Mortgage Payment Protection Insurance
HELPUCOVER
MORTGAGE PAYMENT PROTECTION INSURANCE (MPPI)

This policy summary does not contain the full terms and conditions of the contract. Full terms and conditions are contained within the policy document GP02294 which follows this summary.

Who is the insurer?
The insurer of this policy is Pinnacle Insurance plc. helpucover is a trading style of Pinnacle Insurance plc. Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority.

What is Mortgage Payment Protection Insurance (MPPI)?
This policy protects your mortgage in the event that you are unable to work due to accident, sickness and/or unemployment (depending on the levels of cover selected by you) subject to certain terms and conditions being met. Unemployment cover does not apply to self-employed or fixed-term contract workers.

The benefits applicable to you depend on the level of cover you selected when applying for this insurance. The levels of cover are:

- Accident, Sickness and Unemployment
- Accident and Sickness
- Unemployment

You are eligible for this cover if:

- you are at least 18 years of age and under 65 years of age at the start date;
- you have been in full-time employment or self-employed for at least 12 continuous consecutive months immediately prior to the start date;
- you work and live in the United Kingdom, the Channel Islands or the Isle of Man. You may also be eligible for continued cover if you worked and lived in the United Kingdom, the Channel Islands or the Isle of Man at the start date and you are subsequently posted to work outside the United Kingdom, the Channel Islands or the Isle of Man for:
  - the British Armed Forces or as a civil servant in the British Embassy or Consulate; or
  - your employer is a United Kingdom registered company and you are assigned to work within the European Union;
- you are either in the course of applying for a residential mortgage or have a residential mortgage that is not in arrears. “Buy to let” mortgages are excluded; and

In addition to the eligibility requirements above, we have used the information supplied by you in your application for this policy in making our decision to offer you cover under this policy.

What are the benefits and features of MPPI?
You can select the monthly benefit under this policy to cover your regular mortgage repayment plus an optional amount, up to 25% of your mortgage repayment, to cover mortgage related outgoings such as buildings and contents insurance. The maximum monthly benefit is £2,000 or 50% of your gross monthly income, whichever is less. MPPI is portable, meaning that if you change lender or move home, the cover stays with you.

MPPI provides two types of cover - ‘Back to Day One’ and ‘Standard’. (Your schedule will specify the type and level of cover you have selected)

- **Back to Day One** cover will provide the monthly benefit if you are unable to work due to accident, sickness or unemployment for longer than the wait period specified in your schedule. Thereafter 1/30th of the monthly benefit will be paid for each further consecutive day you are unable to work due to accident, sickness or unemployment.

- **Standard** cover will provide 1/30th of the monthly benefit for each continuous day you are unable to work due to accident, sickness or unemployment, after the wait period specified in your schedule. The monthly benefit is payable monthly in arrears and will only be paid if you meet the terms and conditions of this policy. The maximum number of monthly benefit payments payable under this policy for any one claim is shown in your schedule.

Carer cover: If you are unemployed as a result of you becoming a carer, we will consider an unemployment claim if you can provide evidence that you are required to care for a member of your immediate family, you are in receipt of Carer’s Allowance from the Department for Work and Pensions Jobcentre Plus, and you were not aware that it was a possibility that you would have to leave paid employment to become a carer prior to the start date.

What am I NOT covered for under MPPI?
There are some situations that you are not covered for. These generally involve anything you already knew about when you took out this cover or that is caused by deliberate or illegal acts on your part.

The most significant exclusions of this policy are set out below, but there may be other exclusions that are significant to you, so you need to check the policy document.

For full details of the exclusions please refer to Sections 5 and 7 of the policy document.
Main instances when you will not be covered for Accident or Sickness:

- any condition, injury, illness, disease, sickness or related condition which you knew about (or ought reasonably to have known about) at the policy start date; or for which you sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the policy start date. However this exclusion will not apply if you have been continuously insured and you have been symptom free and have not consulted a doctor or received treatment for the condition in the 24 months immediately prior to your claim;
- self-inflicted injury, being under the influence of, alcohol or drugs;
- any condition of a mental or nervous origin, unless certified and under the continuing care of a consultant psychiatrist; and
- backache or related conditions unless there is supporting medical evidence. Such evidence may be a report from an appropriate consultant or from your doctor, in either case an MRI, CT scan, or equivalent, may be required.

