

AIG Direct

Asset from Sovereign Health Care
Personal Accident Insurance Policy

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Table of benefits

The **table of benefits** below shows the item numbers, a description of those items and amounts **you** are covered for by this policy. The cover is provided subject to the policy terms, including the conditions set out in the 'Benefit limitations' section and the exclusions set out in the 'What is not covered' section of this policy. Please read this policy carefully to ensure that **you** are fully aware of what it covers.

Item description	Amount payable
1. Accidental death	£10,000
Permanent Disabilities	
2. Quadriplegia	£20,000
3. Paraplegia	£10,000
4. Hemiplegia	£10,000
5. Permanent total disability	£10,000
6. a) Loss of limb (two or more)	£10,000
b) Loss of limb (one)	£5,000
7. a) Loss of sight in both eyes	£10,000
b) Loss of sight in one eye	£5,000
8. a) Loss of hearing in both ears	£10,000
b) Loss of hearing in one ear	£5,000
9. Loss of speech	£10,000
10. Loss of use of an entire shoulder, elbow, hip, knee, wrist or ankle	£5,000
11. Loss of use of the entire spine (vertebral column) with no injury to the spinal cord	£3,500
12. Loss of	
a) one entire thumb (both joints)	£2,500
b) one entire thumb (one joint)	£1,250
c) four fingers on one hand	£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 foot	£1,875
h) big toe (both joints)	£625
i) big toe (one joint)	£250
j) any other entire toe	£250
13. A permanent disability not otherwise provided for under benefits 5-12 above (see "Non-specified injuries" section in the policy):	up to a maximum of £10,000
Other Injuries:	
14. Full thickness burns which cover:	
a) over 27% of the body surface	£5,000
b) over 18% up to 27% of the body surface	£4,000
c) over 9% up to 18% of the body surface	£3,000
d) over 4.5% up to 9% of the body surface	£1,500
e) up to 4.5% of the body surface	£500
15. Fracture (or fractures):	
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

Item description	Amount payable
Other Benefits	
16. If an accident occurs outside of the United Kingdom and it causes death of an insured person . a) Repatriation of mortal remains b) Burial or cremation expenses abroad	up to a maximum of £10,000 up to a maximum of £1,000
17. Hospitalisation benefit as an inpatient following an accident (payable for a maximum of 365 days)	£53 per week
18. Convalescence benefit following an accident As required by a doctor (payable for a maximum of 13 weeks following a minimum of one day's hospitalisation)	£25 per week

Introduction

This policy sets out the terms of the personal accident cover insured by AIG Europe Limited, please read it carefully. It tells you what is covered and what is not, what to do if you want to make a claim and who to call if you need help. It 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).

The policy is provided and administered by Sovereign Health Care. Claims are administered on behalf of AIG Europe Limited by AIG Direct.

You should familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and exclusions that apply. **You** should read this policy in conjunction with **your schedule**. **You** should review the cover periodically to ensure it continues to meet **your** needs.

This policy, together with the **schedule** and any endorsements, is evidence of the contract between the **group policyholder** and **us** and **your** inclusion in the insurance policy. **We** agree to provide the insurance cover described in this policy to an **insured person** provided the premium is paid when due and **we** agree to accept it.

Scope of insurance

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

Definitions

We use words and expressions in this policy which have a specific meaning, and sometimes those meanings are 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, **schedule** and any endorsements attached to the **schedule**, the word or expression is shown in bold type. Plural forms of the words and expressions 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.

Bodily injury

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.

Body

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

Convalescence

A specific period of recuperation on the orders of a **doctor** after a period of **hospitalisation**.

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**.

Day

A period of 24 hours in a row.

Doctor

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

Employee

A person over 16 years of age who is under a contract of employment or apprenticeship with the **group policyholder**.

Fracture

A break in a 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 or organisation shown on the **schedule** that has purchased insurance for their **employees**.

Hemiplegia

The permanent and total paralysis of the arm and the leg on one side of the **body**.

Hospital

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

Hospitalisation

An overnight stay in a **hospital** as an **inpatient**, such confinement being certified by a **doctor**.

Inpatient

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

Insured person

The person or persons shown on the **schedule** who is (are) 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**:

- a. **Loss** by permanent physical severance above the ankle; or
- b. Permanent, total and irrecoverable loss of use of a complete leg or foot.

