Asset from Sovereign Health Care
Personal Accident Insurance Policy
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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.

<table>
<thead>
<tr>
<th>Item description</th>
<th>Amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Accidental death</strong></td>
<td>£10,000</td>
</tr>
<tr>
<td><strong>Permanent Disabilities</strong></td>
<td></td>
</tr>
<tr>
<td>2. Quadriplegia</td>
<td>£20,000</td>
</tr>
<tr>
<td>3. Paraplegia</td>
<td>£10,000</td>
</tr>
<tr>
<td>4. Hemiplegia</td>
<td>£10,000</td>
</tr>
<tr>
<td>5. Permanent total disability</td>
<td>£10,000</td>
</tr>
<tr>
<td>6. a) Loss of limb (two or more)</td>
<td>£10,000</td>
</tr>
<tr>
<td>6. b) Loss of limb (one)</td>
<td>£5,000</td>
</tr>
<tr>
<td>7. a) Loss of sight in both eyes</td>
<td>£10,000</td>
</tr>
<tr>
<td>7. b) Loss of sight in one eye</td>
<td>£5,000</td>
</tr>
<tr>
<td>8. a) Loss of hearing in both ears</td>
<td>£10,000</td>
</tr>
<tr>
<td>8. b) Loss of hearing in one ear</td>
<td>£5,000</td>
</tr>
<tr>
<td>9. Loss of speech</td>
<td>£10,000</td>
</tr>
<tr>
<td>10. Loss of use of an entire shoulder, elbow, hip, knee, wrist or ankle</td>
<td>£5,000</td>
</tr>
<tr>
<td>11. Loss of use of the entire spine (vertebral column) with no injury to the spinal cord</td>
<td>£3,500</td>
</tr>
<tr>
<td>12. Loss of</td>
<td></td>
</tr>
<tr>
<td>a) one entire thumb (both joints)</td>
<td>£2,500</td>
</tr>
<tr>
<td>b) one entire thumb (one joint)</td>
<td>£1,250</td>
</tr>
<tr>
<td>c) four fingers on one hand</td>
<td>£2,500</td>
</tr>
<tr>
<td>d) any other entire finger (three joints)</td>
<td>£625</td>
</tr>
<tr>
<td>e) any other entire finger (two joints)</td>
<td>£500</td>
</tr>
<tr>
<td>f) any other entire finger (one joint)</td>
<td>£250</td>
</tr>
<tr>
<td>g) all toes on one foot</td>
<td>£1,875</td>
</tr>
<tr>
<td>h) big toe (both joints)</td>
<td>£625</td>
</tr>
<tr>
<td>i) big toe (one joint)</td>
<td>£250</td>
</tr>
<tr>
<td>j) any other entire toe</td>
<td>£250</td>
</tr>
<tr>
<td>13. A permanent disability not otherwise provided for under benefits 2-12 above</td>
<td>up to a maximum of £10,000</td>
</tr>
<tr>
<td>(see “Non-specified injuries” section in the policy):</td>
<td></td>
</tr>
<tr>
<td><strong>Other Injuries:</strong></td>
<td></td>
</tr>
<tr>
<td>14. Full thickness burns which cover:</td>
<td></td>
</tr>
<tr>
<td>a) over 27% of the body’s surface</td>
<td>£5,000</td>
</tr>
<tr>
<td>b) over 18% up to 27% of the body’s surface</td>
<td>£4,000</td>
</tr>
<tr>
<td>c) over 9% up to 18% of the body’s surface</td>
<td>£3,000</td>
</tr>
<tr>
<td>d) over 4.5% up to 9% of the body’s surface</td>
<td>£1,500</td>
</tr>
<tr>
<td>e) up to 4.5% of the body’s surface</td>
<td>£500</td>
</tr>
<tr>
<td>15. Fracture (or fractures):</td>
<td></td>
</tr>
<tr>
<td>a) to the skull (excluding nose and teeth); breast bone; ankle or one or more</td>
<td>£150</td>
</tr>
<tr>
<td>bones of the leg (femur, patella, tibia and fibula).</td>
<td></td>
</tr>
<tr>
<td>b) to the collar bone, elbow, wrist or one or more bones of the arm (humerus,</td>
<td>£75</td>
</tr>
<tr>
<td>radius and ulna).</td>
<td></td>
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</tbody>
</table>
with its worldwide subsidiary companies, which together make AIG Inc., a company incorporated in the United States, together

AIG body, which occurs at an identifiable time and place.

Accident

the word or expression is shown in bold type.

schedule in the policy,

and any endorsements attached to

policy are shown below and each time one of them is used

a specific meaning, and sometimes those meanings are

as described in the

table of benefits

repatriation of mortal remains, burial or cremation expenses abroad

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

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, other injury, 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.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.

AIG

AIG Inc., a company incorporated in the United States, together with its worldwide subsidiary companies, which together make up the AIG Inc. International Group of Companies.

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.

Chief medical officer

A medical consultant who is our principal medical advisor for the claim.

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 or employees

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

Fracture

A complete break across or through the whole width of 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 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, an old people’s or convalescence home or an extended care facility.

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

Inpatient or inpatients
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(s)
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 foot or leg.
In the case of an arm:
   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
Total, permanent and irrecoverable loss of hearing resulting in the insured person being classified as profoundly deaf.

Loss of sight
Permanent and total 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
Total and permanent loss of the ability to speak.

Medical consultant
A doctor who either holds a substantive 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).

Motorcycle
A two-wheeled motor driven vehicle.