In addition, in the case of an accident or sickness claim you must:

- be under the regular care and attendance of your doctor; and
- be prevented from working only as a result of the accident or sickness.

Main instances when you will not be covered for Unemployment:

- unemployment resulting from any condition excluded under the accident and sickness exclusions;
- if at the start date you knew you would become unemployed or you had reason to believe that you might become unemployed;
- unemployment which occurs within 120 days (60 days if you are a new borrower) of the start. Your schedule will confirm what initial exclusion period applies to your policy;
- if your work was seasonal, casual or temporary;
- if you resign or you accept voluntary unemployment;
- if you lose your job because of misconduct, fraud or dishonesty; and
- if you have received the monthly benefit for accident or sickness in the same period.

In the case of an unemployment claim you must satisfy the definition of unemployment set out in Section 1 of the policy.

How long does the MPPI contract run for?

The contract will end if you die, when you reach 65 or permanently retire, when you no longer have a mortgage agreement, when you fail to pay the monthly premium when due or the date on which you or we cancel your insurance, whichever happens first.

**IMPORTANT**

You may consider it appropriate to review the level of benefit provided by your mortgage payment protection on a regular basis to ensure it remains sufficient for your financial planning needs.

**Premiums**

The amount you pay for cover may change during the time you have this policy. This may be because of:

- 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.

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.

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.

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.

**What happens if I take out cover and then change my mind?**

If you are unhappy with your cover you can cancel your policy within 30 days of receiving your policy and receive your full premium back provided no claim has been made.

**IMPORTANT**

You may consider it appropriate to review the level of benefit provided by your mortgage payment protection on a regular basis to ensure it remains sufficient for your financial planning needs.
Thereafter, you may cancel the policy at any time but you will not be entitled to a refund of premiums paid.

All cancellation requests should be made to:
Customer Services Department
helpucover
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX
Telephone 0845 121 2435

Our Right to Cancel
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.

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 15 of your policy.

Terms and Conditions
We may vary or waive the terms and conditions of this policy. This may be to:
- 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 11 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.

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.

How do I make a claim under MPPI?
If you wish to make a claim you can obtain a claim form:
By calling: 0845 121 2435
Writing to: Claims Department
helpucover
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX
Or on line at: www.support.cardifpinnacle.com

For all claims, proof will be required from your employer, your doctor and/or the Department for Work and Pensions Jobcentre Plus (or equivalent government department in Northern Ireland, the Channel Islands or a European Union member state).

How do I make a complaint about Pinnacle Insurance plc and helpucover?
While it is always our intention to provide a first class service, if you have a problem with the service you receive, you can write to the:
Customer Relations Manager
helpucover
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX

If we cannot resolve your complaint to your satisfaction you may be entitled to complain to the Financial Ombudsman Service.

Full details of the complaints procedure are contained within Section 17 of the policy document.

Would I receive compensation if Pinnacle Insurance plc were unable to meet its liabilities?
Pinnacle Insurance plc is 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.
This policy is designed to meet your mortgage commitments in the event of your accident, sickness and/or unemployment (depending on the levels of cover selected by you) providing you meet the eligibility criteria set out in Section 2 and have paid the monthly premium when due. This policy provides you with everything you need to know about your cover and contains all the contractual terms and conditions of your cover including the exclusions.

Please read your policy and schedule carefully as together they explain the benefits that are available to you and the criteria you must meet to qualify for those benefits. Please make sure that you:

- are eligible for the insurance cover;
- know what insurance cover you have chosen;
- know what is covered and what is not covered by this policy;
- understand how changes in your employment affect your cover; and
- understand the terms and conditions for making a claim.

This policy uses words and phrases that have specific meanings. You will find these explained in Section 1 “Definitions”. Defined words are shown in “bold” wherever they appear.

1. DEFINITIONS

The following words and phrases will have the following meanings where they appear in bold type.

“accident” means a bodily injury 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. If you are self-employed, you must not be receiving any form of payment or be helping, managing or carrying on any part of the running of the business whilst you are claiming;

“consultant” means 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. It does not include your spouse, civil partner, a relative or someone who lives with you;

“doctor” means 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. The doctor who confirms your accident or sickness, when you are making a claim, cannot be you, your spouse, civil partner, a relative or someone who lives with you;

“end date” means the date your cover ends as set out in Section 12;

“full-time employment” means working for at least 16 hours a week under a contract of employment that does not have a fixed or implied end date. You must be receiving a salary or wages and be paying Class 1 National Insurance contributions;

“gross monthly income” means:

(i) if you are in full-time employment - your average monthly salary before tax (including any commission and/or bonus payments you receive) for the 12 months immediately prior to the start date or the date you request a change in monthly benefit; or

(ii) if you are self-employed - the monthly average of your income for the 12 months immediately prior to the start date or the date you request a change in monthly benefit as declared on your self assessment return for the previous tax year as confirmed by HM Revenue & Customs;

“immediate family” means your spouse, civil partner, partner of the same or opposite sex who you currently live with and have lived with for a continuous period of at least 1 year, parent, child or step child who you currently live with and have lived with for at least 1 year, or from birth if they are aged below one;

“initial exclusion period” means the period immediately following the start date during which any incident which results in you making a claim against the policy will not be covered. For unemployment cover this includes you being notified of impending unemployment during this period.

The initial exclusion period is 120 days; this is reduced to 60 days if you are a new borrower. Your schedule will confirm what initial exclusion period applies to your policy;
“lender” means the bank, building society or other financial institution with whom you have applied for, or have taken out your mortgage;
“monthly benefit” means the amount chosen by you to cover:
(i) the regular monthly mortgage repayment; and
(ii) an optional amount to cover mortgage related expenses such as mortgage related life assurance premiums, endowment premiums and buildings and contents premiums. This additional amount may not exceed 25% of your regular monthly mortgage repayment.

The maximum monthly benefit allowable shall not exceed £2,000 or 50% of your gross monthly income, whichever is less;
“monthly premium” means the monthly sum payable by you each month for insurance cover under this policy;
“mortgage” means the mortgage agreement between you and the lender in relation to which we have agreed to provide insurance cover under this policy;
“new borrower” means you apply for this insurance:
when taking out your mortgage; or
within 60 days of your mortgage completion date;
“normal pregnancy” means symptoms which normally accompany pregnancy which are of a minor and/or temporary nature (such as morning sickness and dizzy spells) and which do not represent a significant medical hazard to mother or baby;
“permanently retire” means you have no intention of returning to full-time employment or of obtaining any further work;
“policy” means the terms and conditions set out in this document;
“pre-existing medical condition” means any condition, injury, illness, disease, sickness or related condition and/or associated symptoms, whether specifically diagnosed or not:
(i) which you knew about (or ought reasonably to have known about) at the start date; or
(ii) for which you sought or received advice, treatment or counselling from any doctor during the 12 months immediately before the start date;
“schedule” means the document that confirms the current details of your cover and the level of cover selected by you. If you have been issued with more than one document, the most recent will apply;
“self-employed/self-employment” means you are working for at least 16 hours a week and paying Class II National Insurance contributions and are:
(i) helping with, 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 Corporations Taxes Act 1988;
(ii) a partner in a partnership; or
(iii) a person who exercises direct or indirect control over a company;
“sickness” means 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. If you are self-employed, you must not be receiving any form of payment or be helping, managing or carrying on any part of the running of the business whilst you are claiming;
“start date” means the date we advise you are accepted for cover under this policy as shown in your schedule;
“unemployed/unemployment” means:
(i) being entirely without gainful employment (which includes the assisting, managing and/or the carrying on of any part of the day to day running of a business); and
(ii) being available for, and actively seeking work and registered with:
   (a) the Department for Work and Pensions Jobcentre Plus; or
   (b) the Department for Social Development in Northern Ireland; or
   (c) the States Insurance Authorities in the Channel Islands or a European Union member state; and
(iii) you must have signed a Jobseeker’s agreement within the United Kingdom, or equivalent agreement in Northern Ireland, the Channel Islands or a European Union member state. Failure to comply with any condition of this policy may result in the suspension or the stopping of benefit;

“wait period” means the number of days at the beginning of a claim which you must wait before you are eligible for any benefit. The wait period is shown in your schedule;
“we, our, us” means Pinnacle Insurance plc;
“you, your” means the person(s) who have been accepted for insurance cover under this policy.

The singular shall include the plural and vice versa. Within this policy, headings are only included to help you and do not form part of the insurance contract.

2. ELIGIBILITY
You are eligible for this insurance if at the start date, you:
(i) are 18 years or over but less than 65 years of age;
(ii) have been in full-time employment or self-employed for at least 12 continuous consecutive months immediately prior to the start date;
(iii) work and live in the United Kingdom, the Channel Islands or the Isle of Man. You may also be eligible for continued cover if you worked and lived in the United Kingdom, the Channel Islands or the Isle of Man at the start date and you are subsequently posted to work outside the United Kingdom, the Channel Islands or the Isle of Man as:
(a) a member of the British Armed Forces or as a civil servant at a British Embassy or Consulate; or
(b) your employer is a United Kingdom registered company and you are assigned to work within the European Union;
(iv) are either in the course of applying for a residential mortgage, or have a residential mortgage in place. Buy to Let mortgages are excluded; and

In addition to the eligibility requirements above, we have used the information supplied by you in your application for this policy in making our decision to offer you cover under this policy.

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 3 “Changing Level of Benefit/Circumstances”, or you no longer meet the conditions above you should contact us straight away to discuss your options.

Self-employed and Fixed-term Contract Workers
If you are self-employed or you work on a fixed-term contract(s) you are only eligible for accident and sickness cover under this insurance. You should read this policy carefully to make sure it is suitable for your needs. Unemployment cover sections of this policy do not apply to you.

Important Notes
Certain circumstances may affect your right to benefits if you are aware of them at the start date. We will not pay any benefits under this policy for:
- (accident or sickness claims), any condition, injury, illness, disease, sickness or related condition and/or associated symptoms whether specifically diagnosed or not, which you knew about (or ought reasonably to have known about) at the start date or, for which you sought or received advice, treatment or counselling from a doctor during the 12 months immediately prior to the start date.
   However, you will be able to claim if you have been symptom free and have not consulted a doctor or received treatment for the condition in the 24 months immediately prior to your claim. Please refer to Section 5 for the full list of accident and sickness exclusions;
- (unemployment claims), any impending unemployment you were aware of at the start date. You will not be covered for any unemployment which we reasonably believe you knew was likely to happen, whether you had official notice of it or not, when you took out this insurance;
- (unemployment claims), any unemployment you were advised of or which happens within the initial exclusion period. Your schedule will confirm what initial exclusion period applies to your policy;
- a Carer cover claim under Section 6 (iv) if at the start date we reasonably believe you were aware of the need, or likely need at any time in the future, for a member of your immediate family to require a carer.

3. CHANGING LEVEL OF BENEFIT/CIRCUMSTANCES
(i) It is your responsibility to ensure that this policy continues to meet your requirements and that the chosen monthly benefit meets your mortgage repayment. If you take out a further advance on your mortgage, or change mortgage or transfer your mortgage to another lender, you may apply to change your monthly benefit to match your new mortgage repayments. If interest rates rise or fall, you may apply to amend your monthly benefit to reflect the change in your mortgage repayment.
(ii) If you want to change your monthly benefit you must ask us in writing. If we agree to change your level of monthly benefit or proportion of the monthly benefit, the change will take effect from the date we accept the amendment, provided that you are not already receiving monthly benefit under this policy, or are aware of an impending claim.
(iii) For unemployment claims, we will not pay the increase in monthly benefit or the change in proportion of your monthly benefit if:
   (a) you are made unemployed or are told that you will be made unemployed within 120 days of the date you applied for the increase or change;
   (b) you knew you would become unemployed or you had reason to believe that you might become unemployed, on the date you applied for the increase or change; or
(iv) For accident or sickness claims, we will not pay the increase in monthly benefit or the change in proportion of your monthly benefit if your accident or sickness claim results from any condition, injury, illness, disease, sickness or related condition and/or associated symptoms whether specifically diagnosed or not, which you knew about (or ought reasonably to have known about) at the date you applied for the increase or change, or for which you sought or received advice, treatment or counselling from a doctor during the 12 months immediately prior to the date you applied for the increase or change. However, this exclusion will not apply if you have been symptom free and have not consulted a doctor or received treatment for the condition in the 24 months immediately prior to your claim.

