lines are open between Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays), or by email to: [cr@sovereignhealthcare.co.uk](mailto:cr@sovereignhealthcare.co.uk).

### 5. Interest on amounts payable

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

### 6. Law and jurisdiction

This policy will be governed by English law, and the **group policyholder**, the **insured persons** and **we** agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless the relevant **insured person** resides in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, 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 **group policyholder** and **us**.

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

### 7. No direct financial benefit

The **group policyholder** will not derive any direct financial benefit from or in relation to this policy

### 8. Policy and premium alteration

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



If the changes are acceptable to the **group policyholder** then this cover will continue. The **group policyholder** is responsible for notifying **insured persons** of the changes applicable.

If the changes are not acceptable, the **group policyholder** may cancel this policy in accordance with 'Section 12 - Cancellation and cooling-off period'. If the **group 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 **group policyholder** any premium already paid to us in advance for cover that is unused at the date of cancellation. The **group policyholder** will be responsible for returning any premium to an **insured person** included in this insurance who has paid the premium.

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

#### 9. Premium payment

The premiums are to be paid monthly in arrears at an agreed date and the information requested from the **group policyholder** detailing covered **insured persons** will be supplied to the **provider** in the form and at the frequency reasonably required by us for the cover to remain in force. Each monthly premium paid purchases cover under the terms of this policy for the calendar month prior to the month in which it is paid. This is not refundable.

If the premium remains unpaid for a period of 13 consecutive weeks, the policy will automatically be cancelled.

#### 10. Rights of third parties

Only the **group policyholder**, an **insured person** (or their executor or personal 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.

#### 11. 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 12 - Cancellation and cooling-off period

### Cooling-off period

If the premium is paid by the **insured person** and this insurance does not meet an **insured person's** needs, they can choose not to be covered by this policy by notifying the **group policyholder** and returning the documentation provided to them within 15 days of the **cover start date** as shown on their **schedule**, or the date the **insured person** was included in this insurance, or the date upon which an **insured person** receives their insurance documents, whichever is the later.

If within this cooling-off period an **insured person** sustains a **bodily injury** which results in a covered claim 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 **group 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**.

### Cancellation

The policy may be cancelled by:

- us sending the **group policyholder** 30 days' notice in writing to the **group policyholder's** registered address; or
- the **group policyholder** sending the **provider** 30 days' notice in writing to the following address:

Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

An **insured person** may cancel their inclusion under this policy by giving notice to the **group policyholder**.

The policy will end at the end of the month for which the monthly premium has been paid. If the premium is paid in advance, the period up to the date when the cancellation takes effect will be calculated and any unused portion of the premium which has been paid in advance will be returned to the **group policyholder**. The **group policyholder** is responsible for passing on any return premium to an **insured person** if they have paid the premium or the premium has been collected from them. We will not return any premium due to an **insured person** who has made a claim unless the claim is made during the cooling-off period and they have paid the premium.

An **insured person** may cancel their inclusion in this policy at any time by contacting the **group policyholder**. An **insured person** has no right to cancel the policy held by the **group policyholder**, only the right not to be included. It is the responsibility of the **group policyholder** to notify the **insured persons** that their inclusion in the policy has been cancelled.

If the premium remains unpaid by the **group policyholder** for 13 consecutive weeks, the cover will automatically be cancelled and we will not pay any claim if the date of the **accident** resulting in **bodily injury** occurred during the period that the premium was unpaid and the cover has been cancelled.

## Section 13 - Fraudulent or exaggerated claims

### By the **group policyholder**

If the **group policyholder** makes any fraudulent or exaggerated claim, we will refuse to pay the claim and the **group 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 14 - Payment of benefit

The accidental death benefit will be paid to **your** legal representatives or executor and their receipt will discharge **our** liability under the policy. Any other benefit will be paid to the **insured person** who is the subject of the claim.

## Section 15 - 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 below).

**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 below).

**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 16 - 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 **us**. 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 731 6396** 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. This evidence may include written confirmation from the **group policyholder** or the **provider** that the **insured person** was insured at the time of the **accident** and, if applicable, that they have paid the premium for the period of their inclusion under this policy. 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 **you** 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 and **your** reasonable travelling expenses to attend, if these expenses are agreed by us in advance. If **you** fail to attend without good reason, then **your** claim may be rejected.

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

If **you** have an existing physical impairment or medical condition we may ask an independent **medical consultant** to assess how this contributes to the claim. Please see 'Section 8 - Existing medical conditions' of this policy for further details. If **your** injury is not described in the **table of benefits** we will assess it in a certain way. Please see 'Section 9 - Non-specified injuries' for further details.

If **you die**, we have the right to ask for a post-mortem examination at **our** expense. If this is refused, we may not pay the claim.

If any information in support of the claim is fraudulent, deliberately misstated or concealed, the claim will be rejected and **you** will no longer be eligible for cover under the policy. Any amounts already paid must be repaid to us.

## Section 17 - 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 please contact one of the following quoting the name of the **group 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 841130

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).

Sovereign Health Care has its own complaints policy procedure which is separate to American International Group UK Limited's. For full details 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 731 6396

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 18 - Financial Services Compensation Scheme (FSCS)

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 19 - Who to contact in the event of a policy query

The **provider** is appointed by **us** and is authorised to issue this policy and associated documentation.

They will answer any questions about the insurance cover, deal with any alterations and will also be responsible for collection of the premium due from the **group policyholder** and payment of this premium to **us**.

The **provider** is:

Sovereign Health Care

In writing: Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN.

Telephone: +44 (0) 1274 841 130 Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm (excluding public holidays).

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

## Section 20 - Other information

This insurance is underwritten by American International Group UK Limited and administered by Sovereign Health Care.

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.

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## IMPORTANT INFORMATION

### Change of address and registered office

Sovereign Health Care relocated during autumn 2022 and our new address and registered office is:

**2<sup>nd</sup> Floor, West Wing  
The Waterfront  
Salts Mill Road  
Shipley  
Bradford  
BD17 7EZ**

Any mail sent to our old address will be redirected and our telephone numbers remain the same.

Visit our dedicated web page for more information, including how to register for our online service:

**[sovereignhealthcare.co.uk/move](https://sovereignhealthcare.co.uk/move)**

Sovereign Health Care is a company limited by guarantee. Registered in England no 85588. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered office: 2<sup>nd</sup> Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.