

# **ASDA** Personal Loans

ASDA Gold, Silver  
and Bronze Payment  
Protection Insurance  
Policy Summary

## IMPORTANT INFORMATION: ASDA Gold, Silver and Bronze Payment Protection Insurance Policy Summary

The information below is only a summary of your single premium Payment Protection Insurance and does not contain the full policy terms and conditions. Please refer to the Policy Document for full details of the cover provided.

Payment Protection Insurance is provided by Financial Insurance Company Limited (in relation to the disability, critical illness and unemployment cover) and by Financial Assurance Company Limited (in relation to life cover) together referred to as "we/us" in this Policy Summary.

**keyfacts**®

### 1. What does my policy cover me for?

At the start date of cover, you must be aged 18 years or over and under 65 years and working under a paid contract of employment for at least 16 hours a week in the UK, (including self-employed).

You are covered under this policy if you are:

	You are covered under this policy if you are	Life	Disability	Unemployment	Critical Illness
<b>Gold</b>	Aged 18-64 years and working under a paid contract of employment for at least 16 hours a week in the UK (including self-employed)	✓	✓	✓	✓
<b>Silver</b>	Aged 18-64 years and working under a paid contract of employment for at least 16 hours a week in the UK (including self-employed)	✓	✓	✓	
<b>Bronze</b>	Aged 18-64 years and working under a paid contract of employment for at least 16 hours a week in the UK (including self-employed)	✓	✓		

If you are working in the UK under a paid contract of employment, or self-employed, for at least 16 hours a week you will receive cover as set out in the table above.

If you do not meet the eligibility criteria in the table but your partner is aged 18-64 years and working under a paid contract of employment for at least 16 hours a week, (including self-employed) and is named on the credit agreement, your partner may be able to claim instead of you. You cannot both make a claim at the same time.

Eligibility criteria for your partner is contained in Section 2 of the Policy Document. In summary, your partner must be your husband, wife or civil partner at the date cover starts and at the claim date, or must have lived with you permanently for 24 months before the date cover starts, must continue to do so at the claim date and must be named on the credit agreement.

In this summary, "you" and "your" applies to your partner where applicable.

Further details of the cover are summarised below and the limitations and exclusions are summarised in Section 2 below.

#### Disability (sickness or accident) cover

If you suffer from a disability (sickness or accident) for 30 days in a row we will pay you one monthly benefit as shown in your policy schedule. After this we will pay you  $\frac{1}{30}$  of your monthly benefit for each additional day you are off work until:

- the policy end date; or
- the disability ceases; or
- the outstanding balance has been paid;

whichever happens first.

We will not pay you any monthly benefits for your disability during the deferred period if you have a deferred payment scheme.

#### Unemployment cover

After 30 consecutive days of unemployment we will pay you one monthly benefit. After this we will pay you  $\frac{1}{30}$  of your monthly benefit for each additional day you are off work until:

- the policy end date; or
- you fail to provide evidence of your unemployment; or
- you stop being unemployed; or
- the outstanding balance has been paid; or
- we have made 12 monthly payments for any one claim,

whichever happens first.

Unemployment cover is available for fixed term contracts with the same employer for at least six months where the contract has been renewed at least once, or if you are self-employed and carrying out a business in the UK. If you are unemployed as a result of becoming a carer, we may consider a claim if you can provide evidence of this.

Benefits also apply if you are self-employed and carrying out a business in the UK, or if you are working on a fixed-term contract with the same employer for at least 6 months and your contract has been renewed at least once, or if you are unemployed by becoming a carer.

We will not be able to pay you any monthly benefits for your unemployment during the deferred period if you have a deferred payment scheme.

#### Life cover

If you die we will pay the outstanding balance up to a maximum of £25,000.

### **Critical Illness cover**

If you are diagnosed as critically ill or operated on for a critical illness after the start date and before the end date, we will pay the outstanding balance up to a maximum of £25,000. See Section 3 of the Policy Document for the conditions that are covered under this policy.

