

**Life, Accident & Sickness, Unemployment, Carer Cover  
and Critical Illness Master Policy**

**ST ANDREW'S LIFE ASSURANCE plc**

(Registered in England No 3104670)

and

**ST ANDREW'S INSURANCE plc**

(Registered in England No 3104671)

Head Office at: 1 Lovell Park Road, Leeds, West Yorkshire, LS1 1NS.

Policy Number: 01326J198

Date of Issue of Policy: 1st July 2004

Coverholder: Sainsbury's Bank plc

Under this Policy **We** agree to provide benefits in the event of Death, **Disability** (comprising accident & sickness), **Unemployment, Critical Illness** and **You** becoming a **Carer** on the basis of the following terms, conditions and exclusions.

If **You** are not in good health at the **Commencement Date** this may affect **Your** ability to claim under certain sections of this Policy.

**IMPORTANT:** This Policy contains general provisions and specific exclusions which define the extent of insurance cover. It is particularly important that **You** check that **You** are eligible to be covered under this Policy by carefully reading the following summary of requirements.

On the **Commencement Date You:-**

1. must be the principal **Cardholder**;
2. must be a **U.K. Resident**;
3. must be 18 years of age or over and under 65;
4. must be in **Work**.

Please note **You** must have been in **Work** immediately prior to the incident which results in **You** submitting any claim under the **Accident and Sickness, Unemployment** or **Carer** cover sections of this policy.

If **You** have any enquiry regarding **Your** eligibility please contact **Us** Tel. No. 08457 023 839\*

\*Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

**You** may contact **Us** using TypeTalk, Telephone 18001 08457 023839.

The words in bold typeface have particular meanings which are set out in Part 1 of this Policy.

## Part 1 Meaning of Words in this Policy

These words are listed in alphabetical order and whenever they are used in the Policy in bold typeface they have the meanings set out below.

**“AGREEMENT”** : Your credit agreement with the **Coverholder**.

**“CANCER”**: Any malignant tumour characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin’s disease but the following are excluded:

- All tumours which are histologically described as pre-malignant, as non-invasive or as cancer in situ.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0.
- Any skin cancer other than invasive malignant melanoma.

**“CARDHOLDER”** : means the principal cardholder as specified in the **Agreement** and any authorised user nominated by the principal cardholder under that **Agreement** provided that the principle cardholder and any authorised user are resident in the **United Kingdom**.

**“CARER”**: **You** being entirely without **Work** as a result of **You** resigning or taking a temporary unpaid leave of absence from **Work** solely due to the need to care for a **Relative**

**“CHRONIC CONDITION”** : any condition, injury, illness, disease, related condition and/or associated symptoms resulting from a chronic condition that was in existence at the **Commencement Date** whether it required medical attention or not.

A **Chronic Condition** is a condition, which has at least one of the following characteristics:

- It continues indefinitely; or
- It is constant and is controlled rather than cured; or
- It has symptoms which re-occur and have required consultation, treatment or care on more than one occasion in the past; or
- It requires long term monitoring or treatment, consultations, check ups, examinations or tests.

**“COMMENCEMENT DATE”** : the date **You** become insured under this Policy, or in the event that **Your** Policy has been cancelled the latest re-instatement date.

**“CORONARY ARTERY BYPASS GRAFT”**: the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts but excluding balloon angioplasty, laser and other procedures.

**“COVERHOLDER”** : the company with whom **You** have **Your Agreement**.

**“CREDIT LIMIT”** : the maximum amount of credit from time to time available to **You** under the **Agreement**.

**“CRITICAL ILLNESS”**: **Heart Attack, Cancer, Coronary Artery Bypass Graft, Kidney Failure, Major Organ Transplant or Stroke**, all requiring diagnosis by a **Doctor**.

**“DAILY BENEFIT”**: a sum equivalent to 1/30<sup>th</sup> of the **Monthly Benefit**

**“DISABILITY”** : a state of incapacity resulting solely from an accidental bodily injury or sickness or disease which occurs or starts during a period when **You** are in **Work** and which wholly prevents **You** from doing **Your Work** or other work that **Your** experience, education or training would allow **You** to do. Such **Disability** shall be deemed to start on the day **You** first consult, or receive treatment from and are certified as being unfit to work by a **Doctor**.

**“DISABLED”** : **You** suffering from **Disability** and being under the continued supervision of, and receiving treatment from, a **Doctor**.

