

CREDITCARE SILVER

This is your Policy

PLEASE READ IT CAREFULLY.

PLEASE KEEP IT SAFE.

ST ANDREW'S LIFE ASSURANCE plc
(Registered in England No 3104670)
and
ST ANDREW'S INSURANCE plc
(Registered in England No 3104671)

Both with Head Offices at: St Andrew's House, Portsmouth Road,
Esher, Surrey, KT10 9SA
Policy Number: 01328Q224
Date of Issue of Policy: 14th November 2004
Coverholder: Sainsbury's Bank plc

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

If You are not in good health at the **Start 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 **Start Date** You must be:-

1. the first named party to **Your Agreement**;
2. a **U.K. Resident**;
3. at least 18 years of age;
4. under 65 years of age;
5. in **Work**.

If You have any enquiry regarding Your eligibility, please contact Us. Tel. No. 08457 023839*

*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.

PROTECTING YOUR REPAYMENTS AGAINST LIFE'S MISFORTUNES

Now that you have arranged Creditcare, you can rest assured knowing that your repayments are protected against the unexpected.

This booklet tells you exactly how your Creditcare policy works and what you should do if you ever need to make a claim.

For your convenience, we have arranged this booklet into 5 parts:

- Part 1 is a glossary of the terms used in the policy, giving you precise definitions of key words upon which your Creditcare Policy is based.
- Part 2 gives you the General Provisions of Creditcare, which are the rules of the Policy.
- Part 3 lists the benefits of the Policy, showing you the cover you are entitled to in each category.
- Part 4 tells you what you should do, if you ever need to make a claim.
- Part 5 tells you about our service commitment to you, and tells you who to contact, should you have any enquiries or complaints.

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**.

"CARER" : You being entirely without **Work** solely due to the need to care for a **Relative** and being registered with Your local Social Services Department as a carer and having undergone a Community Care Assessment from which it is reasonable for Us to conclude that the **Relative** requires care from You of at least 35 hours per week.

"CHRONIC CONDITION" : any condition, injury, illness, disease, related condition and/or associated symptoms resulting from a chronic condition that was in existence at the **Start 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.

"CIVIL DISORDER" : war, civil war, military activity other than normal peace time activity, rebellion, revolution, riot or other civil commotion.

"COVERHOLDER" : Sainsbury's Bank plc.

"DAILY BENEFIT" : a sum equivalent to one thirtieth of the **Monthly Benefit**.

"DEFERRED PERIOD" : the period of up to three months from the **Start Date** of **Your Agreement** during which You have deferred Your first payment.

"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 a **Joint Borrower** or any of Your or a **Joint Borrower's** co-habitees or relatives.

"EMPLOYMENT" : You working for remuneration under a contract of employment and paying Class 1 National Insurance contributions.

"END 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 on which You permanently retire from work; or
- iv. 84 months from the **Start Date**; or
- v. the date on which all sums due to the **Coverholder** under the **Agreement** have been paid; or
- vi. the **Repayment Date**; or
- vii. the date on which a premium has remained unpaid by You for a period of 4 months after it is due; or
- viii. 4 months after the date of a default by You in satisfying any obligation under the **Agreement** unless You make good the default before the expiration of this 4 month period.

"JOINT BORROWER" : the second named party to an **Agreement** and who on the **Start Date** is at least 18 and under 65 years of age.

“MONTHLY BENEFIT” : the monthly amount due from **You** to the **Coverholder** under the original terms of the **Agreement** excluding default charges.

“NORMAL PREGNANCY AND CHILDBIRTH RELATED CONDITIONS” : any symptoms which normally accompany a pregnancy and/or childbirth (including those related to multiple pregnancy) and which do not represent an unusual or significant hazard to mother or baby.

“NOTIFICATION” : 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.

“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 **Start Date** to the **End Date**.

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

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

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

“REPAYMENT DATE” : the date on which the final repayment under the original terms of **Your** **Agreement** becomes due.

“SELF-EMPLOYED” : **You** actively working alone or with others (whether in a partnership or as a member of a limited liability partnership) and paying Class 2 National Insurance Contributions and being assessable to Income Tax under Schedule D Case I or II.

“SETTLEMENT FIGURE” : the amount required by the **Coverholder** at the date of **Your** or the **Joint Borrower**'s death (whichever occurs first) to discharge **Your** indebtedness under the **Agreement** including any payments due to the **Coverholder** which are up to 3 months in arrears.

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

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

“START DATE” : the start date of the **Agreement**.

“TERM” : the period from the **Start Date** to the **Repayment Date**.

“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 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 for **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 for **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 **Start Date** is:-

- i. the first named party to an **Agreement**; and
- ii. at least 18 and under the age of 65 years; 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. 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**.
2. No provision or condition of this Policy may be waived or modified except by an endorsement signed by an authorised official on **Our** behalf.
3. This Policy shall have no surrender value.
4. 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.
5. 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.

6. If the premium for **Your** insurance has been financed by the **Coverholder**, and **You** settle **Your** loan early, **You** may receive a part refund of **Your** premium which **We** will send to the **Coverholder** for the credit of **Your** **Agreement**, provided that **You** have not made a successful claim. **Your** refund will not be calculated proportionately but in accordance with another formula known as 'Rule of 78' (details of this formula are available from **Us** on request). If **You** would like examples of how much of **Your** premium will be refunded please write to the **Coverholder**.
7. Except under General Provision 6, **You** will not be entitled to a refund of any premium paid under this Policy unless **You** were ineligible at the **Start Date** for insurance under this Policy and provided that no information supplied to **Us** by **You** or on **Your** behalf was inaccurate.
8. All refunds of premium and benefits payable under this Policy shall be paid to the **Coverholder** for the credit of the **Agreement**.
9. It is not possible for **You** to transfer **Your** rights under this Policy.
10. It is a pre-condition of **Our** liability that **You** comply with all Parts of this Policy and that **You** take all reasonable steps to minimise **Our** risk and ongoing liability under this Policy.
11. 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**.
12. **United Kingdom** law allows parties to choose the law applicable to a contract. The contract will be subject to the law applicable to the region of the **United Kingdom** in which **You** reside.
13. 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.
14. 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.
15. 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 Benefits

(A) Life Insurance

We will pay:-

the **Settlement Figure** to the **Coverholder** if, during the **Period of Cover**, **You** or the **Joint Borrower** 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 £50,000.

Exclusions:

We will not pay benefit if:

Your or the **Joint Borrower**'s death results directly or indirectly from a **Pre-Existing Condition** (See Special Notes) or a **Chronic Condition**.

No benefit will be payable in respect of the death of a person who has reached the age of 65.

Special Notes

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

(B) Accident & Sickness Insurance

We will pay:-

Daily Benefit to the **Coverholder**, payable monthly in arrears, if, during the **Period of Cover**, **You** suffer **Disability**. No benefit will be paid during the **Deferred Period**.

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

1. i. You must have been **Disabled** for a continuous period of at least 14 days after which a sum equal to 14 **Daily Benefits** shall become payable; and
- ii. **Daily Benefit** shall become payable in respect of each additional consecutive day that **You** are **Disabled** 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 **End 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 £2,500.
3. If **We** stop paying **Monthly Benefit** because:-
We have paid 12 consecutive **Monthly Benefits** in respect of any one **Disability** claim then **You** will not be entitled to any further **Monthly Benefit** under the Accident & Sickness Insurance Part of this Policy until **You** have returned to **Work** for a continuous period of 6 months.
4. Where two periods of **Disability** arising from the same condition are separated by 6 calendar months or less **We** will treat this as one continuous claim.
5. Subject to paragraphs 3 and 4 above, **You** will not be entitled to any further **Monthly Benefit** under the Accident & Sickness Insurance Part of this Policy until **You** have returned to **Work** for a continuous period of at least 1 month.
6. Benefit shall not be payable under the Accident & Sickness Insurance Part of this Policy if **You** are currently receiving benefit under the Unemployment 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. **Normal Pregnancy and Childbirth Related Conditions** (See Special Notes 1); or
- iii. backache and related conditions unless there is radiological evidence of medical abnormality resulting in **Disability**; or
- iv. **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
- v. **Civil Disorder**; or
- vi. 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 of and receiving treatment from a Consultant Psychiatrist; or
- vii. a **Pre-Existing Condition** (See Special Notes 2) or a **Chronic Condition**; or
- viii. ionising radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Special Notes:

- (1) When a claim is made by **You** for a pregnancy or childbirth related condition, **We** may refer to a **Doctor** who specialises in Obstetrics for an opinion as to whether the condition is a **Normal Pregnancy and Childbirth Related Condition**. **We** will consider this opinion to be final.
- (2) 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** have had appointments to see a doctor within this period and these were not kept, the **Pre-existing Condition** exclusion will apply unless **You** have 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:-

Daily Benefit to the **Coverholder**, payable monthly in arrears, if, during the **Period of Cover**, **You** suffer **Unemployment**. No benefit will be paid during the **Deferred Period**.

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

1. i. **You** must have been **Unemployed** for a continuous period of 30 days, after which a sum equal to 30 **Daily Benefits** shall become payable; and
- ii. **Daily Benefit** shall then become payable in respect of each additional consecutive day that **You** are **Unemployed** 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 **Unemployment** claim; or
 - c. the **End 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 £2,500.
3. **Unemployment** benefits are payable only if **You** have been in continuous **Work** for at least 6 months immediately prior to the date of **Your Unemployment**.
Subject to paragraphs 4 and 5, if **You** cease to be entitled to **Daily Benefit** under the Unemployment Insurance Part of this Policy, then **You** will not be entitled to any further **Daily Benefit** under the Unemployment Insurance Part of this Policy until **You** have returned to **Work** for a continuous period of at least 6 months.
4. Where **You** are **Unemployed** for two periods separated by less than 6 calendar months **We** will treat this as one continuous claim.
5. 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.
6. Benefit shall not be payable under the Unemployment Insurance Part of this Policy if **You** are currently receiving benefit under the 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 **Start 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 **Start Date** or within 30 days after the **Start 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 where loss of work is a regular or recurrent feature; 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. working on a temporary basis or working on a specific task or job and the completion of this task or job has resulted in **Your Unemployment**; or
 - d. working under a contract of employment which required **You** ordinarily to work outside the **United Kingdom**. **We** will treat **Your** contract of employment as requiring **You** to ordinarily work outside the **United Kingdom** if **You** worked other than in the **United Kingdom** for a period or periods totalling more than 12 weeks in the 52 week period preceding the claim; or
 - e. 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 in 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.
- This exclusion will not apply where the company, partnership or person by whom **You** were employed ceases totally and permanently to trade at the same time or immediately following **You** becoming **Unemployed**; or
- iv. **Your Unemployment** results directly or indirectly from a strike or labour dispute; or
 - v. **You** refuse any offer of reasonable alternative employment by **Your** employer, which by reason of **Your** qualifications and previous experience and the location of such employment it would have been reasonable for **You**

- to accept; or
- vi. **You** become **Unemployed** due to the expiry of a period of training or apprenticeship; or
 - vii. **Unemployment** occurs after **You** have reached the earlier of normal or statutory pensionable age for the occupation in which **You** were engaged; or
 - viii. it would be in respect of any period for which **You** have received or are entitled to a payment in lieu of notice of the termination of **Your Employment**; or
 - ix. in **Our** reasonable opinion, **You** have not made an active and continuing effort to find work since the day **You** became **Unemployed**; or
 - x. **You** become **Unemployed** as a result of **Your** own act, omission or negligence; or
 - xi. **Your Unemployment** results directly or indirectly from:-
 - a. **Civil Disorder**; or
 - b. ionising radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Special Notes:

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

- 1) **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.
- 2) **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.
- 3) **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 Cover Insurance

We will pay an amount equal to 12 times the **Monthly Benefit**, (or the remaining **Monthly Benefit** due to the **End 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. 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.
2. 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**.
3. If **You** are a **Self-Employed** business owner, **You** will need to provide evidence that **Your** Business has totally and permanently ceased to trade and that **You** have filed cessation accounts with the Inland Revenue and that this did not occur for reasons other than **You** having to become a **Carer**.
4. **You** must provide **Us** with the Community Care Assessment of the needs of **Your Relative** and **Your Carer's** Assessment.
5. 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 £2,500.
6. 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 £30,000.
7. 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.
8. 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 Part 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 **Start 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. In **Our** reasonable opinion the Community Care Assessment does not confirm that **Your Relative** requires a **Carer**; or
3. **Your Work** ceases for any other reason not associated with the need to become a **Carer**; or
4. **Your** resignation is from employment, which is of a casual or temporary nature.
5. **You** are currently receiving benefits under the Accident and Sickness Insurance or Unemployment Insurance Part of this Policy.

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

Throughout any period for which **Disability** or **Unemployment** benefits are claimed **You** should provide, at **Your** expense, such proof of continued **Disability** or **Unemployment** as may be reasonably required. In the case of a **Disability** claim this may include copies of **Your** Medical Certificates and/or **Doctor's** statements. In the case of a **Unemployment** claim this may include documentary evidence that **You** are actively seeking re-employment including copies of job application forms, interview letters and rejection letters. 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** fail to do so, no further benefit shall be payable unless circumstances beyond **Your** control have led to **Your** unavailability.

When making a claim for **Unemployment** benefits, **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 that **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 a claim should be sent to:-

Sainsbury's Bank Insurance Centre
Claims Management Department
PO Box 336
Esher, Surrey
KT10 9WD
Telephone: 08457 023839*
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 Services

Our aim is to give Our customers a high standard of service at all times.

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

Customer Liaison Manager
St Andrew's Group plc
St Andrew's House
Portsmouth Road
Esher, Surrey
KT10 9SA

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
 - 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. 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
 - If We cannot make a final response We will tell You why and indicate when We will make further contact.
5. 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 inform You 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 of action You may have.