**Full details on all these benefits can be found in Section 3 of the Policy Document.**

## **2. What am I not covered for under this policy?**

As with most insurance policies exclusions and limitations apply. The list provided is not exhaustive but highlights exclusions and limitations, which may be considered significant.

### **Disability cover**

We will not pay you monthly benefit for any disability caused or resulting from:

- any pre-existing condition – this is any condition, whether diagnosed or not, which you knew about, should have known about, or consulted a doctor about during the 12 months immediately before the start date. (You may make a claim if you have been symptom free for 12 months prior to your claim); or
- backache or related conditions unless certified by your Doctor and remaining under the care of an appropriate specialist. Supporting medical evidence (MRI or CT scan or equivalent) may be required if appropriate to your condition; or
- psychiatric illness or mental disorders including stress and stress related conditions unless certified by your Doctor and remaining under the care of an appropriate specialist; or
- the use of drugs or alcohol which are not taken under the advice or supervision of a doctor.

### **Unemployment cover**

No benefit is payable in relation to your employment or your spouses / partners employment (where this applies) if:

- you were not in employment for at least six months immediately before you became unemployed; or
- you were aware of any impending unemployment at the start date of the policy; or
- your unemployment is a result of a deliberate action on your behalf such as if you resign or take voluntary unemployment; or
- your unemployment is a result of willful misconduct, fraud or any act you carried out; or
- you are on a fixed term contract, which ends after less than 6 months; or
- your unemployment happens within 30 days of the start date of your policy.

(in this section “you” and “your” applies to you and your partner, if applicable).

### **Life cover**

There are no exclusions under this cover.

### **Critical Illness cover**

We will not pay critical illness benefits for:

- any pre-existing condition – this is any condition, whether diagnosed or not, which you knew about during the 12 months immediately before the start date of the policy. (You may make a claim if you have been symptom free in the 12 months prior to your claim); or
- You are diagnosed as critically ill or operated on for a critical illness within 90 days of the start date of the policy.

**Please refer to Section 3 of the Policy Document for full details of exclusions under this cover.**

## **3. How Long Am I Covered For?**

Your cover is valid for the duration of your loan agreement or until:

- your insurance is cancelled by you or us; or
- your credit agreement ends; or
- for disability or unemployment cover, you reach 65 or permanently retire, or
- you die

whichever happens first.

## **4. What if I want to cancel my policy?**

If you are not satisfied with your cover, please call 0871 522 5613, (calls may be monitored and recorded for quality and security purposes. Calls cost 10p per minute plus network extras) or write to the bank at GE Capital Bank Limited, PO Box 700, Leeds, LS99 2BD, within 30 days of the start date of the policy. GE Capital Bank Limited will then cancel your cover from the start date without charge.

If you do not cancel your policy within 30 days of the start date or, if later, the date you receive your Policy Document you or we may cancel your cover at any time by giving 30 days' notice in writing. Full details of how to cancel and the amount of refund applicable are shown in Section 6 of the Policy Document.

The table below gives examples of how much refund you can expect to receive during the term of your policy.

Expired Policy Term	Percentage of Premium Refunded
Within the first 30 days	100%
At month 12	80%
At month 24	60%
At month 36	40%
At month 48	20%
At month 60	0%

### 5. What if I want to make a claim?

If you want to claim under disability, critical illness or unemployment cover, you should contact Financial Insurance Company Limited at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR or phone them on **0870 400 4713** to ask for a claim form (calls may be recorded or monitored for quality and security purposes).

If you want to make a claim under life cover, you should contact Financial Assurance Company Limited at Building 11, Chiswick Park, Chiswick High Road, London W4 5XR or phone them on **0870 400 4713** to ask for a claim form. (Calls may be recorded or monitored for quality or security purposes).

### 6. Your circumstances - Keeping us informed

You are responsible for deciding whether this insurance meets your demands and needs. Your cover may be affected if your personal circumstances change.

To ensure this policy continues to meet your demands and needs please write to GE Capital Bank Limited, PO Box 700, Leeds, LS99 2BD or telephone on 0871 522 5613 if your personal circumstances change, for example if you or your partner stop working or if you reach 65. (Calls may be monitored and recorded for quality and security purposes. Calls cost 10p per minute plus network extras.)