**“DOCTOR”**: a medical practitioner practising in the **United Kingdom** being a fully registered person under the Medical Act 1983, other than **You**, **Your Partner** or any of **Your** relatives.

**“EMPLOYMENT”**: **You** working for remuneration under a contract of employment and paying class 1 National Insurance Contributions (unless **you** fall within the definition of **Self Employed**).

**“HEART ATTACK”**: The death of a portion of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- typical chest pain;
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers;
- where all of the above shows a definite acute myocardial infarction.

Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.

**“HIGHEST BALANCE”**: The highest amount **You** owe **Your** lender under the **Agreement** in the statement month immediately before the **Notification of Your Disability** or **Unemployment** less any payments **You** have missed and any interest on them

**“KIDNEY FAILURE”**: end stage renal failure presenting as a chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is initiated.

**“MAJOR ORGAN TRANSPLANT”**: the actual undergoing as a recipient of a transplant of a heart, liver, lung, pancreas or bone marrow; alternatively, confirmation by an appropriate consultant of acceptance onto the official **United Kingdom** waiting list for one of the above transplants.

**“MONTHLY BENEFIT”**: 10% of the either the **Outstanding Balance** or the **Highest Balance** whichever is the greater (subject to a maximum of £1,500) as at the date of **Your Disability** or **Notification of Your Unemployment**, or in the case of a claim under the **Carer** Cover Insurance part of the Policy the date **You** cease **Work** due to the need for **You** to become a **Carer**.

**“NOTIFICATION”** : in relation to:-

- i. **Unemployment**; the first intimation given to **You** either orally or in writing of **Your** impending **Unemployment**, given either by or on behalf of **Your** employer or by a trades union official.

**“OUTSTANDING BALANCE”** : **Your** total indebtedness to the **Coverholder** under the **Agreement** (up to a maximum of £15,000) at the date of **Your** death, diagnosis

of **Your Critical Illness, Your Disability** or the **Notification of Your Unemployment** or in the case of a claim under the Carer Cover Insurance Part of the Policy the date **You** cease **Work** due to the need for **You** to become a **Carer**.

**“PARTNER”**: **Your** spouse, **Your** civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) who **You** are permanently cohabiting with in a marriage-like relationship.

**“PERIOD OF COVER”** : the period from the **Commencement Date** to the **Termination Date**.

**“PRE-EXISTING CONDITION”** : any condition, injury, illness, disease, sickness, related condition and/or associated symptoms, whether diagnosed or not about which **You**:-

- Knew or should reasonably have known at the **Commencement Date**; or
- Had seen or arranged to see a **Doctor** during the 12 months immediately before the **Commencement Date**.

**“RELATIVE”**: **Your Partner**, parent or child.

**“SELF EMPLOYED”** **You** are **Self-Employed** if **You** are:

- helping with, managing or carrying on business in the UK, paying class 2 National Insurance contributions and are liable to pay tax under Schedule D case, I, II, IV or V of the Income and Corporation Taxes Act 1988; or
- a partner in a partnership; or
- a person who exercises direct or indirect control over a company (not necessarily the majority shareholder or holder of the majority voting rights); or
- working for a company and in any way connected with a person who has control (as referred to above) over that company (for example, **You** are one of his or her family).

**“ST ANDREW’S INSURANCE”** : St Andrew’s Insurance plc.

**“ST ANDREW’S LIFE”** : St Andrew’s Life Assurance plc.

**“STROKE”**: a cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.

**“TERMINATION DATE”** : the earliest of the following dates:-

- i. the date of **Your** death; or
- ii. the date **You** reach the age of 65; or
- iii. the date **You** permanently retire from work; or
- iv. the date a premium has remained unpaid for 25 days after it is due; or
- v. the date of termination of insurance cover under this Policy by either **Us** or **You**; or
- vi. the date on which the **Agreement** is terminated or if later the date on which **You** pay all sums due to the **Coverholder** following the termination of the **Agreement**.

**“UNEMPLOYMENT/UNEMPLOYED”** : **You** being entirely without **Work** and being registered with the Job Centre. **You** must be actively looking for work. If **You** are a woman who has reached statutory pensionable age **You** will be considered as **Unemployed** if **You** provide evidence throughout the period of **Your** claim that **You** are looking for work.