4. ACCIDENT AND SICKNESS BENEFIT
This level of cover only applies to you if your Schedule confirms you have chosen accident & sickness cover.

Back to Day One Cover (If specified in your schedule)
If after the start date and before the end date an accident or sickness prevents you from working for longer than the wait period, we will pay:
(i) the monthly benefit at the end of the wait period; and
(ii) thereafter, 1/30th of the monthly benefit for each continuous day you are unable to work.
The monthly benefit will be paid to you in arrears provided you meet the terms and conditions of this policy; or

Standard Cover (If specified in your schedule)
If after the start date and before the end date an accident or sickness prevents you from working for longer than the wait period, we will pay 1/30th of the monthly benefit for each continuous day you are unable to work after the wait period.

The monthly benefit will be paid to you in arrears provided you meet the terms and conditions of this policy.

The following terms and conditions apply to Back to Day One Cover and Standard Cover:

(i) To receive the monthly benefit you must:
(a) be in full-time employment or self-employed when your accident occurs or sickness begins;
(b) satisfy the definition of accident or sickness set out in Section 1 and be under regular care and attendance of your doctor;
(c) be prevented from working only as a result of the accident or sickness;
(d) not be receiving the monthly benefit for unemployment for the same period; and
(e) give us any evidence we ask for in order to prove your claim is valid and continues to be so.

(ii) When paying your claim we will consider the first day of your claim to be the day a doctor certifies that you are unfit for work.

(iii) We will continue to pay the monthly benefit until:
(a) we have paid the maximum number of monthly benefit payments as shown in your schedule in respect of a single accident or sickness claim;
(b) you return to full-time employment or self-employment;
(c) you fail to provide evidence of your accident or sickness; or
(d) the end date;
whichever happens first.

(iv) If you have made a claim and then find part-time work for less than 16 hours per week you will still be able to claim for accident or sickness benefit provided that you are in receipt of Employment and Support Allowance.

(v) Future Claims
(a) You may make a further accident or sickness claim:
(i) for an unrelated condition - if you have returned to full-time employment or self-employment for at least 1 month following the previous accident or sickness claim, unless paragraph (b) below applies; or
(ii) for the same or a related condition - if you have returned to full-time employment or self-employment for at least 3 consecutive months following the previous accident or sickness claim, unless paragraph (b) below applies.

However, if two periods of accident or sickness (each resulting from the same or a related condition) are separated by less than 3 consecutive months of full-time employment or self-employment, we will treat them as one continuous claim for the purposes of calculating the maximum monthly benefits payable, but no benefit will be payable for the time in between.

(b) If we have paid the maximum monthly benefits for a single claim, you may only make a further accident or sickness claim (whether resulting from a related or unrelated condition) provided you have returned to full-time employment or self-employment for at least 6 consecutive months.

Statutory maternity or paternity leave can form part or all of the one, three or six month periods in (a) and (b) above.

(vi) Pregnancy and Childbirth - we will pay benefit for any accident or sickness resulting from any symptom(s) of, or complication(s) of pregnancy and childbirth which a doctor certifies prevents you from working, and which is not excluded under any other exclusions listed in this policy. However no benefit will be payable for normal pregnancy and childbirth related conditions.

(vii) The maximum monthly benefit we will pay in respect of any claim you make under this policy is £2,000 or 50% of your gross monthly income, whichever is less.

5. ACCIDENT AND SICKNESS EXCLUSIONS

We will not pay any accident and sickness benefit if your accident or sickness results from or as a consequence of the following:

(i) any pre-existing medical condition - this exclusion does not apply if you have been symptom free and have not consulted a doctor or received treatment for the condition in the 24 months immediately prior to your claim;
(ii) a self-inflicted injury;
(iii) 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;
(iv) being under the influence of, or being affected by, alcohol or drugs unless prescribed by a doctor (other than prescribed for the treatment of drug addiction or alcohol dependency);
(v) any condition of a mental or nervous origin including stress, anxiety or depression (unless 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);
The following terms and conditions apply to Back to Day One Cover and Standard Cover:

6. UNEMPLOYMENT BENEFIT

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

Back to Day One Cover (If specified in your schedule)
If after the start date and before the end date you are unemployed for longer than the wait period, we will pay:
(i) the monthly benefit at the end of the wait period; and
(ii) thereafter, 1/30th of the monthly benefit for each continuous day you remain unemployed.

The monthly benefit will be paid to you in arrears provided you meet the terms and conditions of this policy; or

Standard Cover (If specified in your schedule)
If after the start date and before the end date you are unemployed for longer than the wait period, we will pay 1/30th of the monthly benefit for each continuous day you are unemployed after the wait period.

The monthly benefit will be paid to you in arrears provided you meet the terms and conditions of this policy.

The following terms and conditions apply to Back to Day One Cover and Standard Cover:

(i) To receive the monthly benefit you must:
   (a) have been in full-time employment immediately prior to becoming unemployed;
   (b) satisfy the definition of unemployment set out in Section 1;
   (c) not be receiving the monthly benefit for accident or sickness for the same period; and
   (d) give us any evidence we ask for in order to prove your claim is valid and continues to be so.

(ii) When paying your claim, we will consider your first day of unemployment 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 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.

(iii) We will continue to pay the monthly benefit until:
   (a) we have paid the maximum number of monthly benefit payments as shown in your schedule in respect of a single unemployment claim;
   (b) you return to full-time employment or self-employment;
   (c) you fail to satisfy the definition of unemployment set out in Section 1;
   (d) you fail to provide us with evidence of your unemployment; or
   (e) the end date;

   whichever happens first.

(iv) Carer Cover - If you are unemployed as a result of you becoming a carer, we will consider an unemployment claim if you can provide evidence that you:
   (a) are required to care for a member of your immediate family;
   (b) are in receipt of Carer’s Allowance from the Department for Work and Pensions Jobcentre Plus or such government office which replaces it; and
   (c) were not aware that it was a possibility that you would have to leave paid employment to become a carer prior to the start date.

(v) Future Claims
   (a) You may make a further unemployment claim if you have returned to full-time employment for at least 3 consecutive months following the previous unemployment claim. However, if two periods of unemployment are separated by less than 3 consecutive months of full-time employment, we will treat them as one continuous period of unemployment for the purposes of calculating the maximum monthly benefits payable, but no benefit will be payable for the time in between.
   (b) If we have paid the maximum monthly benefits for a single claim, you may only make a further unemployment claim if you have returned to full-time employment for at least six months.

Statutory maternity or paternity leave can form part or all of the three or six month periods in (a) and (b) above.

(vi) Temporary Work
   (a) An unemployment claim may be suspended for a period of temporary work, provided:
      (i) you notify us before your temporary work starts; and
      (ii) your temporary work lasts for at least one week and no longer than 12 months, whether as one contract or a series of contracts.

   Once your temporary work has ended, we will continue to pay your claim as a continuation of your earlier claim up to the maximum number of monthly benefit payments (as shown in your schedule) in total, subject to the terms and conditions of this policy;
(b) If you are in temporary work with the same employer for 12 months or more and you are made unemployed, we will pay unemployment benefit as set out above subject to terms and conditions of this policy;
(c) If you have an unemployment claim but you do not submit your claim because you take temporary work, you may submit your claim once the temporary work has ended. We will then assess your claim, subject to the terms and conditions of this policy, as if you had submitted it following your initial unemployment.
(vii) Multiple Employment - If you are in full-time employment with more than one employer and you are made unemployed from one or more of your jobs, you will be able to claim for unemployment benefit if you are no longer working 16 hours a week or more in total and you meet criteria (ii) and (iii) of the definition of unemployed.
(viii) The maximum monthly benefit we will pay in respect of any claim you make under this policy is £2,000 or 50% of your gross monthly income, whichever is less.

7. UNEMPLOYMENT EXCLUSIONS
We will not pay any unemployment benefit if:
(i) at the start date you knew you would become unemployed or you had reason to believe that you might become unemployed;
(ii) you are made unemployed or are told that you will be made unemployed, within 120 days (60 days if you are a new borrower) of the start date. Your schedule will confirm what initial exclusion period applies to your policy;
(iii) your work was seasonal, casual or temporary other than as set out in Section 6 (vi) above or unemployment is a regular feature of your work;
(iv) you finish the job you were specifically employed to do;
(v) you resign or you accept voluntary unemployment;
(vi) you lose your job because of misconduct, fraud, dishonesty or as a result of any act you carried out;
(vii) you do not actively seek re-employment; or
(viii) the unemployment results from any condition excluded under the accident and sickness exclusions set out in Section 5.

8. CLAIMS
(i) You should request a claim form by telephoning 0845 121 2435 or contacting us at:
Claims Department, helpcover*
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX
www.support.cardifppinnacle.com
The fully completed claim form should be returned to us together with any supporting evidence within 90 days of the date your accident occurred or your sickness or unemployment began, or as soon as possible after this. All the relevant sections should be completed to avoid a delay in receiving benefits.
(ii) Continuing Claim Forms - we will ask you to fill in a continuing claim form at your expense for each month you are claiming. You must send this to us within 90 days of the date we last paid your monthly benefit, or as soon as possible after this.
(iii) You must give us any proof we reasonably ask for, at your own expense, otherwise we will not pay any benefit. We may also ask you for additional information during a claim. This proof could be amongst other things:
(a) Accident and Sickness claims - a certificate from your employer confirming you are not presently working for them. We may require 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 you any benefit if you fail to undergo a medical examination and you do not have a reasonable explanation for not attending;
(b) Unemployment claims - confirmation of your unemployment from the Department for Work and Pensions Jobcentre Plus (or equivalent government department in Northern Ireland, the Channel Islands or a European Union member state) or a letter from your last employer confirming you worked for them.
(iv) If you are ineligible for a Jobseeker's agreement, you must be able to provide ongoing alternative evidence acceptable to us that you are unemployed and actively seeking re-employment. This could include copies of job applications, invitations to interviews, application responses and registration with employment agencies.
(v) If you are seeking work in the European Union you must make arrangements with the Department for Work and Pensions Jobcentre Plus 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.
(vi) If you or your partner are receiving any state benefit, you should advise the appropriate authority if you are also claiming under this policy. In some circumstances, the amount of monthly benefit you receive under this policy may affect your entitlement to state benefit. Your local benefits agency will be able to provide you with further information.
(vii) We have a regulatory obligation to prevent fraud. Insurers share information with each other to prevent fraudulent claims via a register of claims. A list of participants is available on request. In the event of a claim, any information you have supplied relevant to this insurance and on the claim form, together with other information relating to the claim, will be provided to the register of claims.
9. **SWITCHING CLAIMS**

(Not applicable to self-employed or fixed-term contract workers. Only applicable if your Schedule confirms you have selected accident, sickness and unemployment cover.)

You can switch between an accident and sickness claim and an unemployment claim (or vice versa) without interruption (i.e. no additional wait period will be applied), subject to the maximum number of monthly benefits (as shown in your schedule) being paid in total. All other terms of this policy will still apply and both claims must be valid.

10. **CLAIMS SUPPORT PROGRAMME**

If you have an unemployment claim, we will provide you with a Job Finder Guide and access to our Claims Support website (www.support.cardifpinnacle.com) each subject to availability, which may help you in your job search. You may also be offered access to a CV writing service, a CD ROM, employment workshops and telephone support service.

If you have an accident or sickness claim, we will provide you with our Claimant Health Guide and access to our Claims Support website (www.support.cardifpinnacle.com) each subject to availability, which may assist you with health updates and general information on your condition.

11. **PREMIUMS**

(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 monthly 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 monthly 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 monthly 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 13.

(viii) You must continue to pay your monthly premium while you are making a claim under this policy to ensure that cover can continue after your claim has ended. If, during a claim, you cancel your policy or fail to pay the monthly premium when due, we will continue to pay the monthly benefit provided that the claim was made prior to the date on which you cancelled or first failed to pay the monthly premium when due. You will not, however, be covered for any new claim made on or after that date.