### 7. What to do if you want to make a complaint

If you are not satisfied with the service of Financial Insurance Company Limited, please write to The Company Secretary, Financial Insurance Company Limited, Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR. Or you can phone us on 0870 400 4870 to have your call directed to an appropriate person. You should give details of the policy number or claims reference number to help with the speedy handling of your enquiry.

If your complaint cannot be settled in this way, you may be entitled to refer the matter to the Financial Ombudsman Service. Please write to: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR or phone: 0845 080 1800.

If you complain it will not affect your legal rights. Unless agreed in writing before commencement of the policy, English law shall apply.

### 8. Who provides my insurance policy?

The insurance is introduced to you by ASDA Financial Services Ltd (“ASDA”) and is arranged by GE Consumer Credit Services Ltd (“GE Services”) in connection with GE Capital Bank Limited (“GE Bank”).

ASDA is an introducer appointed representative of GE Bank. Its registered office address is ASDA House, Southbank, Great Wilson Street, Leeds, West Yorkshire LS11 5AD. (Registered in England number 464777). ASDA is regulated by the Financial Services Authority. Its FSA registration number is 230174.

GE Services is an appointed representative of GE Bank. Its registered office address is 6 Agar Street, London WC2N 4HR. (Registered in England number 3927500). GE Services is regulated by the Financial Services Authority. Its FSA registration number is 403582.

GE Bank’s registered office address is 6 Agar Street, London WC2N 4HR. (Registered in England number 1456283). GE Bank is authorised and regulated by the Financial Services Authority. Its FSA registration number is 204572.

The insurance for **disability** cover less than 60 months and **unemployment** is arranged by GE Capital Bank Limited and is provided by Financial Insurance Company Limited (registered in England number: 1515187). The insurance for life is arranged by GE Capital Bank Limited and is provided by Financial Assurance Company Limited (registered in England number: 4873014). Both Financial Insurance Company Limited and Financial Assurance Company Limited are limited by shares, and their registered offices are at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR. Financial Insurance Company Limited is authorised and regulated by the Financial Services Authority (registered number: 202639). Financial Assurance Company Limited is authorised and regulated by the Financial Services Authority (registered number: 229586).

You can check these details on the FSA’s Register by visiting the FSA’s website <http://www.fsa.gov.uk/register> or by contacting the FSA on 0845 606 1234.

### 9. Financial Services Compensation Scheme

Our activities are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our financial responsibilities. This depends on the type of business and the circumstances of the claim. If we are not able to meet our responsibilities the FSCS will pay 100% of the first £2,000 and 90% of the rest of the claim. You can get more information about compensation scheme arrangements from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or by phoning 020 7892 7300.

# ASDA Gold, Silver, Bronze Payment Protection Insurance – Policy document

## Introduction to the policy

This document sets out the cover **your** policy provides. Please read this document so that **you** know exactly what **you** are covered for and keep it in a safe place so that **you** can refer to it easily if **you** need to. If **you** find **you** are not covered for something that **you** feel **you** have asked for, if **your** circumstances change, or if **you** do not understand any part of the policy please phone **us** on 0871 522 5613. (Calls may be monitored and recorded for quality and security purposes. Calls cost 10p per minute plus network extras.)

For confirmation of whether **you** have chosen Gold, Silver or Bronze cover, please refer to **your** policy **schedule** where this will be indicated.

If **you** decide **you** do not want the cover, please contact **us** within 30 days of receiving the policy. **We** will refund any premiums **you** have paid as long as **you** have not made a claim under the policy.

If **you** want to make a claim against this policy, please contact **us** as soon as possible after the date **you** last worked to ask for a claim form. The details of how to claim are in Section 4.

## SECTION 1: Definitions

The words, which appear in this document in bold type, have specific meanings and these are explained below.

**appropriate specialist** means a medical specialist currently practicing in the UK who is registered with the General Medical Council who is not **you**, a relative or close friend.

