

# **DISABLING INJURIES PROTECTION PLAN**

Policy Document and Policy Summary

**HOSPITAL PLAN INSURANCE SERVICES**

*The purpose of this policy summary is to help you understand the insurance by setting out the significant features, benefits, limitations and exclusions. You should still read the policy document for a full description of the terms of the insurance, including the policy definitions. This policy summary does not form part of the policy document wording.*

## Insurance Provider

Hospital Plan Insurance Services is an Appointed Representative of AIG Europe Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. Registered in England number 1486260

## Purpose of the Insurance

The insurance provides a range of cash sums for accidental bodily injury which result in death, permanent disability or fractures (all as specified in the policy).

## Significant Product Features and Benefits

For a full list of benefits and the benefit amounts, please refer to your Schedule, Table of Benefits and Policy Document. Cash benefits vary depending on the nature of the injury and the level of cover you choose when you apply.

- Benefits are paid if you are seriously and permanently disabled (as specified in the Schedule)
- A lump sum paid to the estate of the insured for Accidental Death (as specified in the Schedule)
- Benefits are paid in respect of a single or multiple fractures to the bone (as specified in the Schedule)
- No Claims Benefit payable subject to no claims having been made (as specified in the Policy Document)
- Additional benefits are payable in respect of accidents occurring (as specified in the Policy Document);
  - as a fare paying passenger on a scheduled aircraft, bus, tram, ship, hovercraft or train (100%)
  - on a Bank Holiday, whilst as a passenger or driver on a Motorway, as a result of an unprovoked malicious attack or terrorist attack (50%)

## Significant Exclusions and Limitations

For a full list of the general limitations and exclusions, please refer to page 4 of the policy document.

- No benefit is payable:
  - if the accident is sustained while you are flying, unless you are a fare-paying passenger
  - if you take drugs other than according to the manufacturer's instructions or as prescribed by a medical practitioner
  - if your bodily injury is sustained whilst directly involved in an unlawful act
  - if your bodily injury results from sickness or disease
- Benefits payable for those under the age of 18 are one half of those shown in the Table of Benefits.
- Benefits payable for those aged 75 and over at the date of the accident, the benefits shown in the Table of Benefits will be reduced by one-third.
- Cover will not continue if any Insured Person resides outside of the UK for more than 180 consecutive days.

## Law and Jurisdiction

This policy will be governed by the law that applies in the part of the territory where the policyholder normally lives unless agreed to the contrary by the policyholder and us before the effective date, otherwise the law of England and Wales will apply whose courts alone will have jurisdiction.

## Period of Insurance

Premiums are payable monthly. Each monthly premium buys cover for the calendar month in which it is paid. If any premium is not paid on the date it is due, cover will stop on that date if the premium is not received within 30 days.

## Right of Cancellation and 'Cooling-Off' period

You can cancel this policy at any time. If you cancel within 15 days of receiving your policy (or within 15 days of the start date shown on your schedule if this is the later) you will be entitled to a full refund of that premium, providing you have not made, or intend to make, a claim during that period.

We will provide the refund to you within 30 days from the date we receive your notice of cancellation.

## Claim Notification

If you wish to notify us of a claim or have any questions, simply contact Hospital Plan Insurance Services, stating your name and Policy Number:

### Office address:

Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG

### Customer helpline:

020 8662 8184  
8.30am to 5.30pm Monday to Friday

## Your Right to Complain

If you want to make a complaint, please contact:

**Hospital Plan Insurance Services, Norfolk House,  
Wellesley Road, Croydon, Surrey, CR0 1LH**

or telephone 020 8662 8184 8.30am to 5.30pm Monday to Friday

If, once we have issued our final decision letter, the complaint is not resolved to your satisfaction, you may refer it to:

**The Financial Ombudsman Service  
South Quay Plaza, 183 Marsh Wall, London E14 9SR**

or by telephoning 0845 080 1800

or visiting their website at [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

## Financial Services Compensation Scheme (FSCS)

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation if **we** are unable to meet **our** financial obligations. Further information about compensation scheme arrangements is available from the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk), or by writing to:

**Financial Services Compensation Scheme  
7th Floor Lloyds Chambers,  
Portoken Street,  
London E1 8BN  
or by calling 020 7892 7300 or 0800 678 1100**

# Policy Document

## Introduction

This document sets out the terms of **your** Disabling Injuries Protection Plan, please read it carefully. It tells **you** what is covered and what is not, what to do if **you** want to make a claim and who to call if **you** need help.