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

- c. **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
- d. Permanent, total and irrecoverable loss of use of a complete arm or hand.

Loss of hearing

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

Loss of sight

Permanent, total and irrecoverable **loss of sight**:

- a. in both eyes if the **insured person**'s name is added to the Register of Blind Persons on the authority of a fully qualified ophthalmic specialist.
- b. in one eye if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what the **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 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 General Medical Council 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 an **insured person**, 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).

Motorcycle

A two-wheeled motor driven vehicle.

Paraplegia

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

Partner

A person aged 18 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** which occurs in an area of bone weakened by disease.

Permanent total disablement

For an **employee**, the inability to continue in their usual occupation with the **group policyholder**. For any other **insured person**, the inability to do paid work of any kind whatsoever and 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.

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

AIG Europe Limited.

You, your or yourself

An **insured person**.

Other cover provided

1. Disappearance

If **you** disappear and, after a suitable amount of time, it is reasonable to believe that **you** have died as the result of an **accident**, then **we** will pay the accidental death benefit providing that **your** legal representative or executor signs an agreement that if it later transpires that **you** have not died, any amount paid will be refunded 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**.

What is not covered

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

- a) if the **accident** occurs in a country where a state of **war** exists (declared or not) if the **accident** was the direct consequence of the **war**;
 - b) if **bodily injury** is sustained while **you** are flying, unless **you** are flying as a fare paying passenger;
 - 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 prescribed 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) if the **accident** results in a diagnosis of 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 **your** participating in, practising or training for a sport as a professional or semi-professional;
 - 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 arises from a **gradually operating cause** and not the **accident**;
 - m) if **your** injury is a result of **you** driving a mechanically propelled vehicle in any kind of race;
 - n) 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.

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 **day** of **convalescence** or **hospitalisation**.
 - d) **We** will not pay the benefits for items 10) or 12) as well as item 6a) and 6b).
 - e) **We** will not pay item 5) for **insured persons** under the age of 16 or over the age of 65.
 - f) **We** will only pay 50% of items 15a) and 15b) for an **insured person** over the age of 65.
 - 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.

Existing medical conditions

We only pay for the **bodily injury** **you** have 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** or **medical specialist** 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

You are partially blind in **your** left eye and **you** then have an **accident** which leaves **you** totally blind in both eyes and **you** make a claim under item 7. a) for **loss of sight** in both eyes which has a benefit of £10,000. **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 the left eye at 50%, for the left eye **we** will pay the benefit payable under item 7. b) for **loss of sight** in one eye reduced by 50% due to pre-partial blindness, which would be a payment of £2,500. If the vision in the right eye was normal before the **accident**, for the right eye **we** will pay the benefit payable also under item 7. b) for **loss of sight** in one eye for the total **loss of sight** in that eye, which would be a payment of £5,000. The total payment **you** will receive is £7,500.

Non-specified injuries

If an **insured person** has an **accident**, suffers **bodily injury** and the resulting disability is not specifically mentioned in the **table of benefits** or is not a 100% **loss** of an item in the **table of benefits** under items 5 to 12, but nevertheless results in a permanent, total and irrecoverable disability, dependent on the injury sustained, an **insured person** may still be eligible to receive a payment from **us**.

- a) If an **insured person** suffers **bodily injury** to a part of the **body** that is listed in the **table of benefits** under items 5 to 12:

We will ask the **medical consultant, doctor** or **medical specialist** who treated the **insured person's** injury to assess the degree of their post-**accident** impairment and disability and relate it, expressed as a percentage, to the nearest permanent disability item specifically mentioned in the **table of benefits** to explain 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 the **insured person** and/or review their 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 the **insured person** and/or review their medical records and other medical reports to obtain a second opinion. **We** may also ask the **insured person's** treating **medical consultant, doctor** 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 a percentage disablement to the nearest permanent disability item shown in the **table of benefits** under item 13 to arrive at a claim payment amount.

- b) If an **insured person** suffers **bodily injury** to a part of the **body** that is not listed in the **table of benefits** under items 5 to 12:

In the event that the **bodily injury** suffered cannot be assessed by reference to a permanent disability item shown in the **table of benefits** under items 5 to 12 (for example the part of the **body** injured is not listed in the table), **we** will assess the injury as a percentage of the **body** as a whole and apply this to the amount shown for item 13. To do this **we** will ask the treating **medical consultant, doctor** or **medical specialist** that treated the **insured person's** 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 the **insured person** and/or review their 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 the **insured person** and/or review their medical records and other medical reports to obtain a second opinion. **We** may also ask the **insured person's** treating **medical consultant, doctor** 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 a percentage disablement of the **body** as a whole and apply this to the amount shown in the **table of benefits** under item 13 to arrive at a claim payment amount.

Example: An **insured person** sustains a head injury as a result of an assault during an attempted theft from them. 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 items 5 to 12. The **insured person's** **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. The **insured person** 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**.

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 included in this insurance, whichever is the later. Cover for an **insured person** is subject to Sovereign Health Care receiving the premium for that **insured person**. Cover will end on the earliest of the following.

- 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 the 'Cancellation and cooling - off period' section 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.

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 the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

3. Interest on amounts payable

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

4. Disappearance

If an **insured person** disappears and, after a suitable amount of time and on the evidence provided, it is reasonable for **us** to believe that they have died as the result of an **accident**, then **we** will pay the accidental death benefit to their legal representatives or executor and their receipt will discharge **our** liability under the policy. If this belief is incorrect then the amount paid must be returned to **us**.

5. Disclosure of information

When completing an application for this policy, or to vary or renew this policy, reasonable care must be taken by the **insured person** to ensure that any information given to **us** by the **insured person** (whether directly or indirectly) is accurate and complete, including when answering questions **we** may ask and/or in providing confirmation of or amending any information previously given to **us**. If there are any changes to an **insured person's** circumstances and/or the information they have provided is no longer true, valid or up-to-date the **insured person** must tell **us** as soon as is reasonably possible as this may affect their policy and their ability to claim under it.

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 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 **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. Policy alteration

We may change the terms and conditions, including the premium, of this policy at any time and as considered necessary to reflect a change to the circumstances of **insured persons**, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax or other tax. Before **we** make any changes, **we** will give the **group policyholder** 30 days notice in writing to the **group policyholder's** last known address.

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 the 'Cancellation' clause. If this happens no claims will be paid for any **bodily injury** suffered by an **insured person** after the date of the cancellation. **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.

8. 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.

9. Rights of third parties

Only the **group policyholder**, 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.

10. No direct financial benefit

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

11. Restricted persons

This policy will not cover any loss sustained directly or indirectly by any **insured person** who is a terrorist or member of a terrorist organisation, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.

Cancellation and cooling – off period

Cancellation

We may cancel this policy by giving 30 days notice in writing to the **group policyholder** at the **group policyholder's** last known address. The **group policyholder** may cancel this policy by giving 30 days notice in writing to the **provider** Sovereign Health Care at 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 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.

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 14 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**.

Fraud or false information

By the group policyholder

Any fraud, deliberate dishonesty or deliberate hiding of information connected with the **group policyholder's** application for this policy or in connection with a claim, will make this policy invalid.

In this event **we** will not refund any premiums and **we** will not consider for payment any claims which have not already been submitted to **us**.

Where claims have been made by **insured persons** under this policy, but remain unpaid, prior to the discovery of such fraud, deliberate dishonesty or deliberate hiding of information, where the **insured person** making the claim had no involvement in it, such claims will be considered for payment in the usual way.

By the insured person

Any fraud, deliberate dishonesty or deliberate hiding of information by an **insured person** at any time will make this policy invalid so far as concerns cover for that **insured person**.

If this happens, the **insured person** will lose any benefit due to them and they must pay back any benefit that **we** have already paid.

If this occurs, **we** will not refund any premiums in respect of that **insured person**.

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.

How we use Personal Information about you

AIG Europe Limited and AIG Direct are 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** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

The types of Personal Information we may collect and why

- Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**.

Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of our business operations
- 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 outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis.

To opt-out of any marketing communications that **we** may send **you**, contact us by e-mail at: opt-out@aig.com or by writing to: Marketing Preference Team, AIG, Norfolk House, Wellesley Road, Croydon, Surrey CR0 1LH, United Kingdom. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

Sharing of Personal Information - For the above purposes Personal Information may be shared with **our** group companies, brokers and other 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 law. 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 detect and prevent 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 and other countries with different data protection laws than in **your** country of residence.

Security and retention of Personal Information – Appropriate legal and security measures are used to protect Personal Information. **Our** service providers are also selected carefully and required to use appropriate protective measures. Personal Information will be retained for the period necessary to fulfil the purposes described above.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: DataProtectionOfficer@aig.com or write to Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

More details about **our** use of Personal Information can be found in **our** full Privacy Policy at www.aigdirect.co.uk/privacy-policy or an **insured person** may request a copy using the contact details above.

Claim procedure

We must be notified as soon as reasonably practicable after the **accident**, by completing a claim form and returning it to us. To obtain a claim form, please contact the claims department as detailed below, or alternatively, access the internet where a claim form can be downloaded from our website www.aigdirect.co.uk. 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 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:

The Manager
Claims Department
AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon Surrey CR9 2LG.

Telephone: 0800 731 6396
(9:00 am to 5:00 pm Monday to Friday).

E-mail: 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, the claim could be rejected. We may also check with the **group policyholder** that an **insured person** was insured on the date of the **accident**.

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 reasonable cause, 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:

- whether their existing physical or medical condition has contributed to the **bodily injury** or expense for which they are claiming; or
- 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 'Non specified injuries' clause 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 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 something goes wrong with our service

Complaints procedure

We are committed to providing you with a first class service at all times, however, we recognise that occasionally you may be unhappy with some aspect of this service. If you are not satisfied with the service you have received you or someone on your behalf should contact one of the following.

If the complaint is about a claim, please contact:

Accident & Health Claims Manager UK, Personal Accident, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: 0845 602 9429

Email: aigdirect.claims@aig.com

Online: www.aig.com/uk and select "Feedback & Complaints"

Please quote the claim and policy number and the name of the **group policyholder** (if known).

If the complaint is about the sales and administration of this policy and you are calling from the **group policyholder**:

Customer Services Manager, Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN. Telephone: 01274 841130. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm. Please quote the name of the **group policyholder** and the policy number (if known).

If the complaint is about anything else, please contact:

Customer Relations Unit UK, AIG Direct, Norfolk House, Wellesley Road, Croydon CR0 1LH.

Telephone: 0800 731 6396

Email: aigdirect.queries@aig.com

Online: www.aig.com/uk and select "Feedback & Complaints"

Please quote the name of the **group policyholder**.

We will acknowledge the complaint within 5 business days of receiving it, keeping the complainant informed of progress and do our best to resolve matters to their satisfaction within 8 weeks. If we are not able to resolve the complaint satisfactorily, the **insured person** may be entitled to refer any disagreement to the Financial Ombudsman Service to review the case, without affecting legal rights to take action against us. We will provide full details of how to do this when we provide our final response letter addressing the issues raised.

Please note: The Financial Ombudsman Service will not consider a complaint if the complainant has not provided us or the provider with the opportunity to resolve it previously.

The address and contact details are:

Financial Ombudsman Service
Exchange Tower, London E14 9SR.

Telephone: 0800 0 234 567

(free for people phoning from a "fixed line", i.e. a landline at home)

0300 123 9 123

(free for mobile-phone users who pay a monthly charge for calls to numbers starting 01 or 02)

E-mail: complaint.info@financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. If we are unable to meet our financial obligations an **insured person** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

For this type of insurance, 90% of an **insured person's** claim is covered, without any upper limit.

Further information about compensation scheme arrangements is available at www.fscs.org.uk and on **020 7741 4100** or **0800 678 1100**.

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

Telephone: 01274 841130

Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm ("Office hours").

E-mail: cs@sovereignhealthcare.co.uk

You can email them at anytime and they will respond to **you** during office hours.

Other information

This insurance is underwritten by AIG Europe Limited and is administered by AIG Direct. AIG Direct is a trading name of AIG Europe Limited who manage all aspects of customer service and claims on behalf of AIG Europe Limited.

AIG Europe Limited is registered in England under number 1486260. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. AIG Europe Limited is a member of the Association of British Insurers.

AIG Europe Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 202628).

This can be checked by visiting the FS Register (<http://www.fca.org.uk>).

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Important Information

Change of name

From 1st December 2018 all administration (including claims handling) is undertaken by American International Group UK Limited (AIG UK), previously AIG Europe Limited (AEL). AIG UK is a member of the same group of companies as AEL.

This change will not affect the terms and conditions of your policy or your ability to claim.

American International Group UK Limited is registered in England: company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB.

American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (FRN number 781109). This information can be checked by visiting the FS Register (www.fca.org.uk/register).