**bank** means GE Capital Bank Limited trading as GE Money.

### claim date

- for life claims, the date **you** die.
- for **disability** and **unemployment** claims, **your** last day in **work**.
- for critical illness claims, the date **you** are diagnosed as being **critically ill**.

**credit agreement** means the credit agreement between **you** and the **bank**, which is covered by this policy.

**critical illness, critically ill** means any one or more of the diseases or illnesses referred to in Section 3.

**deferred period** means the period between the **start date** and the day before **you** are due to pay **your** first monthly repayment under the credit agreement.

**deferred payment scheme** means an agreement where **you** can defer the first monthly repayment to the **Bank** for a **deferred period**.

**disability** means any sickness, disease, condition or injury, which stops **you** from doing any paid **work**. If **you** are **self-employed**, a disability must stop **you** from helping, managing or carrying out any part of the day-to-day running of a business.

**disabled** means having a **disability**.

**doctor** means a medical practitioner registered with the General Medical Council and working in the United Kingdom. A medical practitioner who confirms **your disability** when **you** are making a claim cannot be **you**, a relative or a close friend.

**end date** means the date **your** cover ends, as set out in section 5.

**full-time employment** means **you** are **working** for at least 16 hours a week in the United Kingdom either under a contract of employment or as a **self-employed** person. **You** must be receiving a salary or wages and be paying the appropriate class of Nationals Insurance contributions.

**insured term** means the period during which cover under this policy is in force, being the period from the **start date** to the **end date** for which **you** have paid a single **premium**.

**monthly benefit** means the monthly amount of benefit **we** will pay direct to the **bank** on **your** behalf as shown in **your** policy **schedule**.

**outstanding balance** means the amount outstanding at **claim date** up to a maximum of £25,000.

**partner** means a person who is either **your** husband or wife, or who has lived permanently with **you** for 24 months or more before the **start date**, named on the **credit agreement**.

**permanently retire, permanently retired** means **you** have stopped **working** and **you** do not plan to return to **work**.

**pre-existing** condition means any condition, injury, disease or related condition/symptoms, which **you** knew about or should reasonably have known about at the **start date**, or had seen or arranged to see a **doctor** about during the 12 months immediately before the **start date**. Claims will be accepted if **you** are symptom free and have not consulted a **doctor** or received treatment for the condition in the 12 months prior to the claim.

**premium** means the single premium **you** have paid for this insurance, including insurance premium tax, that will be added to **your credit agreement**.

**schedule** means the document **you** receive with this policy, which sets out the details of **your** cover.

**self-employed** means working for at least 16 hours a week for profit in a profession or business, either alone or with others and paying the appropriate class of National Insurance contributions and being liable to pay income tax.

**start date** means the later of the following:

- the date of **your credit agreement**; or
- the date **we** (or the **bank** on **our** behalf) accept **your** application for cover; or
- the date on which **you** receive **your** Policy Document.

**unemployment, unemployed** means:

- not being in **full-time employment** (which includes helping, managing or carrying out any part of the day-to-day running of a business); and
- being available for and actively looking for **work**, and being able to provide evidence of this; and
- having signed a jobseeker's agreement or similar official agreement and giving **us** a copy of it. If **you** break any condition of the agreement, **we** may suspend or stop **your** benefit.

**we, us, our** means Financial Insurance Company Limited for **disability** cover up to 60 months, **unemployment** and **critical illness** and Financial Assurance Company Limited for life cover and **disability** cover for over 60 months.

**work, working** means being in **full-time employment**.

**you, your** means the person who has the **credit agreement** with the **bank** and meets the eligibility conditions set out in section 2.

