

DISABLING INJURIES PROTECTION PLAN
Policy Document

HOSPITAL PLAN INSURANCE SERVICES

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Section 1 - Introduction

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

Hospital Plan Insurance Services (HPIS), who provides this policy, is an Appointed Representative of American International Group UK Limited. This policy is administered and underwritten by American International Group UK Limited.

American International Group UK Limited is registered in England under number 10737370. Registered office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. American International Group UK Limited is a member of the Association of British Insurers.

American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN 781109). This can be checked by visiting the FS Register (<https://register.fca.org.uk/>).

You should familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and exclusions that apply. **You** should read the policy in conjunction with **your schedule** and review the cover periodically to ensure it continues to meet **your** needs.

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on +44 (0)20 8662 8184, lines are open between 8.30am and 5.30pm Monday to Friday excluding public holidays, or email Customer Services at queries@hpis.co.uk. **We** may record telephone calls for security and quality control purposes.

This policy document, together with the **schedule**, the application and any endorsements, collectively form evidence of the contract between the **policyholder** and **us** and applies to whichever level of cover has been purchased. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due in accordance with Section 9 of this policy.

Section 2 - Scope of Insurance

If **you** have an **accident** on or after the **effective date** and before **your** insurance finishes, which results in **you** suffering a **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 No Claims Benefit as described in section 4. Please read this policy document carefully to ensure that **you** are fully aware of what it covers

Section 3 - 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, **table of benefits** and **schedule**, it is shown in bold type. Any word or expression in bold type has the same meaning whenever it is used throughout this policy. Plural forms of the words defined have the same meaning as the singular form.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place whilst the policy is in force.

Bodily injury

An 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.

Doctor

A registered medical practitioner who is not **you**, or related to **you**, or works for or with **you**, who is currently registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practise medicine.

Effective date

The start date of the policy shown on the **schedule**, or the date on which an **insured person** was added to this policy, or the date an endorsement was added to the policy, whichever is the latest.

Fracture

A break in the bone.

Insured person

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

Loss

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

Loss of hearing

Permanent, total and irrecoverable loss of hearing in both ears resulting in the **insured person** being classified as **profoundly deaf**.

Loss of sight

Permanent, total and irrecoverable loss of sight in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what **you** should see at 60 feet).

Loss of speech

Permanent, total and irrecoverable loss of speech.

Medical consultant

A **doctor** or other medical specialist who is not **you**, or related to **you**, or works for or with **you**, who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Medical specialist

A person who is not **you**, or related to **you**, or works for or with **you**, who currently holds a recognised qualification and all required accreditation to practise in a specific medical field, from a recognised body registered in the **United Kingdom** (or foreign equivalent).

Permanent disability

A disability which is permanent, total and irrecoverable, as specifically listed in items 1-17 in **your table of benefits**.

Policyholder

The person who has applied and paid for this policy and is shown on the **schedule** and is over 18 years of age.

Profoundly deaf

The inability to hear sounds when tested by a qualified audiologist quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.

Schedule

The certificate showing the name of the **policyholder**, **insured persons**, the **effective date** of cover, the **table of benefits** and the premium, which forms part of this policy and should be read in conjunction with this policy document.

Table of benefits

The document that describes how much **we** will pay for the type of **bodily injury** suffered by an **insured person**.

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

American International Group UK Limited.

You, your or yourself

An **insured person**.

Section 4 - 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. This special benefit will cease once a claim has been made:
 - 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 public 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%.

Section 5 - What is not covered

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 **doctor**;
- 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;

Section 6 - 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 insured 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 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.

Section 7 - Existing medical conditions

We will only pay for the **bodily injury you** have suffered if it is directly as a result of the **accident**. Any existing physical impairment or medical condition **you** have before the **accident** will be taken into consideration in calculating the amount payable on the basis of the difference between an **your** physical impairment or medical condition before and after the **accident**.

We will ask **your doctor** (if suitably qualified) or the **medical consultant** that treated **you** to make these assessments (or an independent **medical consultant** or other suitably qualified person if they are unable or unwilling to do so). The assessment will be converted into a percentage and applied to the policy benefit payable.

Example of an existing medical condition

You were partially blind in **your** left eye and **you** then had an **accident** which left **you** totally blind in both eyes and **you** make a claim for **loss of sight** in both eyes. **We** will ask an independent ophthalmic surgeon to assess the difference between the amount of vision **you** had before and after the **accident**.

If the independent ophthalmic specialist assesses the pre-**accident** vision in **your** left eye at 50%, **we** will pay 50% for the loss of vision in that eye. If the vision in **your** right eye was normal before the **accident**, **we** will pay 100% of the benefit payable for the total **loss of sight** in that eye.

Section 8 - Non-specified injuries

If **you** have an **accident** or suffer **bodily injury** and the resulting disability is not specifically mentioned, or is not a 100% **loss** of an item in the **table of benefits** under items 1-17, but nevertheless results in permanent, total and irrecoverable disability, **we** may still be able to make a payment.

In order to assess the **bodily injury** sustained, **we** will ask the treating **medical consultant, doctor** or **medical specialist** that treated **your** injury to review the impairment and disability and provide **us** with their assessment. If they are unable or unwilling to do this in a timely manner or if or they are unable to provide **us** with justifiable evidence to support their assessment, **we** will appoint an independent **medical specialist** to make this assessment. This may require them to examine **you** and/or review **your** medical records and other medical reports and/or refer to medical assessment guides so that an assessment can be made. **We** may also ask an independent **medical specialist** to examine **you** and/or review **your** medical records and other medical reports to obtain a second opinion. **We** may also ask **your** treating **medical consultant, doctor** or **medical specialist** to review and comment on the assessment made by the independent **medical specialist** **we** appoint to reach a joint agreement.

Once **we** are in receipt of the assessment(s) **we** will then calculate the disablement as follows:

- a) If **you** suffer **bodily injury** to a part of the body that is listed in the **table of benefits** items 1-17, **we** will calculate a percentage disablement to the nearest permanent disability item shown in the **table of benefits** to arrive at a claim payment amount.
- b) If **you** suffer **bodily injury** to a part of the body that is not listed in the **table of benefits** items 1-17, **we** will then calculate a percentage disablement of the body as a whole and apply this to the amount shown for item 18 to arrive at a claim payment amount.

Example

You sustain a head injury as a result of an assault during an attempted theft. This injury results in the permanent, total and irrecoverable **loss** of smell and taste. There is no benefit for **loss** of smell and taste listed in the **table of benefits**. **Your bodily injury** is assessed by reference to medical reports and a medical assessment guide. From the review, the **loss** of smell and taste is established as 5% whole person impairment. **You** would then receive a payment equal to 5% of the amount shown in the **table of benefits** for item 18.

Section 9 - General Policy Conditions

1. Assignment

This policy may not be assigned or transferred unless agreed by **us** in writing.

2. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

3. Complying with the policy

To have the full protection of this policy **you** must comply with the conditions outlined in 'Section 13 - Claims procedure', which are conditions of the policy. Failure to comply with these conditions may determine whether **we** deny any claim made under this policy or the amount **we** pay to **you** in the event of a claim.

4. Disappearance

If **you** disappear and, after a suitable amount of time and on the evidence provided, it is reasonable for **us** to believe that **you** have died as the result of an **accident**, then **we** will pay the accidental death benefit to **your** legal representatives or executor and their receipt will discharge **our** liability under the policy. If this belief is incorrect then the amount paid must be returned to **us**.

5. Disclosure of information

The **policyholder** must take reasonable care to make sure that all facts and information that they provide **us** with when they take out, renew, or request changes to the cover provided by the policy, are accurate and complete. If a **policyholder** fails to exercise reasonable care, **we** will treat the policy as if it had not existed from the effective date, renewal date or date when any changes were made to the policy (as the case may be) if they:

- a) deliberately or recklessly gave us inaccurate or incomplete information; or
- b) did not take reasonable care to give **us** accurate and complete information in circumstances where **we** would not have covered **you** or the **policyholder** at all, had **we** known about such information. **We** will return the premium provided that the **policyholder** did not deliberately or recklessly provide **us** with inaccurate or incomplete information.

In all other cases, **we** may refuse to pay all or part of a claim, depending on what **we** would have done if the **policyholder** had taken reasonable care to provide **us** with accurate and complete information. If **we** would have insured **you** or the **policyholder** on different terms (other than in relation to premium), then the policy will be treated as if it had contained such terms. In such circumstances, **we** will only pay a claim if the claim would have been covered by a policy containing such terms. If **we** would have provided **you** or the **policyholder** with cover for a higher premium, the amount payable on any claim will be reduced proportionally, based on the ratio that the premium actually charged bears to that which **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

If this policy covers more than one **insured person** and an **insured person** fails to comply with this condition, **we** may rely on **our** rights under this condition as against that **insured person**, as if a separate policy had been issued to them, leaving the remainder of the policy and the rights of other **insured persons** unaffected.

If the **policyholder** or **you** change address during the period of this policy **you** must notify **us** by contacting: Hospital Plan Insurance Services, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG, by calling +44 (0)20 8662 8184 or by email at queries@hpis.co.uk

6. Law and jurisdiction

This policy will be governed by English law. **We** and the **policyholder** agree to submit to the exclusive jurisdiction of the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **policyholder** resides in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

7. Policy and premium alteration

We will notify the **policyholder** of any changes to the terms and conditions, including the premium, of the policy by giving the **policyholder** 30 days' notice in writing to the **policyholder's** last known address. **We** will only make a change in order to reflect a change to the **policyholder's** circumstances, in the event of any change in the law affecting this policy, for example a change in Insurance Premium Tax, or to reflect a change to **our** underwriting approach.

If the changes are acceptable to the **policyholder** then this policy will continue.

If the changes are not acceptable, the **policyholder** may cancel this policy in accordance with 'Section 10 – Cancellation and Cooling off period'. If the **policyholder** cancels, claims made from the next premium due date following the date **we** receive notice of the cancellation will not be payable except where the event giving rise to the claim arose prior to such premium due date. **We** will return to the **policyholder** any premium already paid to **us** in advance for cover that is unused at the date of cancellation.

The **policyholder** is responsible for notifying **insured persons** of such cancellation or any changes to the terms and conditions.

8. 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 thereafter. Each premium paid purchases cover under the terms of this policy for the whole calendar month the premium due date falls in.

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. No claims will be paid for any **accident** that occurs after the 30 days have passed if the premium remains unpaid.

9. Residence outside the United Kingdom

Cover under this policy cannot continue for an **insured person** who resides outside the **United Kingdom** for more than 180 consecutive days. Cover will be cancelled from the 181st day that an **insured person** resides outside the **United Kingdom**. Please tell **us** as soon as this happens so there is no overpayment of premiums.

10. Rights of third parties

Only the **policyholder**, an **insured person** (or their executor or legal representative in the event of the death of an **insured person**) and **us** may enforce the terms of this policy. The provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

11. Sanctions

We shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us**, **our** parent company or **our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

Section 10 - Cancellation and Cooling off period

The policyholder's cooling off period

The **policyholder** may cancel this policy within 15 days of the policy commencing or the **policyholder** receiving the policy documentation (whichever is the later). The **policyholder** may cancel this policy by giving **us** notice in writing to Hospital Plan Insurance Services, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG, by e-mail to queries@hpis.co.uk or by calling Customer Services on +44 (0)20 8662 8184. **We** will give the **policyholder** a full refund of any premiums paid less any claim payments. Refunds will be returned to the **policyholder** within 30 days from the date **we** receive notice of cancellation for the **policyholder** to pass on to any **insured persons** if applicable.

The policyholder's rights to cancel the policy after the cooling off period

The **policyholder** may cancel this policy at any time by giving **us** notice using the contact details above. Cover will stop from the next premium due date following the date **we** receive notice of the cancellation.

Our right to cancel the policy

We have the right to cancel this **policy** by giving the **policyholder** at least 30 days' notice in writing at their last known address where **we** have serious grounds for doing so, such as where **you** or any **insured person** fails to pay the premium in accordance with clause 8 under section 9 General Policy Conditions or fails to comply the conditions set out in this **policy** and such failure is either incapable of remedy or is not remedied within 30 days of receiving a notice from **us** requiring **you** to remedy the breach. **You** will receive a proportionate refund of the premium paid from the date **we** cancel the policy except where there is an instance of fraud, and provided a claim has not been made during the policy period.

In the event that **we** are no longer able to renew your cover, **we** will give the **policyholder** at least 60 days' notice in writing to the **policyholder's** last known address, in advance of the premium due date.

The **policyholder** is responsible for promptly telling other **insured persons** that the policy has been cancelled. No person other than the **policyholder** and **us** has the right to cancel this policy.

Section 11 - Fraudulent or exaggerated claims

If **you** make any fraudulent or exaggerated claim, **we** will refuse to pay the claim and **you** must pay back any benefits **you** have already received in respect of such claim. **We** may also terminate this policy from the date of the fraud or exaggeration. If **we** terminate the policy, **we** will not refund any premiums.

If an **insured person** makes a fraudulent or exaggerated claim, **we** will only refuse to pay that **insured person's** claim and **we** may only terminate the cover for that **insured person**, leaving the remainder of the policy and the rights of other **insured persons** unaffected. In such a case, **we** will not refund any premium in respect of that **insured person**.

Section 12 - 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 due under this policy 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** provided that they are a parent of the child, otherwise it will be paid to the **child's** parent or legal representative.

Section 13 - Claim procedure

We must be notified as soon as reasonably practicable after the **accident** of a claim by completing a claim form and returning it to **us**. **You** can call **us** on +44 (0)20 8662 8183 to request a claim form. Lines are open between 9am and 5pm Monday to Friday, excluding public holidays.