**“UNITED KINGDOM”** : England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

**“U.K. RESIDENT”**: a person who lives lawfully in the **United Kingdom** for at least 40 weeks in any 52 week period or is a Crown employee serving overseas (for example, a serving member of the armed forces or a diplomat) throughout the **Period of Cover**.

**“WE, US, OUR”** : **St Andrew’s Life** for Life Insurance irrespective of the term of the **Agreement** and Accident and Sickness Insurance and Critical Illness Insurance in respect of **Agreements** with a term of 5 years or more; or **St Andrew’s Insurance** for Unemployment Insurance and Carer Cover Insurance irrespective of the term of the **Agreement** and Accident and Sickness Insurance and Critical Illness Insurance in respect of **Agreements** with a term of less than 5 years.

**“WORK”** : being in **Employment** or **Self-Employed**.

**“YOU, YOUR”** : a **U.K. Resident** who has applied for this insurance and has agreed to pay the premium under this Policy and who at the **Commencement Date** is:-

- i. the principal **Cardholder**; and
- ii. 18 years of age or over and under the age of 65; and
- iii. in **Work**.

Any reference to any statute shall be construed as a reference to that statute as amended, re-enacted or extended at the relevant time.

## **Part 2**

### **General Provisions**

1. This insurance shall be for monthly periods and the premium shall be due monthly on the same date as the minimum monthly amount is due to the **Coverholder** under the terms of the **Agreement**. During the **Period of Cover** this insurance shall be automatically renewed on the same date provided the premium is paid to the **Coverholder**.
2. **We** confirm that **You** will be considered by **Us** to have paid **Your** premium at such time as any sum in respect of that premium is received by the **Coverholder**.
3. No provision or condition of this Policy may be waived or modified except by an endorsement signed by an authorised official on **Our** behalf.
4. This Policy shall have no surrender value.
5. If any information provided to **Us** by **You** or anyone acting on **Your** behalf is inaccurate or if **You** fail to disclose any information which might reasonably affect **Our** decision to provide insurance to **You**, **Your** right to any benefit under this Policy shall end.
6. If any claim under this Policy is fraudulent or is intended to mislead **Us** or if fraudulent or misleading means are used by **You** or anyone acting on **Your** behalf to obtain benefit under this Policy, **Your** right to any benefit under this Policy shall end and **We** shall be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim.
7. **You** can cancel **Your** cover within 30 days of receiving **Your** policy. **You** will receive a full refund of any premium **You** have paid. If **You** do not cancel **Your** cover within 30 days, **Your** cover will continue for the remaining period but if **You** subsequently cancel **Your** cover **You** will not be entitled to a refund of premiums. If **You** want to cancel **Your** cover, please write to Sainsbury's Bank

plc, Pitreavie Business Park, Dunfermline, Fife, KY99 4BS.

8. **You** will not be entitled to a refund of any premium paid under this Policy unless **You** were ineligible at the **Commencement Date** for insurance under this Policy and provided that no information supplied to **Us** by **You** or on **Your** behalf was inaccurate.
9. **We** may at any time change any term or condition of this Policy including the premium payable by giving not less than 30 days written notice of such change to **You** at **Your** last known address.
10. **We** may terminate insurance cover under this Policy by giving not less than 30 days written notice to **You** at **Your** last known address. **Our** termination will not affect **Our** liability for events occurring during the **Period of Cover** which may give rise to a claim.
11. **You** may terminate **Your** cover under this Policy by giving not less than 30 days written notice to **Us** at PO Box 741, Leeds, LS1 9HB
12. It is not possible for **You** to transfer **Your** rights under this Policy.
13. Except where otherwise provided in this Policy, all refunds of premium and benefits payable under this Policy shall be paid to the **Coverholder** for the credit of the **Agreement**.
14. It is a general condition that **You** take all reasonable steps to minimise **Our** risk and ongoing liability under this Policy.
15. This Policy, any endorsement to it, any proposal and any other written statement made by **You** or on **Your** behalf on which **We** have relied when accepting **You** for cover under this Policy, shall constitute the entire contract between **You** and **Us**.
16. **We** propose to choose English Law as the law which applies to this Policy unless **You** ask for another law and **We** agree to this in writing before the **Commencement Date**.
17. Sainsbury's Bank plc, **St Andrew's Life** and **St Andrew's Insurance** are connected companies as the ultimate parent company of **St Andrew's Life** and **St Andrew's Insurance** also has shares in Sainsbury's Bank plc.
18. Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. Any information **You** supply on a claim, together with information **You** have supplied on any application form and other information relating to a claim, will be provided to the register participants. Where **We** suspect fraud **We** may use surveillance to protect **Our** business interest.
19. The Financial Services Compensation Scheme may assist **You** if **We** were, in some circumstances, unable to meet **Our** liability to **You**. Further details are available on request.

### **Part 3 Benefit**

#### **(A) Life Insurance**

**We** will pay the lesser of either the **Outstanding Balance** (including up to 4 months' arrears if applicable) or the **Credit Limit** to the **Coverholder** if, during the **Period of Cover**, **You** die.

**Please note:-**

the maximum benefit payable under the Life Insurance Part of this Policy, when added to any other death benefit payable under a Policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £15,000.

**Exclusions - We** will not pay benefit if:-

- i. the death results, directly or indirectly, from a **Pre- Existing Condition** (See Special Notes) or a **Chronic Condition**.

#### **Special Notes**

This exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from symptoms and have not consulted a doctor or received treatment for a 2 year period prior to **Your** claim. If **You** had appointments to see a doctor within this period and these were not kept, the **Pre-Existing Condition** exclusion will apply unless **You** had been formally discharged.

#### **(B) Accident & Sickness Insurance**

**We** will pay **Monthly Benefit** to the **Coverholder** if, during the **Period of Cover**, **You** suffer **Disability**.

**Please note** payment of **Monthly Benefit** is subject to the following conditions:-

1. i. **You** must have been **Disabled** for a continuous period of 30 days after which one **Monthly Benefit** shall become payable; and  
ii. **Daily Benefit** shall then become payable in respect of each consecutive day of **Your Disability** until the earliest of the following dates:-
  - a. the date on which **You** cease to be **Disabled** or fail to provide proof that **You** are **Disabled**; or
  - b. the date on which **You** return to **Work**; or
  - c. the date on which **We** have paid 12 consecutive **Monthly Benefits** in respect of any one **Disability** claim; or
  - d. the date on which the lesser of either the **Outstanding Balance** or the **Credit Limit** has been paid; or
  - e. the **Termination Date**.
2. The maximum **Monthly Benefit** payable under the Accident & Sickness Insurance Part of this Policy, when added to any other accident & sickness benefit being paid in respect of that month under a Policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £1,500.
3. Where 2 periods of **Disability** arising from the same condition are separated by 3 calendar months or less **We** will treat this as one continuous claim.
4. Benefit shall not be payable under the Accident & Sickness Insurance Part of this Policy if **You** are currently receiving benefit under the Unemployment Insurance or Carer Cover Insurance Part of this Policy.

**Exclusions - We** will not pay benefits if the **Disability** results, directly or indirectly, from:-

- i. an episode of self-harm; or

- ii. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence); or
- iii. any psychotic or psychoneurotic illness, mental or nervous disorder or stress or stress related condition, unless the condition has been diagnosed by a Consultant Psychiatrist and **You** are under continued supervision and receiving treatment from a Consultant Psychiatrist or unless the condition is the result of a bereavement. This will need to be confirmed by your doctor and payment would be limited to one monthly benefit; or
- iv. backache and related conditions unless there is radiological evidence of medical abnormality resulting in **Disability**; or
- v. a **Pre- Existing Condition** (See Special Note) or a **Chronic Condition**.

#### **Special Note**

This exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from symptoms and have not consulted a doctor or received treatment for a 2 year period prior to **Your** claim. If **You** had appointments to see a doctor within this period and these were not kept, the **Pre-Existing Condition** exclusion will apply unless **You** had been formally discharged.

#### **(C) Unemployment Insurance**

If **You** are **Self-Employed** and wish to make an **Unemployment** claim **We** will only pay benefit if **You** are without **Work** due to the business in which **You** were **Self-employed** totally and permanently ceasing to trade as a direct result of it being unable to pay its debts as and when they fell due.