## Section 2: Eligibility

**You** are covered under this policy if on the **start date** the following apply to **you**.

You are covered under this policy if **you** are:

	You are covered under this policy if you are	Life	Disability	Unemployment	Critical Illness
<b>Gold</b>	Aged 18-64, working 16 hours a week in the UK (including self-employed)	✓	✓	✓	✓
<b>Silver</b>	Aged 18-64, working 16 hours a week in the UK (including self-employed)	✓	✓	✓	
<b>Bronze</b>	Aged 18-64, working 16 hours a week in the UK (including self-employed)	✓	✓		

### Important

1. If **you** do not meet the eligibility conditions in the table shown above but **you** have a **partner** who does meet those conditions at the **start date** and they are **named** on the **credit agreement**, **your partner** may claim instead of **you**. **You** cannot make a claim at the same time.
2. If you are aware of any **pre-existing** condition that may cause **you** to claim for

**disability, critical illness** and life benefits or any possible **unemployment, we** will still insure **you**. However, **we** will not pay any benefits directly relating to that unemployment or **pre-existing** condition which **you** were aware of in the 12 months before the **start date**. However **disability** claims will be accepted if **you** are symptom free and have not consulted a **doctor** or received treatment for the condition in the 12 months prior to the claim.

3. If **you** are eligible for life, **disability** and **unemployment** cover at the **start date** and **you permanently retire**, **you** will no longer be eligible for **these** covers. **You** will still be eligible for life and **critical illness** cover.

## SECTION 3: Benefits and Exclusions

### A. Disability cover

This cover is only available if **you** are aged 18 or over but under 65 and **working**.

If **you** are **working** or on statutory maternity leave and **you** become **disabled** during the **insured term** for 30 days in a row, **we** will pay a **monthly benefit** straight into the account that **you** have with the **bank**.

**We** will continue to pay  $\frac{1}{30}$  of the **monthly benefit** for each day **you** are **disabled** until the earliest of the following.

- the **end date**; or
- **you** stop being **disabled**; or
- the **outstanding balance** has been paid.

**We** will consider the first day of **disability** as the day a **doctor** confirms that **you** are **disabled** and are not able to **work**. **We** will only pay **you disability** benefit if a **doctor** is regularly treating **you** for the condition causing **your disability**.

### New Deal for disabled people

If **you** have made a **disability** claim and then find part-time work of less than 16 hours a week through the government scheme 'New Deal for **disabled** people', **you** will still be able to claim the **monthly benefit** as long as **you** receive Incapacity Benefit and the part-time work is for fewer hours a week than those **you** worked before **your** claim.

### Further disability claims

If **you** have made a **disability** claim which ends for whatever reason, **you** will not be able to make another **disability** claim until **you** have been in continuous **work**, or (if **you** are on statutory maternity leave **your doctor** confirms that **you** would be continuously fit to **work** if **you** were not on statutory maternity leave) for:

- 30 days if the **disability** is different; or
- 180 days if the **disability** is the same.

**You** cannot claim for more than one cover at one time. **We** will not pay **unemployment** benefit for any period that **you** are entitled to **disability** benefit, and vice versa.

**We** will not pay **you disability** benefit during the **deferred period** if **you** have a **deferred payment scheme**.

## Disability cover exclusions

We will not pay **you monthly benefit** for any **disability** caused by or resulting from:

- any **pre-existing condition**; or
- backache or related conditions unless certified by **your** General Practitioner and remaining under the care of an **appropriate specialist**. Supporting medical evidence (MRI or CT scan or equivalent) may be required if appropriate to **your** condition; or
- psychiatric illness or mental disorders including stress and stress related conditions unless certified by **your** General Practitioner and remaining under the care of an **appropriate specialist**; or
- drugs or alcohol which are not taken under the advise or supervision of a **doctor**.

## B. Unemployment cover

This cover is only available if **you** are aged 18 or over but under 65 and **working**.

If **you** are **working**, or on statutory maternity leave, and **you** become **unemployed** during the **insured term** for at least 30 days in a row, **we** will pay one **monthly benefit** straight into the account that **you** have with the **bank**. If **you** remain unemployed **we** will pay  $\frac{1}{30}$  of the monthly benefit for each day **you** are unemployed until the earliest of the following:

- the **end date**; or
- **you** fail to provide evidence of **your unemployment**; or
- **you** stop being **unemployed**; or
- the **outstanding balance** has been paid; or
- **we** have paid 12 monthly payments for any one claim.