12. **WHEN COVER ENDS**

(i) All cover under this policy and all benefits shall automatically end on the earliest to occur of the following:

   (a) the date your mortgage terminates;
   (b) the date you reach 65 years of age or permanently retire, whichever happens first;
   (c) the date you die;
   (d) the date you do not pay the monthly premium when due;
   (e) the date we cancel your insurance in accordance with Section 15 “Our right to cancel”; or
   (f) the date you or we cancel your insurance as set out under the terms of this policy.
(ii) If you are already receiving benefits for a successful claim, we will continue to pay the monthly benefit provided that:
   (a) the event leading to your claim occurred prior to the date you cancelled your policy or the date the monthly premium was not paid when due; and
   (b) cancellation was not due to dishonest or exaggerated behaviour, misrepresentation or failure to disclose a material fact.

You will not be covered for any new claim arising on or after the cancellation date.

When this policy ends it will not have any cash or surrender value, other than any premium refund that may arise under Section 13 below.

13. YOUR RIGHT TO CANCEL
   (i) Within the “cooling off period” - if you decide you do not want the cover and wish to cancel your policy, you can do so within 30 days of the start date or the date you receive these policy documents, whichever is the later (the “cooling off period”). You will receive a full refund of any monthly premium you have paid provided no claim has been made under the terms of this policy. If you have made a claim, no refund of monthly premium will be payable.
   (ii) Outside the “cooling off period” - if you cancel outside the initial 30 day cooling off period, no refund of monthly premium will be payable.
   (iii) If we change your monthly premium and/or 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 without notice and without penalty. Any cancellation will take effect at the end of the period for which you have already paid your monthly premium.
   (iv) All cancellation requests should be made to:

Customer Services Department, helpucover*
Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX
Telephone: 0845 121 2435

14. 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 11 above which we use to design and price your insurance 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 assumptions due to the reasons set out in Section 11 above.
   (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 11 above;
   (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 13.

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;

(d) where, as part of your application, we asked you to provide us with evidence of your previous insurance cover on request, and you do not provide it to us within a reasonable time after we requested you to do so; or

(e) 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 11 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 (including not providing us with the evidence we may request as set out in Section 15 (i) (d)) 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 (including not providing us with the evidence we may request as set out in Section 15 (i) (d)) cancellation of your policy will not affect your entitlement to claim for any event occurring before the date of cancellation.

16. INVALID MONTHLY BENEFIT PAYMENTS

If we make any payments as a result of your dishonest or exaggerated behaviour (or the dishonest or exaggerated behaviour of someone acting on your behalf) you will no longer 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 for the return of such monies and we may demand that you reimburse us for any investigation costs incurred.

17. GENERAL CONDITIONS

(i) The monthly benefit cannot be paid to anyone else or in any way other than as described in this policy.

(ii) When your cover under this policy ends it will not have a cash or surrender value.

(iii) The rights given under this policy cannot be transferred to anyone else.

(iv) A person who is not a party to the contract of insurance set out in this policy shall have no rights under the Contracts (Rights of Third Parties) Act 1999 (the Act) to enforce any term of this policy provided that this shall not affect any right or remedy of any person which exists or is available otherwise than pursuant to the Act.

(v) 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

(vi) This policy is governed by English law. The parties to this policy agree to irrevocably submit to the jurisdiction of 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.

(vii) We will use the English language in all documents and communications relating to this policy.

(viii) To improve the quality of our service, we will be monitoring and recording some telephone calls.

18. ENQUIRIES AND COMPLAINTS

STEP 1

While it is always our intention to provide a first class standard of service, if you do have any concerns regarding your insurance cover, please address them to:

Customer Relations Manager
helpucover*
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX

STEP 2

Should you remain dissatisfied with the outcome of any internal enquiries you have the right to refer your complaint to:

The Financial Ombudsman Service (FOS)
South Quay Plaza
183 Marsh Wall
London E14 9SR

This procedure will not prejudice your right to take legal proceedings. However, please note that there are some instances when the FOS cannot consider complaints.

A leaflet detailing our full complaints/appeals process is available from us on request.

*helpucover is a trading style of Pinnacle Insurance plc. Pinnacle Insurance plc is authorised and regulated by the Financial Services Authority.