**You** should familiarise **yourself** with the cover provided by this policy and all the terms, conditions and exclusions that apply. You should read the policy in conjunction with **your schedule**.

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on **020 8662 8184**. Lines are open between 8.30am and 5.30pm Monday to Friday. **We** may record telephone calls for security and quality control purposes.

## Policy

This policy, together with the **schedule**, the application and any endorsements, forms the basis of the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due and **we** agree to accept it.

## Scope of Insurance

If an **insured person** has an **accident** on or after the **effective date** and suffers **bodily injury** which solely and independently of any other cause and within 12 months of the date of the **accident**, causes death, permanent disability or single or multiple fractures, we will pay the amount shown in the Table of Benefits, allowing for any accrued No Claims Benefit.

## Definitions

**We** use words in this policy which have a specific meaning, and sometimes those meanings are unique to this policy. These words are shown below and each time one of them is used in the policy and **schedule**, it is shown in bold type.

### Accident

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

### Bodily injury

Identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease.

### Child

Any person who is under 18 years of age.

### Effective date

The start date of the policy shown in the **schedule**, or the date on which an **insured person** was added to a policy if later.

### Insured person or persons

The person or persons shown on the **schedule**.

### Loss of hearing

Total and permanent loss of hearing.

### Loss of sight

The physical **loss** of an eye or the loss of a substantial part of the sight of an eye. A substantial part means that the degree of sight remaining after the **accident** is 3/60 or less on the Snellen scale after correction with spectacles or contact lenses. (At 3/60 on the Snellen scale one can see at 3 feet something one should be able to see at 60 feet).

### Loss of speech

Total and permanent loss of speech.

### Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation.

### Policyholder

The person who has paid for this policy and is shown on the **schedule**.

### Schedule

The document showing details of the cover, including the Table of Benefits, which should be read with this policy.

### Terrorist Act

Any act causing **bodily injury** with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests.

### United Kingdom

England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

### War

Military action, either between nations or resulting from civil war or revolution.

### We, us or our

AIG Europe Limited.

### You, your or yourself

An **insured person**.

## Special Benefits

- a) No Claims Benefit – The benefit payable will increase on each of the **insured person's** consecutive annual anniversary dates, up to a maximum of 25% as long as no claim has been made and all premiums due have been paid:
  - a. On the first anniversary all benefits increase by 10% of the sum assured shown in the Table of Benefits
  - b. On the second anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits
  - c. On the third anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits
  - d. On the fourth anniversary all benefits increase by a further 5% of the sum assured shown in the Table of Benefits
- b) If **bodily injury** occurs whilst the **insured person** is riding as a fare-paying passenger in or on any licensed aircraft, bus, tram, ship, hovercraft or train the benefit payable will be doubled.
- c) If **bodily injury** occurs on a Bank Holiday as defined in the United Kingdom, or the equivalent anywhere in the world, the benefit payable will be increased by 50%.
- d) If **bodily injury** occurs whilst travelling on a motorway, as defined in the United Kingdom, or the equivalent anywhere in the world, the benefit payable will be increased by 50%.
- e) If **bodily injury** occurs as a direct result of an unprovoked malicious assault or battery by another person other than a member of the **insured person's** family or household, the benefit payable will be increased by 50%.
- f) If **bodily injury** occurs as a direct result of a **terrorist act**, the benefit payable will be increased by 50%

## What We Don't Cover

No benefit for **bodily injury** will be payable:

- a) if the **accident** occurs as a direct consequence of a **war**;
- b) if the **accident** is sustained while **you** are flying, unless **you** are a fare-paying passenger;
- c) if **you** take a drug or drugs other than according to the manufacturer's instructions or as prescribed by a registered medical practitioner;
- d) if **you** take a drug or drugs for the treatment of drug addiction;
- e) if the **accident** occurs whilst driving, or in charge of, a vehicle and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs; or
- f) if **your bodily injury** is sustained whilst directly involved in an unlawful act;

## General limitations

Benefit limitations

- a) If death results from **bodily injury** and occurs within 13 weeks of the date of an **accident**, **we** will pay the accidental death benefit only.
- b) All benefits payable for a **child** are one half of those shown in the Table of Benefits.
- c) In the event that more than one benefit 1-17 applies to any one **accident**, only the benefit attracting the highest sum assured will be payable.
- d) For an **insured person** aged 75 and over at the date of the **accident**, the benefits payable are reduced by one third, subject to an overall maximum as shown on **your** policy **schedule**.
- e) The first £10,000 of any Accidental Death benefit payable will not be affected by any of the special benefits terms or general limitations b) or d) above. Any benefit payable in excess of this amount (for example, if **you** have a paid for Accidental Death endorsement) will be subject to the terms and conditions of this policy.