When paying **your** claim, **we** will consider **your** first day of **unemployment** as the day you are first registered as **unemployed** with the Benefits Agency or any other government office that replaces it. **You** will not be considered to be **unemployed** for days when **you** are receiving payment instead of **working your** notice.

## Carers

If **you** are **unemployed** as a result of becoming a carer, **we** will consider an **unemployment** claim if **you** can provide evidence that **you** have to care for a member of **your** immediate family, **you** receive Carer's Allowance and **you** were not aware of the situation before the **start date**.

## Self-employed

**You** are eligible to make an **unemployment** claim if **you** have involuntarily stopped trading because **your** company's assets cannot pay its debts, other liabilities and expenses, and **you** have told HM Revenue & Customs about this.

**You** will not be able to make an **unemployment** claim unless **your** business:

- has stopped trading or is in the process of being wound up (or both); and
- is under the control of an insolvency practitioner; or
- has seen a reduction in income sufficient to be eligible for Job Seekers Allowance (JSA); or
- is a partnership, which has been or is in the process of being dissolved.

## Fixed term contract

If **your** fixed-term contract ends, whether **you** are **working** on a PAYE or **self-employed** basis, **you** will not be able to make an **unemployment** claim unless:

- **you** have been in continuous **work** with the same employer for at least 6 months and **your** contract has been renewed at least once; or
- **you** were originally employed permanently by the same employer but were transferred to a fixed-term contract by the employer without a break in employment and **you** had no reason to believe that it would not be renewed again.

## Temporary work

If **you** are receiving **unemployment** benefit and want to start temporary **work** for three months or less, please let **us** know before **you** start **work**. **We** will not pay while **you** are **working** temporarily, but when it finishes **we** will continue **your unemployment** claim and will treat this as one continuous claim until the earliest of the following;

- the **end date**; or
- **you** stop being **unemployed**; or
- the **outstanding balance** has been paid for any one **unemployment** claim.

## Pregnancy and unemployment

If **you** are **unemployed** and become pregnant, **we** will continue to pay **your unemployment** claim during **your** pregnancy and immediately after **you** have given birth, as long as **you** continue to provide **us** with satisfactory evidence that **you** are **unemployed** and that **you** are actively looking for **work**.

## Further unemployment claims

If two or more periods of **unemployment** are separated by three months or less, **we** will treat this as one continuous claim but **we** will not pay for any time **you** were **working** between these periods.

If the two periods of **unemployment** are separated by more than three months, **you** must return to **work** for six months in a row before **you** make another **unemployment** claim.

## Unemployment cover exclusions

**We** will not pay **you monthly benefit** for **unemployment** if:

- **you** were not in **full-time employment** for at least six months immediately before **you** became **unemployed**;
- at the **start date** or within 30 days of the **start date** **you** knew **you** would be made **unemployed** or **you** had reason to believe that **you** might be made **unemployed**;
- **your work** was seasonal, casual or temporary, or **unemployment** is a regular feature of **your work**;
- **you** resigned or **you** accepted voluntary redundancy;
- **you** lost **your** job because of misconduct, fraud, dishonesty, an unofficial strike or lock-out, or any act **you** carried out; or

- **you** have taken retirement and **you** have no intention of getting another job.

**We** will not pay **you unemployment** benefit during the **deferred period** if **you** have a **deferred payment scheme**.

### C. Critical Illness Cover

**We** will pay the **outstanding balance** if **you** are **working** or on statutory maternity leave and **you** suffer a critical illness as defined below: -

**(a) heart attack**, being the death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction

- Typical clinical symptoms (for example, characteristic chest pain).
- New characteristic electrocardiographic changes; and
- The characteristic rise in cardiac enzymes, troponins recorded at the following levels or higher;
  - Troponin T > 1.0 ng/ml
  - AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction.

**(b) stroke**, being death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

**(c) major organ transplant**, the undergoing as a recipient of a transplant of bone marrow or a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official waiting list for such a procedure;

**(d) kidney failure**, being chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

**(e) cancer**, being any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma, sarcoma and Hodgkin's disease, but the following are excluded:

- All cancers which are histologically classified as any of the following;
  - Pre malignant, for example essential thrombocythaemia and polycythaemia rubra vera;
  - Non-invasive;
  - Cancer in situ;
  - Having either borderline malignancy; or
  - Having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of greater than 6 or having progressed to at least TNM classification T2NOMO.

- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

**(f) coronary artery disease** requiring the undergoing of surgery, requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

### Critical illness exclusions

**We** will not pay **critical illness** benefits for any **critical illness** arising from or in consequence of the following;

- Any **pre-existing condition**; or
- Any condition caused due to alcohol or drugs which are not taken under the advice or supervision of a **doctor**; or
- Transient ischaemic attacks; or
- Traumatic injury to the brain tissue or blood vessels; or
- Other acute coronary syndromes including but not limited to angina; or
- Transplant of any other organs, parts of organs, tissues or cells; or
- All cancers which are histologically classified as any of the following;
  - Pre malignant, for example essential thrombocythaemia and polycythaemia rubra vera;
  - Non-invasive;
  - Cancer in situ;
  - Having either borderline malignancy; or
  - Having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of greater than 6 or having progressed to at least TNM classification T2NOMO.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus.
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus.

### D. Life cover

If **you** die during the **insured term**, **we** will pay the **bank** the **outstanding balance**, up to a maximum of £25,000.

### Life cover exclusions

There are no exclusions under this cover.

## SECTION 4: How to claim

### • Ask for a claim form

**You** (or **your** personal representatives for a life claim) should contact **us** at Financial Insurance Company Limited, Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR or phone **us** on 0870 400 4713 to ask for a claim form. To help **us** assess **our** service, **we** record and monitor phone calls.

### • Fill in the claim form

**You** (or **your** personal representative for a life claim) should fill in the claim form fully and accurately, and return it to **us** at Financial Insurance Company Limited, Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR. **We** will also ask **you** (or **your** personal representatives for a life claim) for other information and documents to help **us** process **your** claim.

### • What happens after you send us your claim form?

**We** will process **your** claim and if **we** need more information from **you** or someone else, **we** will write and explain this to **you**. **We** will then write and tell **you** if **we** have accepted or rejected **your** claim.

### • Continuing claims

For **disability** and **unemployment** claims, **you** must fill in a continuing claim form for each month you are claiming. If **you** are late sending **us your** claim form, **we** may not be able to pay **your** claim.

### • How to change your claim

Please contact **us** straight away and **we** will send **you** a new claim form to fill in with details of **your** new claim. **We** will ignore the fact **you** have not been **working** because of **your** current claim. The most **we** will pay for both claims combined is 12 monthly benefits or the **outstanding balance**, whichever happens first.

**We** will only pay **you** one type of benefit (life, **disability**, **critical illness** or **unemployment**) at any one time.

## SECTION 5: When does cover end?

All cover under this policy will end and all **monthly benefits** will stop automatically:

- if **you** die; or
- for **disability** and **unemployment** cover when **you** reach 65 or **permanently retire** before then (and **you** must tell the **bank** as soon as possible if **you** **permanently retire** before **you** reach 65); or
- when **your agreement** ends; or
- when **your** cover is cancelled by **you**.

## SECTION 6: Important notes about your policy

### • Cancellations and Refunds

To cancel **your** policy please write to the **bank** at GE Capital Bank Limited, PO Box 700, Leeds, LS99 2BD, within 30 days of the **start date** and GE Capital Bank Limited will refund any **premium you** have paid as long as **you** have not made a claim. After that **your** policy may only be cancelled by **you** giving **us** 30 days notice in writing and **we** will offer **you** a pro-rata refund of **premium**. This means, for example, if **you** have a 60-month policy and **you** pay a **premium** of £780.00, and **you** ask for **your** policy to be cancelled after 24 months from the **start date**, this means there would be 36 months **premium** left under the policy so **we** will refund **you** £468.00 ( $£780/60 * 36 = £468$ ).

In addition to the example above the table below gives examples of how much refund **you** can expect to receive during the term of **your** policy.

Expired Policy Term	Percentage of Premium Refunded
Within the first 30 days	100%
At month 12	80%
At month 24	60%
At month 36	40%
At month 48	20%
At month 60	0%

- English law and the English language will apply to **your** policy unless **we** make a written agreement with **you** saying otherwise.
- **We** are covered by the Financial Services Compensation Scheme. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** financial responsibilities. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the rest of the claim. **You** can get more information about compensation scheme arrangements from the FSCS at [www.fscs.gov.uk](http://www.fscs.gov.uk), or by phoning 0207 892 7300.
- If **we** pay a benefit, **you** must allow **us** to enforce **our** rights against any other parties, which **we** are or may be entitled.
- **You** cannot transfer **your** rights or interest in this policy to any other person. This policy will not have any value at the **end date** or if it is cancelled.
- **We** have a right to change the terms in this policy by giving **you** 30 days' notice in writing. If **you** are not happy with the change, **you** may cancel **your** cover from the date of the change.

- No condition of this agreement will be enforceable under the Contract (Rights of Third Parties) Act 1999.
- If **you** make a claim for benefit that is in any way fraudulent, **your** cover under this policy will be treated as invalid from the **start date**. **We** will not refund any premium **you** have paid and **we** may take legal action against **you**.

#### • Data protection

The information that **you** give **us** about **yourself**, including sensitive information, will be used by **us**, **our** associated companies and **our** agents to process this insurance and handle claims. This may involve transferring the information to other countries (including those which have limited or no data protection laws). **We** have taken steps to make sure that **your** information is held securely. **We** may be asked to give your information to the insurance regulator and public organisations (including the police) to help prevent fraud.

### SECTION 7: Our promise of service

**We** set ourselves high standards.

If **you** are not satisfied with the service of GE Capital Bank Limited, please write to Customer Services, GE Capital Bank Limited, PO Box 700, LS99 2BD.

If **you** are not satisfied with the service of Financial Insurance Company Limited, please write to The Company Secretary, Financial Insurance Company Limited, Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR. Or **you** can phone **us** on 0870 400 4870 to have **your** call directed to an appropriate person. **You** should give details of the policy number or claims reference number to help with the speedy handling of your enquiry.

If **your** complaint cannot be settled in this way, **you** may be entitled to refer the matter to the Financial Ombudsman Service. Please write to The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London. E14 9SR or phone: 0845 080 1800.

If **you** complain it will not affect **your** legal rights. Unless agreed in writing before commencement of the policy, English law shall apply.

This policy confirms that **you** are insured for life, **disability**, **unemployment** and **critical illness** under **bank** scheme numbers 3760-01 and 3761-01 dated 1st February 2008 if **you** have chosen Gold cover.

This policy confirms that **you** are insured for **disability**, **unemployment** and life under **bank** scheme numbers 3762-01 and 3763-01 dated 1st February 2008 if **you** have chosen Silver cover.

This policy confirms that **you** are insured for **disability**, and life under **bank** scheme numbers 3764-01 and 3765-01 dated 1st February 2008 if **you** have chosen Bronze cover.

The insurance for **disability** cover less than 60 months and **unemployment** is arranged by GE Capital Bank Limited and is provided by Financial Insurance Company Limited (registered in England number: 1515187).

The insurance for life is arranged by GE Capital Bank Limited and is provided by Financial Assurance Company Limited (registered in England number: 4873014).

Both Financial Insurance Company Limited and Financial Assurance Company Limited are limited by shares, and their registered offices are at Building 11, Chiswick Park, Chiswick High Road, London, W4 5XR.

Financial Insurance Company Limited is authorised and regulated by the Financial Services Authority (registered number: 202639).

Financial Assurance Company Limited is authorised and regulated by the Financial Services Authority (registered number: 229586).

GE Capital Bank Limited, Registered office 6 Agar Street, London, WC2N 4HR. Registered number: 1456283, Registered in England.

### Policy information

If **you** would like this policy in large print, in Braille or on tape, please phone one of the following.

Helpline: 0870 400 4768

Textphone: 0870 400 4769