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

The Manager, Claims Department. Hospital Plan Insurance Services, 2-8 Altyre Road, Croydon CR9 2LG.
Telephone: +44 (0)20 8662 8183
E-mail: hpisclaims@aig.com

We will ask for a reasonable amount of information as evidence in support of the claim at no expense to **us**, including information to show that the **bodily injury** was caused by the **accident** and covered under the policy. If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, the claim could be rejected.

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

You must give **us** permission to obtain medical reports or records needed by **us** to investigate **your** claim from any **doctor** or **medical consultant** who has treated **you** or has access to **your** medical reports or records; otherwise **we** may not pay the claim.

If **you** die **we** have the right to ask for a post-mortem examination if **we** believe it necessary to assess **your** claim, at **our** expense. If this is refused, **we** may not pay the claim.

Section 14 - How we use Personal Information

American International Group UK 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 partner** or other members of **your** family). If **you** provide Personal Information about another individual, **you** must (unless **we** agree otherwise) inform the individual about the content of this notice and **our** Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with **us**.

The types of Personal Information we may collect and why – Depending on **our** relationship with **you**, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or **medical conditions** (collected with **your** consent where required by applicable law) as well as other Personal Information provided by **you** or that **we** obtain in connection with **our** relationship with **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- 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 and regulations outside **your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact **us** by e-mail at: AIGDirect.Queries@aig.com or by writing to: Customer Support Team, The AIG Building, 2-8 Altyre Road, Croydon, Surrey CR9 2LG. If **you** opt-out **we** may still send **you** other important service and administration

communications relating to the services.

Sharing of Personal Information – For the above purposes Personal Information may be shared with **our** group companies and third parties (such as brokers and other insurance 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 laws or regulations. 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 prevent, detect and investigate 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, China, Mexico, Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **your** country of residence). When making these transfers, **we** will take steps to ensure that **your** Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in **our** Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep **your Personal Information** safe and secure. When **we** provide **Personal Information** to a third party (including **our** service providers) or engage a third party to collect **Personal Information** on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – **You** have a number of rights under data protection law in connection with **our** use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to **our** use of **your** Personal Information, a right to request that certain automated decisions **we** make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in **our** Privacy Policy (see below).

Privacy Policy – More details about **your** rights and how **we** collect, use and disclose **your** Personal Information can be found in **our** full Privacy Policy at <https://www.aig.co.uk/privacy-policy> or **you** may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: dataprotectionofficer.uk@aig.com.

Section 15 - Our commitment to you

We believe you deserve a courteous, fair and prompt service. If there is any occasion when **our** service does not meet your expectations please contact **us** using the appropriate contact details below, providing the policy/claim number and your name /**insured person** to help **us** deal with your comments quickly

For Claims related complaints please contact:

In writing: Claims Manager, Hospital Plan Insurance Services, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0) 20 8662 8183

Email: hpisclaims@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9 am – 5 pm (excluding public holidays)

All other complaints:

Write to: Customer Relations Team, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG

Call: +44 0800 012 1301

Email: uk.customer.relations@aig.com

Online: <http://www.aig.co.uk/your-feedback>

Lines are open Monday to Friday 9.15am – 5pm, excluding public holidays. The Customer Relations Team free call number may not be available from outside the UK – so please call **us** from abroad on +44 20 8649 6666. Calls may be recorded for quality, training and monitoring purposes.

We operate a comprehensive complaint process and will do **our** best to resolve any issue you may have as quickly as possible. On occasions however, **we** may require up to 8 weeks to provide you with a resolution. **We** will send you information outlining this process whilst keeping you informed of **our** progress.

If **we** are unable to resolve your concerns within 8 weeks, you may be entitled to refer the complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this when **we** provide **our** final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service may not be able to consider a complaint if you have not provided **us** with the opportunity to resolve it.

The Financial Ombudsman Service can be contacted at:

Write to: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR
Call: 0800 023 4567 or 0300 123 9 123
Email: complaint.info@financial-ombudsman.org.uk
Online: www.financial-ombudsman.org.uk

Following this complaint procedure does not affect your rights to take legal action.

If you wish to complain about an insurance policy purchased online you may be able to use the European Commission's Online Dispute Resolution platform, which can be found at <http://ec.europa.eu/consumers/odr/>.

Section 16 - Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet our financial obligations **you** may be entitled to compensation from the scheme, depending on whether **you** are an eligible claimant, the type of insurance and the circumstances of the claim.

Further information on the scheme is available from the FSCS at: www.fscs.org.uk and by calling +44 (0)20 7741 4100 or +44 (0)800 678 1100.

Section 17 - How to contact us

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on +44 (0)20 8662 8184. Lines are open between 8:30 am and 5:30 pm Monday to Friday, except public holidays, or e-mail Customer Services on queries@hpis.co.uk. Alternatively **you** can write to: Hospital Plan Insurance Services, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG, CR0 1LH.

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