

Lifestyle Protector



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CONTENTS

PAGE

POLICY SUMMARY	1-4
POLICY	
1. Introduction	5
2. Changing your mind - cancellations	5
3. Contact details	5
4. Eligibility	6
5. When your cover and your benefits end	6
6. Paying benefits	6
7. Accident & sickness cover	9
8. Unemployment cover	11
9. Life cover.....	12
10. General exclusions	13
11. Making a claim	13
12. Changes to your cover or your circumstances	14
13. Paying for your cover	15
14. Your policy terms and conditions	16
15. Our right to cancel.....	16
16. Making a complaint	17
17. General information.....	17
18. Definitions	18

This policy summary does not contain the full terms and conditions of the contract, which can be found in the policy document GP02412.

Who is the insurer?

The insurer of this policy is Pinnacle Insurance plc, who is authorised and regulated by the Financial Services Authority. Cardiff Pinnacle is a trading style of Pinnacle Insurance plc.

What is Lifestyle Protector?

Depending on the combination of cover that applies to you, this policy can help you protect your income if you suffer an accident or sickness, or are made involuntarily unemployed. It can also pay a lump sum to your estate in the event of your death.

The benefits you can claim will depend on the levels of cover that apply to you and these will be confirmed in your Schedule.

Who is eligible for this policy?

To be eligible for Lifestyle Protector you must:

- be aged 18 or over and under 65;
- live in the United Kingdom, the Channel Islands or the Isle of Man; and
- also be working for at least 16 hours per week in the United Kingdom, the Channel Islands or the Isle of Man, and have been so for the 12 months immediately before this policy starts, to be eligible for Accident & sickness cover and Unemployment cover.

You must continue to meet the conditions above to remain eligible for the levels of cover that apply to you. If your circumstances change or you no longer meet the conditions above you should contact us straight away to discuss your options.

Monthly benefit

The maximum monthly amount you can protect under this policy is £2,500 or 60% of your gross monthly income, whichever is the lower.

Cover options

If your policy includes Accident & sickness cover or Unemployment cover, there are a number of cover options that determine how benefits will be paid under your policy.

The options that apply to you will be confirmed in your Schedule.

Type of Cover

There are two different types of cover:

- **Back To Day One Cover** - is designed to pay your claim back to the first day, once you have been unemployed or unable to work due to an accident or sickness for longer than your wait period. After this time it will continue to pay your claim at a daily rate, payable monthly in arrears, until you are no longer entitled to receive any benefit.
- **Standard Cover** - is designed to pay your claim at a daily rate, payable monthly in arrears, once you have been unemployed or unable to work due to an accident or sickness for longer than your wait period. It will continue to pay your claim until you are no longer entitled to receive any benefit.

Wait Period

For Back To Day One Cover you can choose either a 14 day or a 30 day wait period.

For Standard Cover you can choose either a 14 day, a 30 day, a 60 day, a 90 day or a 180 day wait period.

Maximum number of monthly benefitss

If the level of cover you select includes Unemployment cover you can choose either 6 or 12 maximum monthly benefit payments.

If the level of cover you select does not include Unemployment cover you can choose either 6, 12, 18 or 24 maximum monthly benefit payments.

If the level of cover you select includes Accident & sickness cover and Unemployment cover then the type of cover, the wait period and the maximum number of monthly benefits will be the same for both levels of cover.

What are the main features, benefits, exclusions and limitations of this policy?

The following tables summarise the different levels of cover provided under this policy, for full details please refer to the relevant sections of the policy document.

TABLE 1 Accident and Sickness Cover - only applicable if shown in your Schedule

Features and Benefits	Significant Exclusions or Limitations	Policy Reference
<p><u>Back To Day One Cover</u> If an accident or sickness prevents you from working for longer than the wait period shown in your Schedule, we will pay 1/30th of your monthly benefit for each day of your wait period. Thereafter, we will pay 1/30th of your monthly benefit for each continuous day after your wait period you remain unfit for work, subject to your claim remaining valid.</p> <p><u>Standard Cover</u> If an accident or sickness prevents you from working for longer than the wait period shown in your Schedule, we will pay 1/30th of your monthly benefit for each continuous day after your wait period you remain unfit for work, subject to your claim remaining valid.</p>	<ul style="list-style-type: none"> • We will not pay any benefits if your claim results from a pre-existing condition (unless the pre-existing condition re-qualifies for cover). • We will not pay any benefits if your claim results from any sickness within the sickness initial exclusion period shown in your Schedule. • We will not pay any benefits if your claim results from a self-inflicted injury, drug and alcohol abuse or, under certain circumstances, from backache, or mental and nervous conditions. • We will not pay more than the maximum number of monthly benefits confirmed in your Schedule for any one claim. 	<p>Sections 6 & 7</p>

TABLE 2 Unemployment Cover - only applicable if shown in your Schedule

Features and Benefits	Significant Exclusions or Limitations	Policy Reference
<p><u>Back To Day One Cover</u> If you are unemployed for longer than the wait period shown in your Schedule, we will pay 1/30th of your monthly benefit for each day of your wait period. Thereafter, we will pay 1/30th of your monthly benefit for each continuous day after your wait period you remain unemployed, subject to your claim remaining valid.</p> <p><u>Standard Cover</u> If you are unemployed for longer than the wait period shown in your Schedule, we will pay 1/30th of your monthly benefit for each continuous day after your wait period you remain unemployed, subject to your claim remaining valid.</p> <p><u>Carer's Cover</u> You may also be able to claim for unemployment if you become a carer and receive Carer's Allowance from the Department for Work and Pensions.</p>	<ul style="list-style-type: none"> • We will not pay any benefits if your claim results from any unemployment that you know about or ought reasonably to know about, when this policy starts. • We will not pay any benefits if your claim results from any unemployment within the unemployment initial exclusion period shown in your Schedule. • We will not pay any benefits if your claim results from unemployment where your work is seasonal or temporary, or where your unemployment is due to your misconduct or is voluntary in any way e.g. you resign. • We will not pay more than the maximum number of monthly benefits confirmed in your Schedule for any one claim. 	<p>Sections 6 & 8</p>

TABLE 3 Life Cover - only applicable if shown in your Schedule

Features and Benefits	Significant Exclusions or Limitations	Policy Reference
If you die we will pay your estate the sum insured (as shown in your Schedule).	<ul style="list-style-type: none"> We will not pay any benefits if your claim results from a pre-existing condition (unless the pre-existing condition re-qualifies for cover). We will not pay any benefits if your claim results from a self-inflicted injury including your suicide. 	Section 9

TABLE 4 General Information - applicable to all cover

	Policy Reference
<p><u>CANCELLATIONS</u></p> <p>If you cancel within 30 days of the start of this policy or the date you receive your policy documents, the cooling off period, we will make a full refund of any premium you have paid, providing you do not make a claim. If you do make a claim no refund will be payable.</p> <p>If you cancel outside the initial 30 day "cooling off period", no refund of premium will be payable.</p>	Section 2
<p><u>CONTACT DETAILS</u></p> <p>If you need to speak to us please call the number shown in your Schedule - lines are open Monday to Friday, 8:30am to 6pm.</p> <p>If you need to write to us you should address your letter to the relevant department and send it to the address below:</p> <p>For general enquires: Customer Services Department For claims: Claims Department To make a complaint: Customer Relations Department Address: Lifestyle Protector helpucover Pinnacle House A1 Barnet Way Borehamwood Hertfordshire WD6 2XX</p>	Section 3
<p><u>DURATION OF COVER</u></p> <p>Providing you pay your premium when due, this policy will continue until you reach 65, you permanently retire, you die, or you or we cancel it.</p> <p>You should review your circumstances regularly and consider whether this policy still meets your lifestyle needs. This cover is designed to be flexible and to allow you to make changes as your lifestyle and your commitments change.</p>	Sections 5 & 12
<p><u>CLAIMS</u></p> <p>To make sure you receive your benefits as quickly as possible you must notify us about your claim as soon as you can. You should contact us using the contact details above to request a claim form.</p> <p>You can also register and update a claim online at www.support.cardifpinnacle.com</p>	Section 11

TABLE 4 General Information - applicable to all cover

	Policy Reference
<p><u>ARE YOUR PREMIUMS GUARANTEED?</u></p> <p>The amount you pay for cover may change during the time you have this policy. This may be because of:</p> <ul style="list-style-type: none"> • changes you request to your cover, such as changing your monthly benefit; or • changes to our expected future costs. We will only change your premium for this reason where there is a change to the specific factors we have set out in your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set. This may include changes to our expected future claims costs due to changes in economic conditions such as unemployment rates. <p>We will review your premium at least annually and you will be given at least 30 days' written notice of any alteration to the premium rates under this policy unless the change is due to legislative, tax or regulatory requirements.</p> <p>We may review your premium more frequently than annually if it becomes necessary due to significant changes in any of the specific factors referred to above. Except where your premium is changed due to legislative, tax or regulatory requirements, the minimum period between consecutive changes will be 180 days.</p> <p>As a result of the premium review, your monthly premium may go up, stay the same or go down, and there is no limit to the amount of any change. If a review results in an increase to your premium and you do not wish to pay the increase you can contact us to discuss your options or cancel.</p>	Section 13
<p><u>TERMS AND CONDITIONS</u></p> <p>We may vary or waive the terms and conditions of this policy. This may be to:</p> <ul style="list-style-type: none"> • vary the cover provided under this policy because of changes to our expected future costs. We will only change your terms and conditions for this reason where there is a change to the specific factors we have set out in Section 13 of your policy, and that change results in our expected future costs being higher or lower than assumed when the premium was set. This may include changes to our expected future claims costs due to changes in economic conditions such as unemployment rates; • improve your cover; • comply with any applicable laws or regulations; • reflect any changes to taxation; or • correct any typographical or formatting errors that may occur. <p>You will be given at least 30 days' written notice of any alteration to the terms and conditions of cover under this policy unless the change is due to legislative, tax or regulatory requirements. Except where the terms and conditions of cover under this policy are changed due to legislative, tax or regulatory changes, the minimum period between consecutive changes will be 180 days. Such changes may have the effect of increasing or reducing the cover previously provided under this policy. If you do not wish to continue your cover you can contact us to discuss your options or cancel.</p>	Section 14
<p><u>OUR RIGHT TO CANCEL</u></p> <p>We may cancel your insurance cover immediately where there is evidence of dishonest or exaggerated behaviour or where you have misrepresented or failed to disclose something at the time of application which would have caused us to decline you for cover.</p> <p>We may cancel your insurance cover by giving not less than 90 days' written notice. We will only do this in the circumstances set out in Section 2 of your policy document.</p>	Section 15
<p><u>COMPLAINTS</u></p> <p>We hope you never have cause to complain, but if you do we want to hear about it so we can try to put things right. If you are not satisfied with our response, you can ask the Financial Ombudsman Service (FOS) to consider your complaint.</p>	Section 17
<p><u>COMPENSATION</u></p> <p>We are covered by the Financial Services Compensation Scheme (FSCS). If we are unable to meet our liabilities you may be entitled to compensation from the FSCS. Further information is available from their website: www.fscs.org.uk</p>	Section 18

LIFESTYLE PROTECTOR

UNDERWRITTEN BY : PINNACLE INSURANCE PLC
Head and Registered Office : Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX
United Kingdom
Company Registered No. : 1007798
Policy No. : 02412
Date of Policy : 12th June 2009

1. INTRODUCTION

This policy booklet, together with **your Schedule**, will provide **you** with everything **you** need to know about **your** Lifestyle Protector, so it's important that **you** read them carefully and keep them in a safe place.

You will notice that some words in this policy are shown in **bold**, these have special meanings which are explained in Section 18.

2. CHANGING YOUR MIND - CANCELLATIONS

If **you** decide that **you** no longer need this policy **you** can cancel it at anytime by contacting **us** using the contact details in Section 3.

During your cooling off period

If **you** cancel within 30 days of the **start date** or the date **you** receive **your** policy documents, which is the cooling off period, **we** will make a full refund of any **premium you** have paid, providing **you** have not made a claim. If **you** have made a claim no refund will be payable.

After your cooling off period

If **you** cancel outside the initial 30 day "cooling off period", no refund of **premium** will be payable.

3. CONTACT DETAILS

As there may be times when **you** need to get in touch with **us**, **we** have put **our** contact details in this section so they're easy to find.

If **you** need to speak to **us** please call the number shown in **your Schedule**.

Lines are open Monday to Friday, 8:30am to 6pm.

If **you** need to write to **us**, **you** should address **your** letter to the relevant department and send it to the address below:

For general enquires: Customer Services Department

For claims: Claims Department

To make a complaint: Customer Relations Department

Address: Lifestyle Protector, helpcover*
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

You can also register and update a claim online at: www.support.cardifpinnacle.com

*helpcover is a trading style of Pinnacle Insurance plc.

4. ELIGIBILITY

Lifestyle Protector is designed to cover most people but **you** should check **you** meet the conditions below.

You must:

- (i) be aged 18 or over and under 65;
- (ii) live in the United Kingdom, the Channel Islands or the Isle of Man; and
- (iii) also be **working** for at least 16 hours per week in the United Kingdom, the Channel Islands or the Isle of Man, and have been so for the 12 months immediately before the **start date**, to be eligible for Accident & sickness cover and Unemployment cover.

You must continue to meet the conditions above to remain eligible for the levels of cover that apply to **you**. If **your** circumstances change as described in Section 12, or **you** no longer meet the conditions above **you** should contact **us** straight away to discuss **your** options.

5. WHEN YOUR COVER AND YOUR BENEFITS END

This policy and any benefits **you** may be receiving will end on the earliest of the following:

- (i) **you** reach 65 years of age;
- (ii) **you** permanently retire;
- (iii) **you** die;
- (iv) **you** fail to pay the **premium** when due; or
- (v) **you** or **we** cancel this policy in accordance with the terms and conditions in this policy booklet.

When this policy ends it will not have any cash or surrender value, other than any premium refund that may arise under Section 2

6. PAYING BENEFITS - ACCIDENT, SICKNESS & UNEMPLOYMENT CLAIMS

Monthly benefit

The maximum monthly amount **you** can protect under this policy is £2,500 or 60% of **your gross monthly income**, whichever is the lower.

Cover options

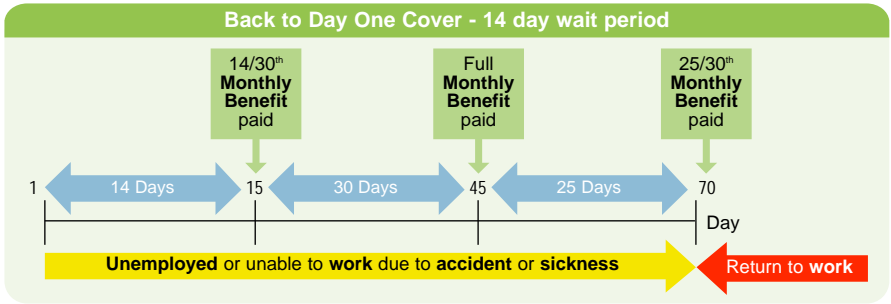
How **your** payments will be paid under a successful claim will depend on the type of cover, the **wait period** and the maximum number of **monthly benefits** **you** choose. **Your Schedule** will confirm the options that apply to **you**.

- **Type of cover**
 - (i) **Back To Day One Cover** - this type of cover is designed to pay **your** claim back to the first day (of **your wait period**), once **you** have been **unemployed** or unable to **work** due to an **accident** or **sickness** for longer than **your wait period**. After this time it will continue to pay **your** claim at a daily rate, payable monthly in arrears, until **you** are no longer entitled to receive any benefit.
 - (ii) **Standard Cover** - this type of cover is designed to pay **your** claim at a daily rate, once **you** have been **unemployed** or unable to **work** due to an **accident** or **sickness** for longer than **your wait period**. This will be paid monthly in arrears and will continue until **you** are no longer entitled to receive any benefit.
- **Wait period**
 - (i) For Back To Day One Cover **you** can choose either a 14 day or a 30 day **wait period**.
 - (ii) For Standard Cover **you** can choose either, a 14 day, a 30 day, a 60 day, a 90 day or a 180 day **wait period**.
- **Maximum number of monthly benefits**
 - (i) If the level of cover **you** select includes Unemployment cover **you** can choose either 6 or 12 maximum **monthly benefit** payments.
 - (ii) If the level of cover **you** select does not include Unemployment cover **you** can choose either, 6, 12, 18 or 24 maximum **monthly benefit** payments.

If the level of cover **you** select includes Accident & sickness cover and Unemployment cover then the type of cover, the **wait period** and the maximum number of **monthly benefits** must be the same for both levels of cover.

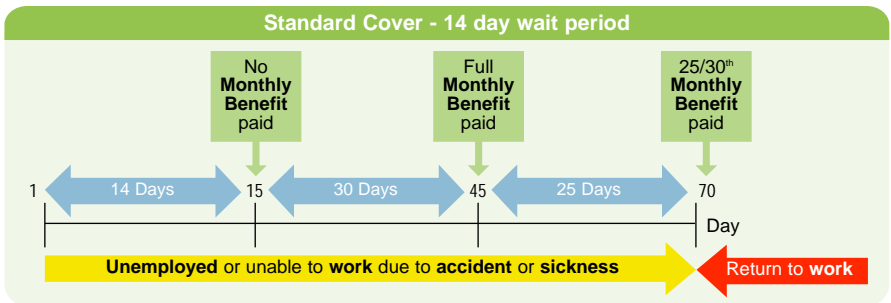
Example claims

(i)



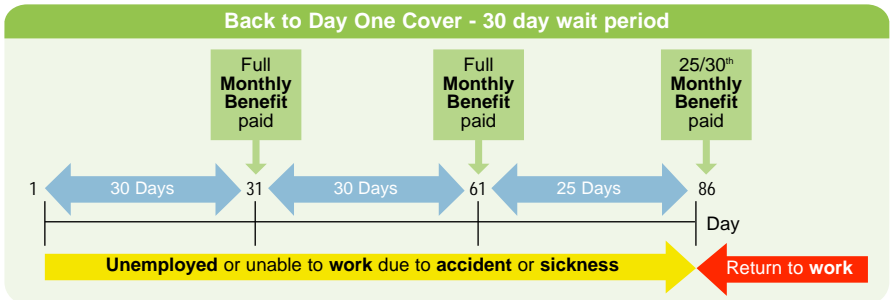
The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 69 days, returning to **work** on day 70, and had selected Back To Day One Cover with a 14 day **wait period**. If **you** did not return to **work** on day 70, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(ii)



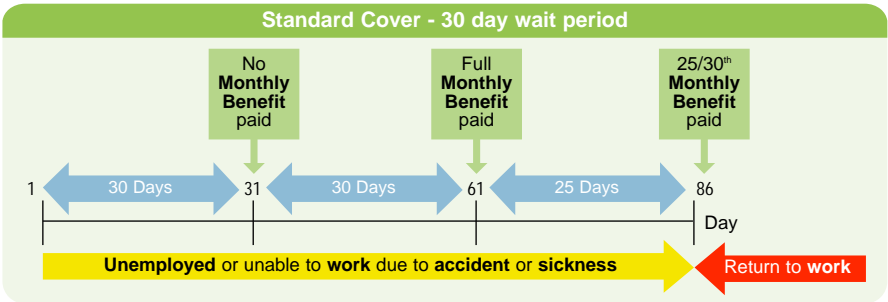
The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 69 days, returning to **work** on day 70, and had selected Standard Cover with a 14 day **wait period**. If **you** did not return to **work** on day 70, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(iii)



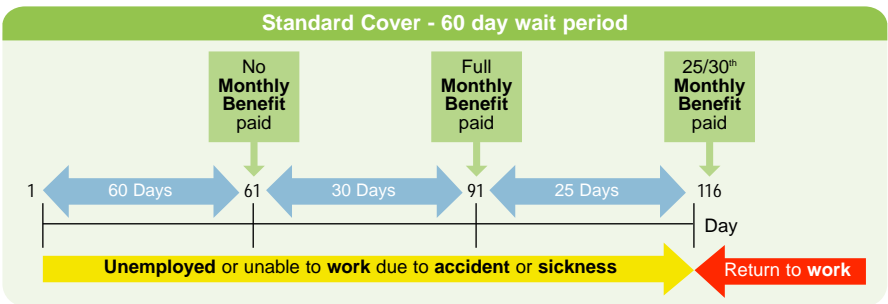
The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 85 days, returning to **work** on day 86, and had selected Back To Day One Cover with a 30 day **wait period**. If **you** did not return to **work** on day 86, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(iv)



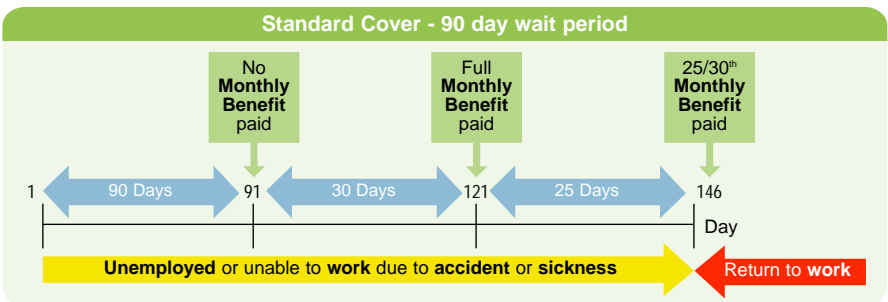
The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 85 days, returning to **work** on day 86, and had selected Standard Cover with a 30 day **wait period**. If **you** did not return to **work** on day 86, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(v)



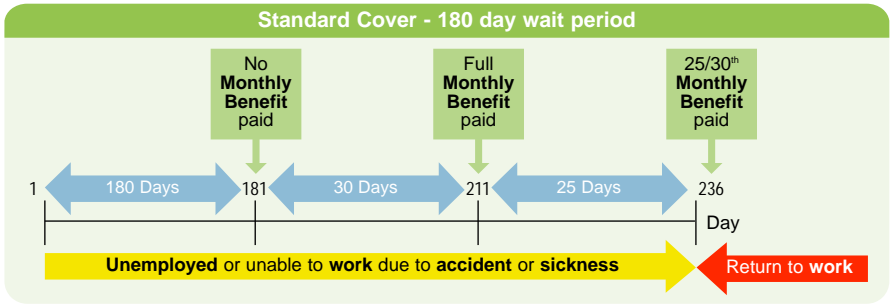
The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 115 days, returning to **work** on day 116, and had selected Standard Cover with a 60 day **wait period**. If **you** did not return to **work** on day 116, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(vi)



The diagram above illustrates how a claim would be assessed if **you** were **unemployed** or unable to **work** due to an **accident** or **sickness** for 145 days, returning to **work** on day 146, and had selected Standard Cover with a 90 day **wait period**. If **you** did not return to **work** on day 146, **you** may be able to continue to receive benefits under this policy until **we** have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

(vii)



The diagram above illustrates how a claim would be assessed if you were **unemployed** or unable to **work** due to an **accident** or **sickness** for 235 days, returning to **work** on day 236, and had selected Standard Cover with a 180 day **wait period**. If you did not return to **work** on day 236, you may be able to continue to receive benefits under this policy until we have paid the maximum number of **monthly benefit** payments, subject to the terms and conditions of this policy booklet.

7. ACCIDENT & SICKNESS COVER

This level of cover only applies to you if your **Schedule** confirms you have chosen Accident & sickness cover.

What's covered?

This cover is designed to help you protect your income if you suffer an **accident** or **sickness** that prevents you from **working**. How benefits are paid will depend on the cover options you have selected and these will be confirmed in your **Schedule**. Section 6 provides information and examples to help you understand which options are best suited to your circumstances.

What can you claim for and how much?

If an **accident** or **sickness** prevents you from **working** for longer than the **wait period**, we will pay:

If your Schedule confirms you have selected	1/30 th of your monthly benefit for each day of your wait period :	1/30 th of your monthly benefit for each continuous day after your wait period you remain unfit for work , subject to your claim remaining valid:
Back To Day One Cover:	✓	✓
Standard Cover:	✗	✓

When will we pay a claim?

For us to pay your claim you must:

- be **working** when your **accident** occurs or your **sickness** begins;
- be under the regular care and attendance of your **doctor**;
- be prevented from **working** only as a result of your **accident** or **sickness**;
- not be claiming for **unemployment** under this policy at the same time; and
- provide us with reasonable evidence to prove your claim is valid.

How long will we pay benefits for?

If your claim is accepted we will continue to pay benefits until the earliest of the following:

- we have paid the maximum number of **monthly benefits** confirmed in your **Schedule**;
- you return to **work**;
- you fail to provide us with reasonable evidence to prove your claim remains valid; or
- the cover provided by this policy ends.

What about pregnancy and childbirth?

We will not pay a claim for symptoms which normally accompany pregnancy which are of a minor or temporary nature, such as morning sickness and dizzy spells, and which do not represent a significant medical hazard to mother or baby. **We** will pay claims for complications of pregnancy and childbirth if a **doctor** certifies they prevent **you** from **working**, providing they are not excluded under any exclusion listed in this policy.

Can you work whilst you are claiming?

If **you** make a successful claim and **your doctor** confirms that because of **your** condition **you** must return to **work** gradually over a period of time **we** will support this decision. **We** will continue to pay **your** benefit at the same rate until **you** return to **working** at least 16 hours per week, or **your doctor** no longer confirms **your accident** or **sickness** prevents **you** from **working** at least 16 hours per week, subject to the terms and conditions of this policy.

Otherwise, **you** must not do any **work** including helping, managing or carrying on any part of the running of a business whilst **you** are claiming. If **you** are **self-employed** **you** must not be receiving any form of payment whilst **you** are claiming.

Can you claim again?

If **we** have paid **you** the maximum number of **monthly benefits** for **your** previous claim:

- (i) **you can make a new claim** once **you** have returned to **work** for at least six consecutive months. **We** will treat this claim as a separate claim and **you** will be able to claim up to the maximum number of **monthly benefits**, but no benefit will be payable for the time in between.

If **we** have not paid **you** the maximum number of **monthly benefits** for **your** previous claim:

- (i) **you can make a new claim for an unrelated condition** once **you** have returned to **work** for at least one month. **We** will treat this claim as a separate claim and **you** will be able to claim up to the maximum number of **monthly benefits**, but no benefit will be payable for the time in between;
- (ii) **you can make a new claim for a related condition** once **you** have returned to **work** for at least three consecutive months. **We** will treat this claim as a separate claim and **you** will be able to claim up to the maximum number of **monthly benefits**, but no benefit will be payable for the time in between;
- (iii) **you can continue your previous claim** if **your** condition reoccurs and **you** have returned to **work** for less than three consecutive months. **We** will treat this claim as a continuation of the previous claim and the total benefits paid across the two claims will be up to the maximum number of **monthly benefits** shown in **your Schedule**, but no benefit will be payable for the time in between.

Statutory maternity or paternity leave can form part or all of the one, three or six month periods above.

What's not covered?

There are some situations when **we** will not pay a claim. This is generally because they are almost certain to happen or they can be influenced by **you** and covering them would mean **we** would have to charge a lot more to cover this risk.

What can't you claim for?

We will not pay any benefits if **your accident** or **sickness** claim results from:

- (i) a **pre-existing condition**. This exclusion will not apply if **you** are continuously insured under this policy, remain symptom free and do not consult a doctor or receive treatment for the condition, for a period at least as long as the **re-qualification period**;
- (ii) any **sickness** that begins within the **sickness initial exclusion period**;
- (iii) a self-inflicted injury;
- (iv) any backache or related condition unless there is physical or radiological evidence of a medical abnormality, for example an MRI scan. This exclusion will not apply if a suitably qualified **consultant** certifies that the condition prevents **you** from **working**, or **you** have been referred to, and receive ongoing treatment from, an appropriate medical specialist on the recommendation of **your doctor**;
- (v) any condition of a mental or nervous origin including stress, anxiety and depression. This exclusion will not apply if a suitably qualified **consultant** certifies that the condition prevents **you** from **working**, or **you** have been referred to, and receive ongoing treatment from, an appropriate medical specialist on the recommendation of **your doctor**;
- (vi) the effects or influence of drugs or alcohol. This exclusion will not apply if the drugs are prescribed by a **doctor**, other than drugs prescribed for the treatment of drug addiction or alcohol dependency; or
- (vii) any of the General exclusions listed in Section 10.

8. UNEMPLOYMENT COVER

This level of cover only applies to **you** if **your Schedule** confirms **you** have chosen Unemployment cover.

What's covered?

This cover is designed to help **you** protect **your** income if **you** become involuntarily **unemployed**. How benefits are paid will depend on the cover options **you** have selected and these will be confirmed in **your Schedule**. Section 6 provides information and examples to help **you** understand which options are best suited to **your** circumstances.

What can you claim for and how much?

If **you** are **unemployed** for longer than the **wait period**, we will pay:

If your Schedule confirms you have selected:	1/30 th of your monthly benefit for each day of your wait period :	1/30 th of your monthly benefit for each continuous day after your wait period you remain unemployed , subject to your claim remaining valid:
Back To Day One Cover:	✓	✓
Standard Cover:	x	✓

When will we pay a claim?

For **us** to pay **your** claim **you** must:

- (i) be in **full-time employment** or **working** under a **fixed-term contract**, immediately prior to **you** becoming **unemployed** or be in **self-employment** immediately prior to **you** becoming **unemployed** and having to **cease trading**;
- (ii) not be claiming for an **accident** or **sickness** under this policy at the same time; and
- (iii) provide **us** with reasonable evidence to prove **your** claim is valid.

How long will we pay benefits for?

If **your** claim is accepted **we** will continue to pay benefits until the earliest of the following:

- (i) **we** have paid the maximum number of **monthly benefits** confirmed in **your Schedule**;
- (ii) **you** return to **work** or **you** are no longer **unemployed**;
- (iii) **you** fail to provide **us** with reasonable evidence to prove **your** claim remains valid; or
- (iv) the cover provided by this policy ends.

What if you become a carer?

You can make an **unemployment** claim if **you** become **unemployed** because **you** are required to care for **your** spouse, **your** civil partner, **your** partner who **you** currently live with and have lived with for at least one year, **your** parent, or **your** child or step child who **you** currently live with and have lived with for at least one year, or from birth if they are aged below one. **You** will also need to be receiving 'Carer's Allowance' from the Department for Work and Pensions.

What if you work on a fixed-term contract?

If **you** come to the end of a **fixed-term contract** and **your** employer does not offer to renew it, **you** can make an **unemployment** claim providing **you** were continuously **working** on a contract with the same employer for at least 24 months immediately prior to **your unemployment**.

If **your fixed-term contract** is terminated prematurely without compensation by **your** employer, **you** can make an **unemployment** claim providing **you** were continuously **working** on a contract with the same employer for at least 24 months immediately prior to **your unemployment**, and the contract has previously been renewed at least twice and its original term was at least six months.

Can you take temporary work during a claim?

Providing **you** tell **us** in advance, **we** will suspend a claim up to three times to allow **you** to take temporary **work** lasting at least one week - this temporary **work** can be one contract or a series of contracts. When **your** claim restarts **you** will not need to go through the **wait period** again but **we** won't pay more than the maximum number of **monthly benefits** for **your** claim in total.

Can you claim again?

If **we** have paid **you** the maximum number of **monthly benefits** for **your** previous claim:

- (i) **you can make a new claim** once **you** have returned to **work** for at least six consecutive months. **We** will treat this claim as a separate claim and **you** will be able to claim up to the maximum number of **monthly benefits**, but no benefit will be payable for the time in between.

If **we** have not paid **you** the maximum number of **monthly benefits** for **your** previous claim:

- (i) **you can make a new claim** once **you** have returned to **work** for at least three consecutive months. **We** will treat this claim as a separate claim and **you** will be able to claim up to the maximum number of **monthly benefits**, but no benefit will be payable for the time in between;
- (ii) **you can continue your previous claim** if **you** have returned to **work** for less than three consecutive months. **We** will treat this claim as a continuation of the previous claim and the total benefits paid across the two claims will be up to the maximum number of **monthly benefits** shown in **your Schedule**, but no benefit will be payable for the time in between.

Statutory maternity or paternity leave can form part or all of the three or six month periods above.

What's not covered?

There are some situations when **we** will not pay a claim. This is generally because they are almost certain to happen or they can be influenced by **you** and covering them would mean **we** would have to charge a lot more to cover this risk.

What can't you claim for?

We will not pay any benefits if **your unemployment** claim results from:

- (i) **unemployment** that **you** know about or ought reasonably to know about, at the **start date**. This includes **unemployment** arising because **you** are required to become a carer;
- (ii) **unemployment** that begins, or **you** are notified about, within the **unemployment initial exclusion period**. This includes **unemployment** arising because **you** are required to become a carer;
- (iii) **unemployment** where **your work** is seasonal, casual or temporary or where **unemployment** is a regular feature of **your work**;
- (iv) **you** resigning, retiring or taking voluntary **unemployment**, any strike which **you** took part in or any lock-out by **your** employer;
- (v) **you** becoming **unemployed** because of **your** misconduct, fraud, dishonesty or any act **you** carry out;
- (vi) **you** finishing the job **you** were specifically employed to do or **you** come to the expected end of a **fixed-term contract**, unless **you** satisfy one of the **fixed-term contract** conditions above; or
- (vii) any of the **accident** and **sickness** exclusions listed in Section 7 under "What can't you claim for?" or General exclusions listed in Section 10.

9. LIFE COVER

This level of cover only applies to **you** if **your Schedule** confirms **you** have chosen Life cover.

What's covered?

This cover is designed to pay a specified amount of money, the **sum insured**, to **your** estate in the event of **your** death.

What can you claim for and how much?

If **you** die **we** will pay **your** estate the **sum insured**.

What's not covered?

There are some situations when **we** will not pay a claim. This is generally because they are almost certain to happen or they can be influenced by **you** and covering them would mean **we** would have to charge a lot more to cover this risk.

What can't you claim for?

We will not pay any benefits if **your** Life cover claim results from:

- (i) a **pre-existing condition**. This exclusion will not apply if **you** are continuously insured under this policy, remain symptom free and do not consult a doctor or receive treatment for the condition, for a period at least as long as the **re-qualification period**;
- (ii) a self-inflicted injury including **your** suicide; or
- (iii) any of the General exclusions listed in Section 10.

10. GENERAL EXCLUSIONS

The following exclusions apply to Accident & sickness cover, Unemployment cover and Life cover.

What's not covered?

We will not pay any benefits if a claim results from:

- (i) any dishonest or exaggerated behaviour by **you** or anyone acting on **your** behalf;
- (ii) any civil commotion, terrorism, riot or insurrection, war or any act incidental to war (whether declared or not) or whilst **you** are on naval, military or air force duty, service or any type of associated or similar operations; or
- (iii) ionising radiation or radioactive contamination from nuclear fuel, waste or equipment.

11. MAKING A CLAIM

To make sure **you** receive **your** benefits as quickly as possible **you** must notify **us** about **your** claim as soon as possible, but no later than 90 days after the start of **your** claim. **You** should contact **us** using the contact details in Section 3 to request a claim form.

Accident & sickness cover claims

To be able to pay **your** claim **we** will need the relevant sections of the claim form completed by:

- (i) **your** employer or **your** accountant to confirm **you** are not presently **working**; and
- (ii) **your doctor** to confirm **you** require medical treatment and **you** are unable to **work**. **We** may also require additional medical evidence in addition to **your doctor's** initial report and/or ask **you** to undergo a medical examination with a **doctor** or **consultant** appointed by **us**. **We** will pay the costs of this additional medical evidence. **We** will not pay **your** claim if **you** fail to attend a medical examination and **you** do not have a reasonable explanation for not attending.

We will consider the first day of **your** claim to be the day a **doctor** certifies that **your accident** or **sickness** prevents **you** from **working**. If **you** complete a self-certification form when **your accident** occurs or **sickness** begins we may consider the first day of **your** claim to be up to seven days before the date of the **doctor's** certificate.

Unemployment cover claims

To be able to pay **your** claim **we** will need the relevant sections of the claim form completed by:

- (i) **your** employer to confirm **you worked** for them, or if **you** are **self-employed**, **your** accountant to confirm that **you** had to **cease trading**; and
- (ii) the Department for Work and Pensions Jobcentre Plus, or equivalent government department in Northern Ireland, the Channel Islands, the Isle of Man or a European Union member state, to confirm **your unemployment**.

We will consider the first day of **your** claim to be the day **you** are first registered as **unemployed** with the Department for Work and Pensions Jobcentre Plus, or equivalent government department in Northern Ireland, the Channel Islands, the Isle of Man or a European Union member state. **You** will not be considered to be **unemployed** for days for which **you** receive payment in lieu of notice.

What if you are not eligible for a Jobseeker's Agreement?

You will need to provide ongoing reasonable alternative evidence that **you** are **unemployed** and actively seeking **work**. This could include copies of job applications, invitations to interviews, application responses and registration with employment agencies.

What if you want to seek work in the EU?

If **you** wish to seek **work** in the European Union **you** must make arrangements with the Department for Work and Pensions to register as **unemployed** in the country **you** are going to. **You** must obtain a form E303/3 from the Overseas Benefits Office before leaving the United Kingdom. **We** will continue to pay **your unemployment** claim for a period of up to 3 months from the date **you** leave.

Life cover claims

We will need the following information to be able to pay **your** claim:

- (i) **your** personal representative must supply **us** with an original certified copy of **your** death certificate (in English) or an office copy Grant of Probate.

Claims - general

When should you send us your claim form?

The fully completed claim form should be returned to **us**, along with any supporting documentation, as soon as possible but no later than 90 days after the start of **your** claim. If **we** need **you** to fill in a continuing claim form **you** must do this at **your** own expense and return it to **us** as soon as **you** can but no later than 90 days after **we** last paid **your** claim.

What if you need to switch between claims?

If **you** select both Accident & sickness cover and Unemployment cover, **you** can switch between an **accident** or **sickness** claim and an **unemployment** claim, or vice versa, without having to wait for the **wait period** to pass. This means that there will be no break in the payment **you** would receive, but **we** will not pay more than the maximum number of **monthly benefits** confirmed in **your Schedule** for any one claim.

What other support can we offer you?

To help **you** return to **work we** will also provide **you** with access to **our** Claims Support website www.support.cardifpinnacle.com which is designed to help **you** find **work** and provide general health updates and information. **We** may also provide **you** with **our** Job Finder Guide or **our** Claimant Health Guide as appropriate.

What if you're receiving state benefits?

If **you** or **your** partner are receiving any state benefits **you** should advise the appropriate authority if **you** make a claim under this policy. In some circumstances, the amount of **monthly benefit you** receive under this policy may affect **your** entitlement to state benefits. **Your** local benefits agency will be able to provide **you** with further information.

Do you need to continue paying your premium when making a claim?

As described in Section 5, this policy and any benefits **you** may be receiving will end if **you** fail to pay the **premium** when due, so it's important **you** continue to pay **your premium** even when making a claim.

12. CHANGES TO YOUR COVER OR YOUR CIRCUMSTANCES

You should review **your** circumstances regularly and consider whether this policy still meets **your** lifestyle needs. This cover is designed to be flexible and to allow **you** to make changes as **your** lifestyle and **your** commitments change.

What if you want to make changes to your cover?

You can ask **us** to increase or decrease:

- (i) **your sum insured;**
- (ii) **your monthly benefit;**
- (iii) **your wait period;** or
- (iv) the maximum number of **monthly benefit** payments;

at anytime by contacting **us** using the contact details in Section 3 and **we** will tell **you** how the change affects **your premium**. **You** may need to do this if **you** increase or decrease **your** outgoings, the benefits **you** are entitled to through **your work** change, **your** salary changes or **your** personal circumstances change, for example **you** get married or have children. Whatever the reason, **we** will be pleased to help **you**.

When will the change take effect?

If **we** agree to change **your** cover, the changes will take effect from the date **we** accept the change. If **you** are already making a claim, **we** will defer any changes until **your** claim is complete.

Are there any restrictions on what you can claim for?

If **we** agree to change **your** cover **we** will not apply any decrease in **your wait period**, pay any increase in **your monthly benefit** or **sum insured**, or apply any increase in the maximum number of **monthly benefit** payments for any:

- (i) **unemployment** that **you** know about or ought reasonably to know about, at the date **you** apply for the change. This includes **unemployment** arising because **you** are required to become a carer;
- (ii) **unemployment** that begins, or **you** are notified about, within the **unemployment initial exclusion period**. This includes **unemployment** arising because **you** are required to become a carer;
- (iii) **sickness** that occurs within the **sickness initial exclusion period;** or
- (iv) **pre-existing condition**. This will not apply if **you** are continuously insured under this policy, remain symptom free and do not consult a doctor or receive treatment for the condition, for a period at least as long as the **re-qualification period**.

What changes must you notify us about?

If **you** change **your** job or occupation, **your** employment type (e.g. from **full-time employment** to **working** under a **fixed-term contract**) or **your** smoking status (i.e. whether **you** smoke tobacco or not), **you** should contact **us** straight away and **we** will tell **you** whether the change affects **your premium**.

13. PAYING FOR YOUR COVER

How do you pay for your cover?

This is a monthly renewable policy and provided **you** continue to pay the **premium** each month when due, the policy will continue to renew each month, subject to the terms and conditions of this policy.

Will your premium change?

Your premium may change as a result of changes to **your** individual circumstances such as **your** age, **your** occupation and employment type, or whether or not **you** smoke, or as a result of changes **you** have requested to **your** cover e.g. changing **your** wait period or **your** monthly benefit. Any change in **your premium** may take effect straight away, unless **we** confirm otherwise.

We will usually only review **your premium** on the anniversary of the **start date**, but **we** reserve the right to conduct such a review on a monthly basis. If a review results in a change in **your premium** **you** will normally be given at least 30 days' written notice of any change. If **your premium** or cover is changed due to legislative, tax or regulatory changes which are outside **our** control, then **we** may not be able to give **you** 30 days' notice.

Your premium may go up, stay the same or go down, and there is no limit on the size of any change.

What is a premium review?

- (i) Each **monthly premium** covers **you** for one month. At the start of **your** insurance cover more than one **monthly premium** may be collected to ensure **you** are covered for the correct period.
- (ii) This **policy** has reviewable premiums, which means that **your premium** may change subject to **us** giving **you** 30 days' notice. When reviewing **your** premiums, **we** will only consider any future impact to one or more of the following:
 - (a) changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number of claims **we** expect to pay, changes to the average expected duration of **our** claims payments or changes to the average expected amount paid per claim;
 - (b) changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes industry or general population unemployment experience.
 - (c) relevant changes to **our** previous assumptions in relation to:
 - (i) expenses related to providing the insurance;
 - (ii) policy lapse rates which means the average time policies are held;
 - (iii) interest rates;
 - (iv) tax rates;
 - (v) the cost of any legal or regulatory requirements.
- (iii) Any changes to **your** premium **we** make will not:
 - (a) be made as a result of any reason other than changes in the assumptions mentioned above;
 - (b) be based on whether **you** have made a claim; or
 - (c) be made to recover any previous losses.
- (iv) **We** will review **your** premium at least annually and **you** will be given at least 30 days' written notice, at **your** last known address, of any alteration to the premium rates under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your** premium is changed due to legislative, tax or regulatory requirements which are outside **our** control, then **we** may not be able to give **you** 30 days' notice.
- (v) **We** may review **your** premium more frequently than annually if it becomes necessary due to significant changes in any of the assumptions referred to above. Except where **your** premium is changed due to legislative, tax or regulatory requirements, the minimum period between consecutive premium changes will be 180 days.
- (vi) As a result of the premium review, **your premium** may go up, stay the same or go down, and there is no limit to the amount of any change.

- (vii) If **we** change **your premium** and **you** do not wish to continue **your cover** **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your monthly benefit** or change **your** type of cover. Alternatively **you** can cancel as set out in Section 2.
- (viii) **You** must continue to pay **your premium** while **you** are claiming benefit. If **your premium** has not been paid when due and **you** want to make a claim, **we** will not consider the claim until this **premium** has been paid.

What if you do not want to accept the change?

If a review results in an increase to **your premium** and **you** do not wish to pay the increase **you** can contact **us** to discuss **your** options. **You** may be able to reduce **your monthly benefit**, change **your** type of cover, or cancel without notice and without penalty.

14. YOUR POLICY TERMS AND CONDITIONS

- (i) **We** may vary or waive the terms and conditions of this **policy** to reflect changes in the assumptions set out in Section 13 “What is a premium review?” which **we** use to design and price **your** cover. Such changes may have the effect of increasing or reducing the cover previously provided under this **policy**.
- (ii) When changing **your** terms and conditions **we** will only consider any future impact of changes in one or more assumptions due to the reasons set out in Section 13 “What is a premium review?”.
- (iii) In addition, **we** may also vary or waive **your** terms and conditions to:
 - (a) improve **your** cover;
 - (b) comply with any applicable laws or regulations;
 - (c) reflect any changes to taxation;
 - (d) correct any typographical or formatting errors that may occur.
- (iv) **You** will be given at least 30 days’ written notice to **your** last known address of any alteration to the terms and conditions of cover under this **policy** unless the change is due to legislative, tax or regulatory requirements. If **your** cover is changed due to legislative, tax or regulatory changes which are outside **our** control, then **we** may not be able to give **you** 30 days’ notice.
- (v) Except where the terms and conditions of cover under this **policy** are changed due to legislative, tax or regulatory changes, the minimum period between consecutive changes will be 180 days.
- (vi) Any changes to **your** terms and conditions **we** make will not:
 - (a) be made as a result of any reason other than changes in the assumptions mentioned in Section 13 “What is a premium review?”;
 - (b) be based on whether you have made a claim; or
 - (c) be made to recover any previous losses.
- (vii) If **we** vary or waive **your** terms and conditions and **you** do not wish to continue **your cover** **you** should contact **us** to discuss **your** options. Depending on the type of policy **you** have, **you** may be able to change **your monthly benefit** or change **your** type of cover. Alternatively **you** can cancel as set out in Section 2.

15. OUR RIGHT TO CANCEL

- (i) **We** may cancel **your** insurance cover immediately:
 - (a) where there is evidence of **your** dishonest or exaggerated behaviour (or dishonest or exaggerated behaviour by someone acting on **your** behalf) in relation to the cover provided under this **policy**;
 - (b) where **you** have failed to make disclosure of a material fact which, if disclosed at the time of application, would have caused **us** to decline **you** for cover;
 - (c) where **you** have misrepresented a material fact which, if correctly represented at the time of application, would have caused **us** to decline **you** for cover; or
 - (d) where necessary to comply with any applicable laws or regulations.
- (ii) **We** may cancel **your** insurance cover by giving not less than 90 days’ written notice:
 - (a) in the unlikely event that for any of the reasons listed in Section 13 “What is a premium review?” **we** expect to experience unsustainable losses for the particular country or market sector that applies to **your policy**; or
 - (b) if **we** decide for reasons of strategy or cost that it is no longer viable for **us** to continue to provide cover within the particular country or market sector that applies to **your policy**.

- (iii) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, any decision to cancel cover will not be made at an individual level and will not be based on whether **you** have made a claim.
- (iv) Except in cases of dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact, cancellation of **your policy** will not affect **your** entitlement to claim for any event occurring before the date of cancellation.

16. MAKING A COMPLAINT

We hope **you** never have cause to complain, but if **you** do **we** want to hear about it so **we** can try to put things right. Please contact **us** using the contact details in Section 3.

If **you** are not satisfied with **our** response, **you** can ask the Financial Ombudsman Service (FOS) to consider **your** complaint. This will not prejudice **your** right to take legal proceedings.

We can send **you** details of **our** full complaints and appeals procedure on request.

17. GENERAL INFORMATION

Your information

We will use **your** information for the administration of this cover and also for compliance with regulatory rules, and for research and statistical purposes. If **you** would like to see the information **we** hold about **you**, **we** can arrange this providing **you** pay the appropriate fee and there is no legitimate reason why **we** can't show **you**. If any information **we** hold about **you** is wrong you can ask **us** to correct it.

There may be times when **we** need to collect and use sensitive information such as **your** medical history; by taking out this cover **you** agree to **us** doing so.

Fraud and misleading information

To prevent fraudulent claims, insurers share information with each other using a register of claims - a list of participants is available on request. If **you** make a claim, any information **you** supply, together with other information relating to the claim, will be provided to the register of claims.

If **you** give false or misleading information when **you** apply for cover and this information would affect **our** decision to insure **you**, the cover will end and **we** will not pay **you** any benefits under this **policy**.

If **we** make any payments as a result of **your** fraud, recklessness or negligence **you** will not be entitled to any benefits under this **policy** and **we** may demand that any payments made by **us** are paid back. **We** may take legal action against **you** to return any money owed to **us** and **we** may demand that **you** reimburse **us** for any costs reasonably incurred.

Termination and variation

We may vary **your premium** as explained in Section 13.

We can vary the terms and conditions of this policy by writing to **you** and giving **you** at least 30 days' written notice. If **we** vary the terms and conditions and **you** do not wish to continue with this policy **you** may cancel it without notice and without penalty by contacting **us**.

Communication

We will use the English language in all documents and communication and **we** may monitor and record some telephone calls to improve the quality of **our** service.

Transfer and assignment

We will only pay benefits in the way described in this policy booklet and the rights given under this cover can't be transferred to anyone else.

Applicable law

This cover shall be governed by English law. Any legal proceedings will be held in the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to commence legal proceedings in **your** local courts.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** liabilities **you** may be entitled to compensation from the FSCS. Further information is available from their website: www.fscs.org.uk

18. DEFINITIONS

The following words have a special meaning where they appear in **bold**.

Word(s)	Special Meaning
Accident	A bodily injury which prevents you from carrying on your normal occupation, or any job which you are reasonably able to do, given your experience, education or training, and for which you are receiving treatment from a doctor .
Cease trading	Ceasing to trade as a result of your business having insufficient assets to meet its debts and liabilities and: (i) submitting final closing accounts for your business to HM Revenue & Customs (HMRC); (ii) your business being placed in the hands of an insolvency practitioner; or (iii) your partnership being dissolved and submitting final closing accounts HMRC.
Consultant	A medical specialist registered under the Medical Act 1983, as amended, who is a member of a Royal College, for example, the Royal College of Surgeons, and is recognised by that Royal College to be a consultant.
Doctor	A fully qualified medical practitioner registered with the General Medical Council and working in the United Kingdom, the Channel Islands or the Isle of Man. A doctor confirming your accident or sickness when you make a claim, cannot be you , your spouse, your civil partner, a relative or cohabitee.
Fixed-term contract	Working for at least 16 hours a week under a contract of employment, for a fixed duration or for a specific task, directly with an employer. You must be receiving a salary or wages and paying National Insurance contributions.
Full-time employed, full-time employment	Working for at least 16 hours a week under a permanent contract of employment. You must be receiving a salary or wages and paying Class 1 National Insurance contributions.
Gross monthly income	If you are full-time employed or working under a fixed-term contract - your average monthly salary before tax, including any commission and bonus payments you receive, for the 12 months immediately prior to the start date or the date you request a change in cover. If you are self-employed - the monthly average of your income, as declared on your self assessment return to HMRC for the previous tax year, for the 12 months immediately prior to the start date or the date you request a change in cover.
Monthly benefit	The amount you choose to protect under this cover, as specified in your Schedule .
Pre-existing condition	Any condition, whether specifically diagnosed or not, which you know about, or ought reasonably to know about, at the start date or the date you request a change in cover or for which you seek or receive advice, treatment or counselling from any doctor during the 12 months immediately before the start date or the date you request a change in cover.
Premium	This is the amount specified in your Schedule that you are required to pay for each month's cover.
Re-qualification period	The number of months, occurring after the start date or the date you request a change in cover, specified in your Schedule , after which it is possible for a pre-existing condition to re-qualify for cover.
Schedule	The document confirming the current details of your cover. If you have been issued with more than one document, the most recent will apply.

Word(s)	Special Meaning
Self-employed, self-employment	<p>Working for at least 16 hours a week, paying Class II National Insurance contributions and:</p> <ul style="list-style-type: none"> (i) helping, managing or carrying on a business in the United Kingdom, the Channel Islands or the Isle of Man and liable to pay tax under Schedule D Case I, II, IV and V of the Income and Corporation Taxes Act 1988; (ii) a partner or in a partnership; or (iii) a person who exercises direct or indirect control over a company.
Sickness	An illness or sickness which prevents you from doing your normal occupation, or any job which you are reasonably able to do, given your experience, education or training, and for which you are receiving treatment from a doctor .
Sickness initial exclusion period	The number of days after the start date , or the date you request a change in cover, as specified in your Schedule , in which any sickness that begins will not be eligible for any benefit, or increase in benefit, under the terms of this policy.
Start date	The date this insurance cover starts as specified in your first or original Schedule.
Sum insured	The amount you have insured under the Life cover section as specified in your Schedule .
Unemployed, unemployment	<p>Being entirely without gainful employment, including helping, managing and carrying on of any part of the day to day running of any business, and being available for and actively seeking work, and registered with the Department for Work and Pensions, or equivalent government department in Northern Ireland, the Channel Islands or a European Union member state.</p> <p>You must also sign a Jobseeker's agreement, or equivalent, or if you are not eligible you must provide ongoing reasonable alternative evidence that you are unemployed and actively seeking work.</p>
Unemployment initial exclusion period	The number of days after the start date , or the date you request a change in cover, as specified in your Schedule , in which any unemployment that begins, or you are notified about, will not be eligible for any benefit, or increase in benefit, under the terms of this policy.
Wait period	The number of days at the beginning of a claim, specified in your Schedule , for which you must wait before you are eligible for any benefit.
We, us, our	Pinnacle Insurance plc, who is authorised and regulated by the Financial Services Authority.
Work, worked working	Being in full-time employment , self-employment or working under a fixed-term contract .
You, your	The individual specified on the Schedule .