## Existing medical conditions

If **you** have an existing physical or medical condition and **you** have an **accident** and suffer **bodily injury**, **we** will ask an independent medical consultant to assess:

- a) whether **your** existing physical or medical condition has contributed to **your** post-**accident** disability; or
- b) whether the post-**accident** disability has made **your** existing physical or medical condition worse.

In either case, **we** will ask the consultant to assess the difference between **your** physical or medical condition before and after the **accident**. Any payment will be based on the difference, expressed as a percentage and applied to the appropriate benefit in the Table of Benefits.

## Example of an existing medical condition

**You** were partially blind in **your** left eye and **you** then had a car **accident** which left **you** totally blind in both eyes. **We** ask an independent Ophthalmic Surgeon to assess the difference between the amount of vision **you** had before and after the **accident**.

He assesses the pre-**accident** vision in **your** left eye at 50%, so **we** pay 50% for the loss of vision in that eye. The vision in **your** right eye was normal before the **accident**, so **we** pay 100% of the loss of eye.

## Non-specified injuries

If **you** have an **accident**, suffer **bodily injury** and the resulting disability is not specifically mentioned in the Table of Benefits but nevertheless results in permanent disability, **we** may still be able to make a payment. In these circumstances, **we** will ask an independent medical consultant to examine **you** and assess the degree of **your** post-**accident** disability and relate it, in percentage terms, to the nearest of those permanent disabilities specifically mentioned in the Table of Benefits. Payment will then be based on that percentage of the nearest benefit in the Table of Benefits.

## Residence outside the United Kingdom

Cover under this policy cannot continue if the **policyholder** or **you** reside outside the United Kingdom for more than 180 consecutive days. Please tell us as soon as this happens so **we** can stop collecting premiums. The cover will be amended to remove that **insured person**, or cancelled if there is only one **insured person**.

## General Conditions

### Cooling off period

If the cover does not meet the **policyholder's** requirements the **policyholder** may cancel this policy within 15 days of the first premium due date shown on the **schedule** or within 15 days of receiving the policy and **schedule**, whichever is the later. **We** will give the **policyholder** a full refund of any premiums paid as long as no claim has been made in that period. **We** will provide this refund within 30 days from the date **we** receive notice of cancellation from the **policyholder**.

### Cancelling the policy after the cooling off period

The **policyholder** may cancel this policy by giving Hospital Plan Insurance Services 30 days notice in writing to Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH or by calling 020 8662 8184. Cover stops on the date **we** receive notification of cancellation. **We** may cancel this policy by giving the **policyholder** 30 days notice in writing to the **policyholder's** last known address.

### Fraud or mis-statement

Any fraud, deliberate mis-statement or concealment when **you** applied for this policy or when **you** make a claim will render the policy void. In this event, any benefit due under this policy will be forfeited, including any benefit that has previously been paid to **you**. No premiums will be returned.

### Law and jurisdiction

This policy will be governed by the law that applies in the part of the **United Kingdom** where the **policyholder** normally lives, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

### Payment of benefit

The accidental death benefit will be paid to **your** legal representatives or executor and their receipt will discharge our liability under the policy. Any other benefit will be paid to the **insured person** who is the subject of the claim except in the case of a **child**, when it will be paid to the **policyholder**.

## Policy alteration

**We** may change the terms and conditions, including the premium, of the policy as considered necessary to reflect any event outside **our** control that **we** expect to have an impact on future claims which **we** could not reasonably have foreseen when the assumptions were last reviewed, or in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax. Before **we** make any changes, we will give the **policyholder** 30 days notice in writing to the **policyholder's** last known address. Alternatively the **policyholder** can cancel the policy and stop paying premiums altogether.

## Premium payment

The premium is payable monthly and is due on the first premium due date and subsequently on the 2nd day of each month. Each premium paid purchases cover under the terms of this policy for the calendar month in which it is due.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

## Claim procedure

A claim can be made under this policy by writing to the Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG or by calling 020 8662 8184. **We** must be notified as soon as reasonably practicable after the **accident** and a claim form completed and returned to **us**. The claim may be rejected if it is made so long after the **accident** happens that it makes it difficult or impossible for **us** to investigate the claim fully.