**We** will pay:-

**Monthly Benefit** to the **Coverholder** if, during the **Period of Cover**, **You** suffer **Unemployment**.

Please note payment of **Monthly Benefit** is subject to the following conditions:-

1. i. **You** must have been **Unemployed** for a continuous period of 30 days, after which one **Monthly Benefit** shall become payable; and
  - ii. **Daily Benefit** shall become payable in respect of each consecutive day of **Your Unemployment** until the earliest of the following dates:-
    - a. the date on which **You** cease to be **Unemployed** or fail to provide proof that **You** are **Unemployed**; or
    - b. the date on which **We** have paid 12 consecutive **Monthly Benefits** in respect of any one **Unemployed** claim; or
    - c. the date on which the lesser of either the **Outstanding Balance** or the **Credit Limit** has been paid; or
    - d. the **Termination Date**.
2. The maximum **Monthly Benefit** payable under the Unemployment Insurance Part of this Policy, when added to any other unemployment or redundancy benefit being paid in respect of that month under a Policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder**, is £1,500
3. Where **You** are **Unemployed** for two periods separated by less than 6 calendar months **We** will treat this as one continuous claim.
4. If whilst **You** are **Unemployed** **You** wish to commence temporary work then, provided **You** have first contacted **Us** and have given **Us** full details of the

temporary work and have received **Our** agreement, if the temporary work does not continue for more than 6 months **We** will not, during that period, pay **Monthly Benefit** but will treat **Your** claim as suspended and will, thereafter, commence or resume payment of **Monthly Benefit** as if **You** had one continuous claim.

5. If **You** cease to be entitled to **Monthly Benefit** under the Unemployment Insurance Part of this Policy, then **You** will not be entitled to any further **Monthly Benefit** under the Unemployment Insurance Part of this Policy until **You** have returned to **Work** for a continuous period of at least 6 months.
6. Benefit shall not be payable under the Unemployment Insurance Part of this Policy if **You** are currently receiving benefit under the Carer Cover Insurance or Accident & Sickness Insurance Part of this Policy.
7. If, during payment of an **Unemployment** claim, **You** are not able to actively seek **Work** only because of a **Disability**, **We** may consider continuing to pay **Monthly Benefit** subject to **Our** not being required to pay more than 12 **Monthly Benefits** from the date of the original **Unemployment**.

**Exclusions - We** will not pay benefit if:-

- i. **Your Unemployment** occurs within 30 days of the **Commencement Date** or **Notification of Unemployment** was given to **You** (or if, in **Our** reasonable opinion **You** were aware of a forthcoming **Notification**) prior to the **Commencement Date**; or
- ii. **Your Unemployment** is in any manner voluntary; or
- iii. **You** are, at the date of **Your Unemployment**:-
  - a. engaged in a seasonal occupation; or
  - b. working under a fixed-term contract of employment, the term of which will expire before the **Repayment Date**, (see Special Notes below); or
  - c. employed by:-
    - a limited liability partnership or a company of which **You** or **Your Partner**, parent, child, brother or sister were a director and/or shareholder (other than by way of bona fide investment if a company quoted on a recognised stock exchange); or
    - someone who is self-employed or by a partnership, where the person who is self-employed, or any of the partners of the partnership, is **Your Partner**, parent, child, brother or sister.
- iv. **Unemployment** occurs after **You** have reached the earlier of normal or statutory pensionable age for the occupation in which **You** were engaged; or
- v. **You** become **Unemployed** as a result of **Your** own act, omission or negligence; or

**Special Notes:**

Exclusion iii b will not apply in the following circumstances:-

**You** become **Unemployed** due to the expiry of, or during, a fixed term contract and immediately prior to **Your Unemployment**, **You** have been employed for at least 12 consecutive months and **Your** contract has been renewed at least once.

**You** become **Unemployed** due to the expiry of, or during, a fixed term contract and immediately prior to **Your Unemployment**, **You** have been in employment for a total unbroken period of 24 months or more with the same employer.

**You** become **Unemployed** due to the expiry of, or during, a fixed term contract and **You** have previously been employed by the same employer on a permanent basis but were transferred to a fixed term contract without a break in employment.

In addition, if **You** are unable to meet the employment criteria in 1, 2 and 3 above, and **Your** contract has been terminated before the due expiry date, **You** may be eligible to claim benefit for the period until the original expiry date of the fixed term contract, subject to a maximum of 12 **Monthly Benefits** being paid.

#### **(D) Carer Insurance**

**We** will pay an amount equal to 12 times the **Monthly Benefit**, the **Outstanding Balance**, the **Credit Limit** or the remaining **Monthly Benefits** due to the **Termination Date** (whichever is the lesser) if during the **Period of Cover**, **You** become a **Carer**

Payment of benefits is subject to the following requirements:-

1. **You** must be in receipt of **Carer Allowance** (or any replacement benefit) or if not eligible for **Carer Allowance** (or any replacement benefit) must be able to demonstrate that **You** have given up full time **Work** to care for **Your Relative**.
2. Prior to any benefit being paid under this section of the Policy, **You** will have to provide a letter from the **Doctor** of **Your Relative** to confirm the nature and start date of the condition suffered. This will include details of when the patient first consulted for this condition and when it was first diagnosed.
3. If **You** were employed **We** will write to **Your** last employers to confirm that **You** did not leave **Your** employment for reasons other than to become a **Carer**.
4. **The** maximum **Monthly Benefit** payable under the Carer Cover Insurance Part of this Policy when added to any other carer cover benefit being paid in respect of that month under a Policy underwritten by **Us** in respect of any of **Your Agreements** with the **Coverholder** is £1,500
5. The maximum benefit payable under the Carer Cover Insurance Part of this Policy when added to any other Carer Cover benefit being paid by **Us** in respect of any of **Your Agreements** with the **Coverholder** is £15,000.
6. Only one benefit is payable under the Carer Cover Insurance Part of the Policy. Once a benefit has been paid the Carer Cover Insurance Part of the Policy will end.
7. If **You** have received a benefit under the Carer Cover Insurance Part of this Policy then **You** will not be entitled to a benefit under the Accident and Sickness or Unemployment Insurance Parts of this Policy until a period of at least 12 months has lapsed from the date that **You** became a **Carer**.

**Exclusions** - **We** will not pay benefits if:-

1. The sickness, disease, condition or injury of the person being cared for existed prior to the **Commencement Date** (this exclusion will not apply if, in the opinion of **Our** Chief Medical Officer, the sickness, disease, condition or injury would not have normally deteriorated or was not considered likely to deteriorate to the extent that full time care is required during the **Period of Cover**); or

2. **Your Work** ceases for any other reason not associated with the need to become a **Carer**; or
3. **Your** resignation is from employment, which is of a casual or temporary nature.
4. **You** are currently receiving benefits under the Accident and Sickness Insurance or Unemployment Insurance Part of this Policy.

#### **(E) Critical Illness Insurance**

**We** will pay:-

the lesser of either the **Outstanding Balance** (including up to 4 months' arrears if applicable) or the **Credit Limit** to the **Coverholder** if, during the **Period of Cover**, **You** suffer **Critical Illness** from which **You** survive for a period of 30 days or more from the date of diagnosis.

**Please note:-**

The maximum benefit payable under the Critical Illness Insurance Part of this Policy, when added to any other Critical Illness benefit payable under a Policy underwritten by **Us** in respect of **Your Agreements** with the **Coverholder**, is £15,000.

**Exclusions:-**

Pre existing Conditions Exclusion

No benefit will be payable in respect of a claim arising in connection with a **Critical Illness** condition which was diagnosed before the **Commencement Date** of this Policy. In addition, no benefit will be payable for any **Critical Illness** condition which, in the opinion of **Our** Chief Medical Officer, has resulted directly or indirectly from a condition for which **You** have previously received treatment or of which **You** were aware at the **Commencement Date** of the Policy.

**NB** for the purposes of this exclusion, the suffering or undergoing of a **Heart Attack** or **Stroke** is considered to be the same disease.

Exclusions - **We** will not pay benefits if the **Critical Illness:-**

- i. is suffered by **You** within 3 months of the **Commencement Date**;
- ii. results directly or indirectly from:-
  - a. an episode of self-harm; or
  - b. **Your** consumption of alcohol or **You** taking drugs otherwise than under the direction of a **Doctor** (provided that such direction is not given due to **Your** treatment for drug addiction or dependence); or

#### **(F) Misuse of Card Insurance**

In the event of the unauthorised use of the Sainsbury's Bank Card during the **Period of Cover** by a person who obtained it without the **Cardholders** consent, the **Cardholder** will be indemnified up to a maximum of £50.00

### **Part 4**

#### **Claims Procedure**

Written notice of any claim should be given within 120 days of the date of the event giving rise to that claim together with, at **Your** expense, such information and proof as **We** may reasonably require. If such notice and information is not given within

this 120 day period then, other than in exceptional circumstances, no benefits will be paid in respect of the claim.

In the event of **Your** death, to enable **Us** to assess **Your** entitlement to benefit, additional information may be required from a medical practitioner who has treated **You**. In the event that additional medical information is required, **You** agree to **Us** requesting and obtaining medical information from any medical practitioner who has treated **You**.

Throughout any period for which **Disability** or **Unemployment** benefits are claimed **You** should provide, such proof of continued **Disability** or **Unemployment**, as may be reasonably required. If **You** are required to provide **Us** with a **Doctors** statement or medical certificate **We** will refund **You** the cost of obtaining this statement or certificate if **You** provide **Us** with a valid receipt. Other than in exceptional circumstances, no benefits shall be payable for any period for which the required substantiating proof is not provided.

In the event that **You** become a **Carer**, to enable **Us** to assess **Your** entitlement to benefit, additional information will be required from **Your** employer and **You** agree to **Us** requesting and obtaining such information. If **You** are **Self Employed**, **You** will need to provide such evidence that **Your** business has totally and permanently ceased to trade. **You** will also be asked to provide at **Your** expense written confirmation from the **Doctor** of **Your Relative** confirming the details surrounding their medical condition.

**We** may require **You**, at **Our** expense, to be examined by a medical examiner of **Our** choice. If **You** fail to attend any such examination, no further benefit shall be payable.

**We** may also arrange for an agent representing **Us** to visit **You**. The purpose of any such visit will be to gather details relating to **Your** claim in order to ensure an accurate assessment. It is essential that **You** make yourself available for any such visit. If **You** do not do this, no further benefit shall be payable unless circumstances beyond **Your** control have led to **Your** unavailability.

When making a claim for **Unemployment** benefit, **Your** claim may be selected for Back to Work Assistance. This specialised service is designed to provide guidance and assistance with **Your** job search and is provided at **Our** expense. If **Your** claim is selected, provided **We** have received **Your** consent, **Your** claim details will be provided to **Our** Back to Work Assistance service provider.

Completed claim forms and all matters relating to any claim should be sent to:-

Claims Management Department

PO Box 741, Leeds, LS1 9HB

Telephone 08457 023 839\* Fax 01372 479451

\*Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes

**You** may contact **Us** using TypeTalk, Telephone 18001 08457 023839\*.

## **Part 5**

### **Customer Service**

Any enquiry or complaint regarding this Policy should in the first instance be addressed to:-

Customer Liaison Manager

PO Box 741, Leeds, LS1 9HB

Please supply details of **Your Agreement** Number to enable the enquiry to be dealt with promptly.

If **You** have any reason to complain to **Us**, **We** will deal with **Your** complaint in the following way:

1. **We** will try **Our** best to resolve **Your** complaint to **Your** satisfaction straight away and in any event before the end of the next working day.
2. If **We** cannot do this, **We** will send **You** an Acknowledgement Letter within 5 working days and tell **You** who will be handling **Your** complaint and how to contact them. **We** will also tell **You** how **We** will deal with **Your** complaint.
3. If **We** can resolve **Your** complaint in less than 5 days, **We** will send **You** a Final Response Letter which will inform **You** whether **We**:
  - Accept **Your** complaint and will tell **You** what **We** will offer **You** to make amends; or
  - reject **Your** complaint and will explain the reasons for doing so; or

Σ• reject **Your** complaint but in some circumstances **We** will offer **You** some form of compensation and **We** will explain in full why this is being offered to **You**.
4. If **We** cannot resolve **Your** complaint within 5 working days **We** must within 4 weeks of receiving **Your** complaint either send a Final Response Letter as detailed above, or send **You** a Holding Response Letter explaining why **We** are not in a position to resolve **Your** complaint and indicate when **We** will make further contact.
5. If within a further 4 weeks (i.e. 8 weeks from the date **We** first received **Your** complaint) **We** are still unable to resolve **Your** complaint, **We** will at this time:-
  - Either send **You** a Final Response Letter; or

Σ• If **We** cannot make a final response **We** will tell **You** why and indicate when **We** will make further contact.
6. After 8 weeks, or whenever **We** send **You** a Final Response Letter if that is sooner, **You** can refer **Your** complaint to the Financial Ombudsman Service if **You** are not satisfied with the outcome of **Your** complaint or the delay in resolving it. When **We** write to **You**, **We** will send **You** a copy of the leaflet telling **You** how to complain to the Financial Ombudsman Service and that **You** can do this within 6 months of **Our** sending **You** the leaflet.

The Financial Ombudsman Service is at:-

South Quay Plaza, 183 Marsh Wall, London E14 9SR

Telephone 0845 080 1800

None of the above affects any right **You** may have to take action through the courts.