Osteoporosis
Disease which causes thinning of the bone that is not commensurate to age.

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

Partner
A person 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 disability
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.

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.

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, we will pay the accidental death benefit providing 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;
   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

If you have an existing physical impairment or medical condition and you have an accident and suffer bodily injury, we will ask your doctor (if suitably qualified) or your medical consultant whether your existing physical impairment or medical condition has contributed to your post-accident disability; or whether the post-accident disability has made your existing physical impairment or medical condition worse. In either case, we will ask that they assess the difference between your physical impairment or medical condition before and after the accident. Any payment will be based on this difference, expressed as a percentage and applied to the applicable benefit in the table of benefits. If your doctor or medical consultant is unable to provide this assessment we may ask an independent medical consultant to do so.

Example of an existing medical condition
You were partially blind in your left eye and you then had an accident which left you totally blind in both eyes. We would ask an independent Ophthalmic Surgeon to assess the difference between the amount of vision you had before and after the accident.
He assesses the pre-accident vision in your left eye at 50%, so we pay 50% for the loss of vision in that eye. The vision in your right eye was normal before the accident, so we would pay 100% for the loss of sight in that eye.

Non-specified injuries

If you have an accident and suffer bodily injury and the resulting disability is not specifically mentioned in the table of benefits but nevertheless results in a permanent disability dependent on the injury you may still be eligible to receive a payment from us.

In these circumstances, we will ask the medical consultant who treated you to assess the degree of your post-accident disability and relate it, in terms of severity expressed as a percentage, to the nearest permanent disability specifically mentioned in the table of benefits. If they are unable to provide us with the information we require, we will ask an independent medical consultant to examine you to make this assessment. Payment will be assessed as a percentage of that nearest permanent disability benefit shown in the table of benefits. If the treating medical consultant or the independent medical consultant is unable to advise us of a percentage disability and provide us with justifiable evidence to support their assessment, we will ask our chief medical officer to assess the percentage disability.

In the event that the bodily injury suffered cannot be assessed by reference to a permanent disability shown in the table of benefits, we will assess the injury as a percentage of the body as a whole. To do this we will ask the treating medical consultant or an independent medical consultant to review the impairment and disability and provide us with a percentage assessment by reference to the publication ‘American Medical Association Guide to the Evaluation of Permanent Impairment’ - Sixth Edition (and any subsequent revisions thereof). If the treating medical consultant or independent medical consultant fails to advise us of a percentage disability and provide us with justifiable evidence to support their assessment, we will ask our chief medical officer to assess the percentage disability.

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’ 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. 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.

5. Policy alteration

We may change the terms and conditions, including the premium, of this policy at any time and as considered necessary to reflect any event outside our control or that we expect to have an impact on future claims which we could not reasonably have foreseen when we last reviewed the cover terms and premiums 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.

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. 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.

6. 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.
7. 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.

8. No direct financial benefit

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

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 you may request a copy using the contact details above.

For more detailed information on how we use personal information, please read our full Privacy Policy at www.aigdirect.co.uk, or request a Braille, large print or audio version by calling 0845 303 2341.

We review our Privacy Policy regularly and we reserve the right to revise the Privacy Policy to reflect future developments of AIG and changes in legal requirements. We will place updates on our website and may contact you directly to notify you of necessary changes where appropriate.

We will provide you with regular opportunities to tell us your marketing preferences or ask us to stop sending marketing information. You can also contact us at any time by calling 0845 303 2341.

Calls to any telephone number referred to in this policy may be monitored or recorded for service quality, training and security purposes.

You can request access to information which we hold about you (we may make a small charge for this service) and ask us to correct or remove information that you think is inaccurate, by writing to our Data Protection Officer by e-mail to DataProtection@aigdirect.com or by post to Data Protection Officer, AIG Direct, Norfolk House, Wellesley Road, Croydon, AIG, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG.

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, 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 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 how this contributes to the claim. Please see the ‘existing medical conditions’ section 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 the ‘non-specified injuries’ section 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 mis-stated 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.
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 your complaint is about a claim:

Claims Manager, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG. Telephone: 0845 303 2341 and 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 your complaint is about anything else relating to this policy:

Customer Support Manager, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG. Telephone: 0845 303 2341 and quote the name of the group policyholder and the policy number (if known).

We will acknowledge your complaint and keep you or the complainant regularly informed about the progress of the complaint. For complaints relating to claims, it may take us a little longer to respond, especially if we need to consult with medical professionals, however we will let the complainant know what information we are waiting for.

We will do our best to resolve the complaint quickly and will issue a final response letter to you or the complainant addressing the issues raised. If we are not able to resolve the complaint satisfactorily, you or the complainant may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review the case, without affecting your 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.

The FOS will not consider a complaint if the complainant:

• has not provided us or the provider with the opportunity to resolve the complaint; or

• is a business with more than 10 employees and a group annual turnover of more than €2 million; or

• is a trustee of a trust with a net asset value of more than £1 million; or

• is a charity with an annual income of more than £1 million.

The address and contact details are:

Financial Ombudsman Service
South Quay Plaza, 183 Marsh Wall, London E14 9SR.
Telephone: 0800 2 234 567

(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@financialombudsman.org.uk
Web: www.financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

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

For insurance required by law, 100% of your claim is covered, without any upper limit. For all other types of insurance, 90% of your claim is covered, without any upper limit.

Further information about compensation scheme arrangements is available at www.fscs.org.uk and on 0207 892 7300, 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/firms/systems-reporting/register).