**We** may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and **your** reasonable travelling expenses to attend, provided these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

**We** will ask for certificates and a reasonable amount of information in support of the claim. If **we** do not receive the information **we** need, the claim could be rejected. If any statement in support of the claim is misleading or is found to be incorrect, the claim will be rejected and the policy will be cancelled. Any amounts already paid must be repaid to **us**. **We** reserve the right to ask for a post-mortem examination which **we** will pay for.

## How we use Personal Information

Hospital Plan Insurance Services is underwritten by AIG Europe Limited. Hospital Plan Insurance Services is an Appointed Representative of AIG Europe Limited. AIG Europe Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to **you** or other individuals (e.g. **your** dependants). By providing Personal Information **you** give permission for its use as described below. If **you** provide Personal Information about another individual, **you** confirm that **you** are authorised to provide it for use as described below.

**The types of Personal Information we may collect and why**  
- Depending on **our** relationship with **you**, Personal Information collected may include: identification and contact information, payment

card and bank account, credit reference and scoring information, sensitive information about health or medical condition, and other Personal Information provided by **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Decision-making on provision of insurance cover and payment plan eligibility
- Assistance and advice on medical and travel matters
- Management and audit of **our** business operations
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance, including compliance with laws outside **your** country of residence
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of marketing communications contact **us** by e-mail at: [queries@hpis.co.uk](mailto:queries@hpis.co.uk) or by writing to: **Marketing Preference Team, Hospital Plan Insurance Services, Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH**. If **you** opt-out **we** may still send **you** other important communications, e.g. communications relating to administration of **your** insurance policy or claim.

**Sharing of Personal Information** - For the above purposes Personal Information may be shared with **our** group companies, brokers and other distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers. Personal Information will be shared with other third parties (including government authorities) if required by law. Personal information (including details of injuries) may be recorded on claims registers shared with other insurers. **We** are required to register all third party claims for compensation relating to **bodily injury** to workers' compensation boards. **We** may search these registers to detect and prevent fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

**International transfer** - Due to the global nature of **our** business Personal Information may be transferred to parties located in other countries, including the United States and other countries with different data protection laws than in **your** country of residence.

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

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



details about **our** use of Personal Information can be found in **our** full Privacy Policy at [www.hpis.info/privacy.html](http://www.hpis.info/privacy.html) or **you** may request a copy using the contact details above.

## If something goes wrong with our service

### Complaints procedure

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

If **your** complaint is about a claim - Claims Manager, Accident and Health Claims Department, AIG Europe Limited, The AIG Building, 2-8 Altyre Road, Croydon, Surrey, CR9 2LG, telephone 020 8662 8183 and quote **your** claim and policy number.

If **your** complaint is not about a claim - Customer Support Manager, Hospital Plan Insurance Services, Norfolk House, Wellesley Road, Croydon, Surrey, CR0 1LH, telephone 020 8662 8184 and quote **your** policy number.

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

**We** will do **our** best to resolve the complaint quickly and will issue a final response letter to **you** addressing the issues raised. If we are not able to resolve **your** complaint to your satisfaction **you** may be entitled to refer any disagreement to the Financial Ombudsman Service (FOS) to review **your** case, without affecting **your** legal right to take action. The address is:

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

Telephone: 0845 080 1800

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

### How to contact us

Hospital Plan Insurance Services  
Norfolk House,  
Wellesley Road,  
Croydon, Surrey, CR0 1LH.

Telephone: 020 8662 8184 - Telephone calls may be recorded

### Financial Services Compensation Scheme (FSCS)

**We** are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation if **we** are unable to meet **our** financial obligations. Further information about compensation scheme arrangements is available from the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk), or by writing to:

Financial Services Compensation Scheme  
7th Floor Lloyds Chambers,  
Portoken Street,  
London E1 8BN  
or by calling 020 7892 7300 or 0800 678 1100

### Other information

This insurance is underwritten by AIG Europe Limited. Hospital Plan Insurance Services (HPIS) is an Appointed Representative of AIG Europe Limited.

AIG Europe Limited (FRN number 202628) is authorised and regulated by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. This can be confirmed with the Financial Conduct Authority on [www.fca.org.uk](http://www.fca.org.uk) or by calling 0845 606 9966.

AIG Europe Limited is also a member of the Association of British Insurers.

AIG Europe Limited is registered in England under number 1486260. Registered office: 58 Fenchurch Street, London EC3M 4AB.

## HOSPITAL PLAN INSURANCE SERVICES

Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. Registered in England 2100356.  
Hospital Plan Insurance Services is an Appointed Representative of AIG Europe Limited which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority.