



LIFESTYLE PROTECTION

POLICY BOOKLET



CAVERE
INSURANCE

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Thank you for choosing Lifestyle Protection Insurance. This **policy** is arranged and administered by Cavere Limited and underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE.

You have applied for and **we** have accepted **your** application for Lifestyle Protection Insurance with UK General Insurance Limited on behalf of Great Lakes Insurance SE. In return for the appropriate **premium**, this policy confirms **you** are insured from the **policy start date**, against **accidental death, accident, sickness, fracture, hospitalisation, unemployment** or becoming a **full-time carer** (to the extent specified in **your policy schedule** and subject to the terms, exclusions and conditions of the insurance contract as set out in this **policy**).

Your proposal/application form/Statement of Insurance, policy booklet and **policy schedule** combine to form this insurance contract.

Please note: **You** have a statutory right to cancel this **policy** and obtain a refund of any **premium** paid for a short period of time after the **policy start date**. Details of these cancellation rights are set out under Section 8 - Cancellation on page 14 of this booklet.

Section 1 - Are you eligible for cover?

You are eligible for cover if on the **policy start date**:

- **you** are aged 18 or over and are under the age of 64; and
- **you** have been **working** and residing in the **United Kingdom** continuously for the last 6 months; and
- **you** are seeking protection in the event of **accidental death, accident, sickness, fracture, hospitalisation, unemployment** or becoming a **full-time carer** to the extent covered by this **policy**.

You are not eligible for cover if on the **policy start date**:

- **you** are aware of any impending **unemployment** which may affect **you**; or
- **you** are a **full-time carer** or **you** are aware of any circumstances which may result in **you** becoming a **full-time carer**; or
- **you** are in casual, seasonal or temporary **work**; or
- **you** are **working** less than 16 hours per week; or
- **you** are currently unable to attend **work** due to an **accident, sickness, fracture** or **hospitalisation** (this does not apply if **you** are on maternity leave, paternity leave, adoption leave or parental leave).

It is very important that **you** provide **us** with all the information **we** reasonably require in order to administer **your** insurance. It is particularly important that **you** remember to contact the **administrator** if **you** change **your** address.

Section 2 - What the words mean

Some of the words and phrases **we** use in this policy booklet have special meanings and appear in bold typeface. Except where the context otherwise requires, the masculine shall include the feminine, the singular shall include the plural and vice versa, as appropriate.

Accident and Sickness

Means incapacity resulting solely from an **accident** or **sickness** and which is certified by a **doctor** or **consultant** as preventing **you** from doing **your** normal **work** or any similar **work** for which **you** are reasonably able to do given **your** experience, education or training and as a result of which **you** are not doing any **work**.

Accidental Death

Means a bodily injury occurring during the **period of cover** which is the direct result of accidental, external, violent and visible means and which solely and independently of any other cause results in a claim for **your** death. This does not include any **sickness**, disease, bacterial or viral infection (unless this is a direct result of an accidental injury), naturally occurring condition or degenerative process or the result of any gradually operating cause.

Administrator

This scheme of insurance is arranged and administered by Cavere Limited, registered number 06741789. Cavere Limited are the appointed agent of the underwriter for the purposes of administering **premium** collections and issuing **premium** refunds under this policy. **Premiums** are collected by Cavere Limited under a risk transfer agreement from the insurer. Cavere Limited is authorised and regulated by the Financial Conduct Authority, FRN 517325. Please note that all correspondence relating to this **policy** should be addressed to:
Cavere Limited, Unit 2, Horizon Court, Audax Close, Clifton Moor, York, YO30 4RB.
Telephone: 01904 476096 Email: policies@cavere.co.uk

Benefit Period

Means the maximum number of **monthly benefit** payments that would be payable for any **claim period** as shown on **your schedule**.

Business

Means a company, profession, trade or industry registered in the **United Kingdom**.

Business Failure

Means the total cessation of **your business** caused entirely by circumstances beyond **your** control or the control of any director or partner in **your** business.

Claims Administrator

Means Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD. Trent-Services (Administration) Limited, is authorised and regulated by the Financial Conduct Authority, FRN 315285.

Claim Period

Means any separate period of time during which **you** are unable to **work** due to an **accident**, **sickness**, **hospitalisation**, **unemployment** or being a **full-time carer** and receiving **monthly benefit** under this **policy**.

College

Means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.

Consultant

Means any medical specialist other than **you**, **your partner** or any of **your relatives** who is a member of a **college** and recognised by that **college** to be a consultant.

Contract Employment

Means **you** are employed on a fixed term contract of at least 13 weeks duration.

Doctor

Means a medical practitioner, other than **you**, **your partner** or any of **your relatives**, practising in the **United Kingdom** being a fully registered person under the Medical Act 1983.

Fracture

Means a bodily injury which is the direct result of accidental, external, violent and visible means and which solely results in **you** breaking a bone in **your** body.

Full-time carer

Means **you** are entirely without **work** solely due to the need to care for a **partner** or **relative** and **you** are registered with **your** local Social Services Department as a carer and entitled to carers allowance.

Hospital

Means a government controlled **hospital**, a National Health Service **hospital**, or a private **hospital** but will not apply to any long term nursing homes or geriatric unit or any such facilities.

Hospitalisation/Hospitalised

Means **you** are an in-patient of a **hospital** for a period in excess of 24 hours under the sole request of a **doctor** or **consultant**.

Initial Exclusion Period

Means the 120 days immediately following the **policy start date** when **you** cannot claim for **unemployment**.

Monthly Benefit

Means the amount of cover **you** have selected as shown on **your policy schedule** up to a maximum of £2,500 or 65% of **your normal monthly income** whichever is the lesser. In the event that **you** are aged between 65 and 70 at the time of claim **you** will only receive half of the **monthly benefit** shown on **your policy schedule**.

Normal Monthly Income

Means either of the following:

- If **you** are employed the average of the gross amounts shown on **your** payslips from **your** employer during the last 12 months; or
- If **you** are **self employed** the monthly average of the gross income **you** declared to HM Revenue & Customs on **your** Self-Assessment tax return for the tax year preceding the **start date**.

Partner

Your spouse, **your** civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) with whom **you** are permanently cohabiting in a relationship equivalent to marriage.

Payment in Lieu of Notice

Means either of the following:

- the payment received by **you** in relation to the notice period **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment; or
- any compensation payment or part payment made for loss of office which relates to the notice period - whether directly or indirectly - that **your** employer should have given **you** according to the terms of **your** contract of **employment** or letter of appointment. This includes payment made under a settlement agreement and any statutory notice period **you** are entitled to.

Period of Cover

Means the period between the **policy start date** and the **termination date** for which the correct **premium** has been paid by **you**.

Permanent Employment

Means **you** are in paid employment under a contract of service, paying Class 1 National Insurance contributions and **your employment** has no fixed or pre-defined finishing date other than the normal retirement age for **your** occupation.

Policy

Means the cover provided to **you** under the terms and conditions of this insurance contract.

Policy Review Date

Means the date 12 months after **your policy start date** and annually thereafter.

Policy Start Date

Means the date cover commences as shown on **your policy schedule**.

Pre-existing Condition

Means any medical condition for which **you** have suffered symptoms, received treatment, medication or advice (including regular or routine examinations or consultations to monitor the **condition**) from a **doctor** or **consultant** in the 12 month period immediately prior to the **policy start date**.

Premium

Means the amount **you** must pay for cover under this policy.

Relative

Means a parent, brother, sister or lineal descendant.

Policy Schedule

Means the document accompanying this policy booklet which confirms the **benefit period**, **policy start date**, **policy review date**, **waiting period** and **monthly benefit** which **you** have applied for and **we** have accepted.

Self Employment / Self Employed

Means **you** carry on a business in the **United Kingdom** alone or with others and pay Class 2 National Insurance contributions and are classed as Schedule D for income tax purposes or **you** can control the affairs of a **business you work** for because **you** or a **relative** or a member of **your** household individually or jointly have a **controlling interest** in that **business**.

Termination Date

Means the earliest of the following to occur:

- a) **You** die; or
- b) **You** retire from **work** or reach the age of 70, whichever is the earlier; or
- c) **You** stop residing or **working** in the **United Kingdom**; or
- d) **You** default on **your premium** payment; or
- e) **You** cancel this **policy**; or
- f) **We** cancel this policy.

Unemployed/Unemployment

Means **you** are out of **work** directly due to circumstances beyond **your** control and **you** must be:

- a) receiving Income Support, Job Seekers Allowance or **you** do not qualify for these benefits because **you** have been entitled to make reduced National Insurance contributions in the past;
- b) actively seeking **work**;
- c) registered as available for **work** at a Job Centre Plus or the Department of Health and Social Security in Northern Ireland;
- d) entirely without **work**;
- e) not in receipt of **payment in lieu of notice**.

Alternatively if **you** stop **work** to become a **full-time carer** **you** must be registered as a **full-time carer** and entitled to carer's allowance and not in receipt of any **payment in lieu of notice**.

United Kingdom

Means England, Wales, Scotland and Northern Ireland.

Waiting Period

Means the period shown in **your policy schedule** during which **you** will need to be continuously **employed** or unable to **work** due to an **accident** or **sickness** or **hospitalisation** or becoming a **full-time carer** before **you** are entitled to receive **monthly benefit**.

We/Us/Our

UK General Insurance Limited on behalf of Great Lakes Insurance SE.

Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich.

UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ.

You or Your or Yourself

Means the person named on the **schedule**.

Section 3 - Payment of Premiums

Premiums are payable by direct debit, monthly in advance by **you**. If **you** fail to pay **your premium** at any time during the **policy** term, **we** reserve the right to terminate the cover under this **policy**.

If **you** are in receipt of **monthly benefits you** must continue to pay **your** monthly **premium** as it falls due in order to ensure continuous cover under this **policy**.

We will review **your policy** at the **policy review date** and any changes **we** wish to make will take effect from that date. Following the review **we** can make changes to **your premium** and **policy** to reflect changes in the cost of providing this cover in the future.

Premiums may go up or down or remain unchanged as a result of this review. The **policy** cover may also change as a result of this review. There is no limit on the size or type of these changes.

We will notify **you** in writing at least 30 days before the **policy review date**.

For each review **we** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- **Our** experience and expectations of the cost of providing this product or similar insurance products;
- Widely available economic information such as rates for inflation, unemployment and interest;
- Changes in law, regulation or taxation.

The review will not be directly affected by whether **you** have had a claim or not. The only exception to this would be in the event of a change in:

- Law, regulation, taxation; or
- Recommendation of an Ombudsman

which we need to implement prior to a review.

Section 4 - Payment of Claims

4.1 - Accident and Sickness Claims

If **you** are **working** and become unable to **work** due to an **accident** or **sickness** during the **period of cover** for longer than the **waiting period**, we will pay you one **monthly benefit** on the first day that **you** remain continuously unable to **work**, due to an **accident** or **sickness** following the **waiting period**. After that we will continue to pay **you** 1/30th of the **monthly benefit** for each day **you** remain continuously unable to **work** due to **accident** or **sickness**, monthly in arrears.

We will continue to pay until the **termination date** or;

- a) the last consecutive day of **your accident** or **sickness**; or
- b) the date **you** stop providing due proof that **you** remain continuously unable to **work** due to **your accident** or **sickness**; or
- c) the date we have paid **you** a sum equivalent to the maximum number of **monthly benefit** payments allowed in the **benefit period** as shown in **your policy schedule**.

4.1.1 - Accident and Sickness Exclusions

No benefit will be payable to **you** if **your accident** or **sickness**:

- is due to **you** deliberately injuring **yourself**; or
- is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **doctor** or **consultant** and not for the treatment of drug addiction); or
- arises from stress, anxiety, depression or any mental or nervous disorder unless **you** are referred to a **consultant** psychiatrist by **your doctor** and, provided that the condition solely prevents **you** from **working**, **your claim** will be considered from the date of diagnosis by the **consultant** psychiatrist until **you** are released from their care; or
- results directly or indirectly from a **pre-existing condition** (but this exclusion will not apply to a **pre-existing condition** if **you** have been free from its symptoms, and have not consulted any **doctor** nor received any treatment for or in connection with it, for a two year period prior to **your claim**); or
- is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **your** pregnancy or pregnancy related conditions; or
- results from spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **doctor**, or a **consultant** certifies that the condition prevents **you** from **working**; or
- is due to a back related **condition** unless there is radiological evidence of a medical abnormality, visible wound or contusion, or **you** are referred to a **consultant** by **your doctor** and, provided that the condition solely prevents **you** from **working**, **your claim** will be considered from the date of diagnosis by the **consultant** until **you** are released from their care; or
- arises from medical operations which in the opinion of our chief medical officer are not medically necessary, including cosmetic or beauty treatments; or
- does not prevent **you** from assisting, managing, supervising and/or carrying on any part of the running of **your business** whatsoever if **you** are **self-employed**.

Benefit will not be paid for **accident** or **sickness** if **you** are receiving **unemployment** or **full-time carer** benefit under this **policy**.

4.2 - Unemployment and full-time carer Claims

If **you** are **working** and become **unemployed** or a **full-time carer** after the **initial exclusion period** during the **period of cover** for longer than the **waiting period**, **we** will pay **you** one **monthly benefit** on the first day that **you** remain continuously **unemployed** or remain a **full-time carer** following the **waiting period**. After that **we** will continue to pay **you** 1/30th of the **monthly benefit** for each day **you** remain continuously **unemployed** or continuously a **full-time carer**, monthly in arrears.

We will continue to pay until the **termination date** or;

- a) the last consecutive day of **your unemployment** or being a **full-time carer**; or
- b) the date **you** stop providing due proof that **you** remain continuously **unemployed** or being a **full-time carer**; or
- c) the date **we** have paid **you** a sum equivalent to the maximum number of **monthly benefit** payments allowed in the **benefit period** as shown in **your policy schedule**.

Unemployment cover under this **policy** will vary in accordance with **your** employment status:

i) Permanent Employment

If **you** are **working**, **you** will be insured if **you** are made **unemployed**.

ii) Contract Employment

- a) If **you** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer for more than 2 consecutive years or on an annual contract which has been renewed then **you** will be insured if **you** are made **unemployed**.
- b) If **you** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer but for less than 2 years then **you** will be insured if **you** are made **unemployed** during the term of **your** contract. **You** will not be insured against the non-renewal of **your** contract and any entitlement to **monthly benefit** under this **policy** will automatically cease on the date **your** contract was originally intended to terminate.

iii) Self Employment

If **you** are **self employed** **you** will be insured due to **business failure** and **you** must have:

- a) filed closing accounts with the Inland Revenue if **you** operate alone; or
- b) had **your** company put in the hands of an insolvency practitioner following the actions of a third party outside **your business**; or
- c) had **your** partnership dissolved and final accounts filed with the Inland Revenue following the actions of a third party outside **your business**.

4.2.1 - Unemployment Exclusions

No benefit will be payable to **you** if:

- **you** have not been **working** for at least 6 consecutive months prior to the **policy start date**;
- **you** were aware of the possibility of impending **unemployment** (or in **our** reasonable opinion **you** should have been aware) at the **policy start date**, not withstanding that no specific reference has been made to **your** personal situation and that **your** unemployment may not take place until after the **initial exclusion period**;
- **you** are notified of or made aware by any means, within the **initial exclusion period**, of anything which might lead to **your unemployment** not withstanding that no specific reference has been made to **your** personal situation and that **your** unemployment may not take place until after the **initial exclusion period**;
- **your work** is casual, seasonal or of a temporary nature;
- **you** accept voluntary redundancy, resign or retire;
- **you** failed to pass a trial or probationary period;

- **your unemployment** occurs while **you** are **working** outside the **United Kingdom** for a period intended by **you** to be more than 90 days - this clause will not apply if **your** reason for leaving the **United Kingdom** is because **you**:
 - a) **work** for the British Armed Forces; or
 - b) **work** as a Civil Servant in a British Embassy or Consulate.
- **you** are made **unemployed** from a **business** where **you** can control the affairs of the **business you work** for because **you** or a member of **your** household individually or jointly have a **controlling interest** in that **business**;
- **you** are made **unemployed** as a result of participating in any industrial action;
- **you** refuse any offer of reasonable alternative employment by **your** employer, which based on **your** qualifications, previous experience and the location of such employment it would have been reasonable for **you** to accept.

Benefit will not be paid for **unemployment** or being a **full-time carer** if **you** are receiving **accident** or **sickness** benefit under this policy.

If, during a **claim period** in respect of **unemployment you** are not able to actively seek **work** solely because of an **accident** or **sickness**, **we** may continue to pay **accident** or **sickness** benefit to **you** (if selected) but as part of one **benefit period** and therefore on terms that the sums **we** have already paid to **you** will count towards the maximum **benefit period** as shown in **your policy schedule**.

4.3 - Accidental Death Claims

If **you** suffer an **accidental death** during the **period of cover** whilst **you** are in **work** **we** will pay **your** estate £10,000.

4.3.1 - Accidental Death Exclusions

No benefit will be payable to **your** estate if **your** claim results directly or indirectly from:

- **your** suicide, attempted suicide, self inflicted injuries whether **you** are sane or insane or is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **doctor** or **consultant** and not for the treatment of drug addiction);
- death caused by any sickness, disease, bacterial or viral infection (unless this is the direct result of an accidental injury), naturally occurring condition or degenerative process or the result of any gradually operating cause.

4.4 - Hospitalisation Claims

If **you** are admitted into a **hospital** as an in-patient at the sole request of a **doctor** or **consultant** for a period in excess of 24 hours, **we** will pay **you** a daily benefit of £25 for each 24 hours **you** remain in hospital up to a maximum benefit of £500.

4.4.1 - Hospitalisation Exclusions

No benefit will be payable to **you** if **your hospitalisation**:

- is due to **you** deliberately injuring **yourself**;
- is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **doctor** or **consultant** and not for the treatment of drug addiction);
- is due to stress, anxiety or depression or any mental or nervous disorder unless confirmed by a **consultant** psychiatrist;
- results directly or indirectly from a **pre-existing condition** (but this exclusion will not apply to a **pre-existing condition** if **you** have been free from its symptoms, and have not consulted any **doctor** nor received any treatment for or in connection with it, for a two year period prior to **your** claim);
- is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **your** pregnancy or pregnancy related conditions;
- results from spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **doctor**, or a **consultant** certifies that the condition prevents **you** from **working**;
- arises from medical operations or treatments which in the opinion of **our** chief medical officer are not medically necessary including cosmetic or beauty treatments.

4.5 - Fracture Claims

If **you** suffer **fracture** during the **period of cover** whilst **you** are in **work** **we** will pay **you** £1,500.

4.5.1 - Fracture Exclusions

No benefit will be payable to **you** if **your** claim results directly or indirectly from:

- **your suicide**, attempted suicide, self inflicted injuries whether **you** are sane or insane or is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **doctor** or **consultant** and not for the treatment of drug addiction);
- a **pre-existing condition**;
- any **fracture** to a nose, finger or toe.

We will pay a maximum **fracture** benefit of £1,500 in any one 12 month period regardless of the number of multiple fractures sustained.

Section 5 - Suspending an Unemployment Claim for Temporary Employment

If **you** make a claim for **unemployment** under this **policy** and **you** are offered temporary **work** we will suspend (rather than end) claim payments provided that:

- a) **you** tell **us** who **you** will be **working** for (even if **you** will be **self employed**), how many hours a week **you** will be **working** for and the duration of **your** temporary **work**; and
- b) **your** temporary **work** lasts for at least one week and no longer than six months and **your** temporary **work** does not comprise of more than three separate jobs during any one **claim period**;
- c) **you** continue to comply with the terms and conditions of the **policy** and tell **us** immediately if any of the above circumstances should change.

If **you** are again **unemployed** when **your** temporary **work** within the above provisos ends **you** will be eligible to continue **your** claim for **unemployment** as if **you** had one continuous claim and **we** will recommence the claim payment but on terms that the sums **we** have paid to **you** will count towards the maximum **benefit period** as shown in **your policy schedule**.

Section 6 - General Exclusions

No benefit will be payable in respect of **accident, sickness, fracture, hospitalisation, unemployment** or being a **full-time carer** directly or indirectly arising as a result of:

- a) War, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, civil commotion, riot, revolution or military or usurped power.
- b) Radioactive contamination from:
 - i. Ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel; or
 - ii. The radioactive, toxic, explosive or other dangerous effect of any nuclear equipment or part of that equipment.
- c) Biological or chemical contamination due to or arising from terrorism.

Section 7 - Claim Re-qualification

A claim which occurs within 6 months of a prior claim will be treated as one and the same claim. A new claim can be made provided **you** have returned to **work** for over 6 consecutive months.

Section 8 - Cancellation

You have 30 days from when **you** receive **your policy** documents or enter into this contract, whichever is later, to write to the **administrator** if **you** want to cancel **your policy**. This is known as a cooling-off period. If **you** cancel **your policy** during this period of time, provided **you** have not made a claim, the **administrator** will refund **you** any **premium you** have paid.

You may cancel **your policy** any time after the cooling-off period by writing to the **administrator**. As long as **you** have not made a claim, the **administrator** will refund **you** any **premium** that **you** have paid for the time that was left on **your policy**. **We** or the **administrator** can cancel this policy at any time by giving **you** 90 days notice prior to **your policy review date**. This will not depend on **your** individual circumstances. This will not affect any rights to **monthly benefit** which **you** may have already received under this **policy**.

Section 9 - Data Protection Act and Disability Discrimination Act

We act as the Data Controller. How **we** use and look after the personal information is set out below.

Information may be used by **us**, agents and service providers for the purposes of insurance administration, underwriting, claims handling or for statistical purposes. The lawful basis for the processing of **your** personal information is that it is necessary for **us** to process **your** personal information to enable administration and servicing of **your** policy of insurance, including any claim **you** may submit to **us**. The processing of **your** personal data may also be necessary to comply with any legal obligation **we** may have and to protect **your** interest during the course of any claim.

What we process and share

The personal data **you** have provided, **we** have collected from **you**, or **we** have received from third parties may include **your**:

- Name, date of birth, residential address and address history.
- Contact details such as email address and telephone numbers.
- Financial and employment details.
- Identifiers assigned to **your** computer or other internet connected device including **your** Internet Protocol (IP) address.
- Health or criminal conviction information.
- Vehicle or household details.
- Any information which **you** have provided in support of **your** insurance claim.

We may receive information about **you** from the following sources:

- **Your** insurance broker.
- From third parties such as credit reference agencies and fraud prevention agencies.
- From insurers, witnesses, the Police (with regards to incidents) and solicitors, appointed representatives.
- Directly from **you**.

We will not pass **your** information to any third parties except to enable **us** to process **your** claim, prevent fraud and comply with legal and regulatory requirements; in which case **we** may need to share **your** information with the following third parties within the European Union:

- Solicitors or other appointed representatives.
- Underwriters, Insurers, Reinsurers, Regulators and Authorised/Statutory Bodies.
- Fraud and crime prevention agencies, including the Police.
- Other suppliers carrying out a service on **our**, or **your** behalf.

We will not use **your** information for marketing further products or services to **you** or pass **your** information on to any other organisation or person for sales and marketing purposes without **your** consent.

Data Retention

We will hold **your** details for up to seven years after the expiry of **your** policy, complaint and/or claims settlement.

Your rights

Your personal data is protected by legal rights, which include **your** rights to:

- Object to **our** processing of **your** personal data.
- Request that **your** personal data is erased or corrected.
- Request access to **your** personal data and data portability.
- Complain to the Information Commissioner's Office, which regulates the processing of personal data at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, United Kingdom, Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate), Email: casework@ico.org.uk

You can request to see what data we hold on **you**.

If **you** have any questions about **our** privacy policy or the information **we** hold about **you** please contact **us**.

In accordance with the Disability Discrimination Act 1995 **we** are able to provide upon request a text-phone facility, audio tapes, large print documentation and Braille documentation. **you** should advise **us** if any of these services are required so that **we** can communicate in the appropriate manner.

Section 10 - General Conditions

- a) This **policy** and any endorsements to it together with the proposal and **schedule** and any written statement of medical or other information made by **you** make up the insurance contract between **us** and **you**.
- b) No alterations, variations or relaxation of any of the terms of this **policy** can be made except in writing by one or more of **our** authorised officials and never less than two months prior to renewal.
- c) The parties to this insurance contract may choose the law which shall govern it. In the absence of any agreement to the contrary this policy is subject to English Law with exclusive jurisdiction of the Courts of England and Wales.
- d) Any fraud, mis-statement or concealment in relation to any matter affecting this insurance contract or any claim under this insurance contract may render it null and void and all rights to claim will be lost.
- e) If at any time any provision or part thereof of this insurance becomes invalid, illegal or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- f) All benefits under this insurance contract are currently non-taxable, although this may change in line with any amendments to legislation. In this event, **we** will deduct from any monthly benefit any sums which by law **we** are required to deduct.
- g) A person who is not a party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- h) Any omission, misrepresentation or false statement in **your** proposal for this insurance or any claim could affect the payment of benefits under this policy. If **you** make a claim which **we** consider to be fraudulent or exaggerated, all benefits under this contract will be lost and **we** will seek to recover any benefits paid under that claim.
- i) The benefits of this insurance contract may not be assigned to a third party.
- j) **We** may be entitled to take legal action in **your** name for **our** own benefit against any other party in order to recover any payment **we** have made.
- k) If at the time of a claim, there is any other policy in force, insuring anything covered by this policy, **we** shall only be liable for **our** proportional share.
- l) This policy will not have any cash-in or surrender value.
- m) The companies which provide the products and services related to this insurance are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if they cannot meet their obligations. This compensation scheme is subject to restrictions and not all policyholders are eligible. Further information is available from the Financial Conduct Authority or the FSCS. The FSCS can be visited on the web at www.fscs.org.uk or **you** can contact them on 0207 892 7300.

Section 11 - How to Claim

You must give **us** notice of a claim by telephoning the **claims administrator** on 01285 626020. **You** should do so as soon as reasonably possible and within 30 days of an event occurring which may give rise to a claim. **We** will send **you** the claim forms. **You** will need to complete these and return them to **us** as soon as possible, giving **us** all the information **we** ask for to enable **us** to process **your** claim. This should include at least details of **your** wage slips, termination notice and P45 or, if **self employed**, bank statements, invoices and annual accounts, Inland Revenue and National Insurance records, **doctor** and **consultant** reports and medical records. **You** will be responsible for providing **us** with the proof **we** need. Delay in submitting a claim to **us** may make **your** claim harder to confirm and lead to delay in making payment or result in the non payment of **your** claim. **We** may ask **you** to be medically examined at **our** expense. If **you** do not do this **your** claim could either be stopped or denied.

Payment of benefit will be made when **we** receive satisfactory evidence of **your** entitlement to claim. Throughout the period for which the claim is made under this contract **we** will require **you** to provide evidence of continuing to be unable to **work** due to **accident, sickness, unemployment** or being a **full-time carer**. Benefit will not be paid for any period of **accident, sickness, unemployment** or being a **full-time carer** for which the evidence required by **us** is not provided. **We** may require **you** to produce this policy as proof of purchase. Once a claim has been accepted, benefit will be paid to **you** monthly in arrears.

Section 12 - Complaints Procedure

We aim to provide a first-class service, to that end the following timescales apply to any complaints **we** may receive from **you**:

1. **We** will send **you** an initial acknowledgement within 5 business days of receiving a complaint.
2. **We** will send **you** a letter within four weeks of receiving a complaint; advising when the investigation into the complaint will be completed.
3. Within eight weeks of receiving a complaint **we** will send **you** a letter with **our** final response or a letter explaining why there is a delay and giving **you** the option to refer **your** complaint to the Ombudsman.

If **you** have any cause to complain, or **you** feel that **we** have not kept **our** promise, please follow the procedures below:

1. For complaints relating to the selling of this insurance please contact the sales agent from which this insurance was purchased.
2. For complaints relating to the administration of this insurance please contact the **administrator**, Cavere Limited at 2 Horizon Court, Clifton Moor, York, YO30 4RB. Telephone: 01904 476096 Email: policies@cavere.co.uk
3. For complaints relating to the claims handling of this insurance please contact the **claims administrator**, Trent Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD. Tel: (0)1285 626020 Email: admin@trent-services.co.uk

We trust **you** will be satisfied with the outcome of the investigation and **our** final decision response, but if not, **you** have the right to refer **your** complaint to the Financial Ombudsman Service at Exchange Tower, London, E14 9SR.

Tel: 0800 0234567

complaint.info@financial-ombudsman.org.uk

<http://financial-ombudsman.org.uk/contact/>

You have the right to refer **your** complaint to the FOS, free of charge, but **you** must do so within six months of the date of **our** final response letter.

If **you** do not refer **your** complaint in time, the Ombudsman will not have **our** permission to consider **your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

The Financial Ombudsman Service cannot consider **your** complaint if it is:

- a) less than eight weeks after receipt of the complaint by the sales agent, **administrator, claims administrator or us**, or;
- b) more than six months after the date on which the sales agent, **administrator, claims administrator or us** provided **our** final response advising that **you** may refer **your** complaint to the Financial Ombudsman Service, or;
- c) more than six years after the event complained of or more than three years from the date on which **you** became aware that **you** had cause for complaint unless **you** have already referred the complaint to the sales agent, **administrator, claims administrator or us**.

UK General Insurance Limited are authorised and regulated by the Financial Conduct Authority. Great Lakes Insurance SE is a German insurance company with its headquarters at Königinstrasse 107, 80802 Munich. UK Branch office: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ. Great Lakes Insurance SE, UK Branch, is authorised by Bundesanstalt für Finanzdienstleistungsaufsicht and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of Great Lakes Insurance SE regulation by the Financial Conduct Authority and Prudential Regulation Authority are available on request.

For policy claims please call 01285 626020

For policy queries please call 01904 476096

Cavere Limited is authorised and regulated by the Financial Conduct Authority and acts as an insurance intermediary in relation to Lifestyle Protection insurance.

Cavere Limited

Registered Number: 06741789

FCA Number: 517325

Office Address

Unit 2 Horizon Court, Audax Close

Clifton Moor, York, YO30 4RB

Telephone: 01904 476096

Email: policies@cavere.co.uk

Website: www.cavereinsurance.co.uk

Lifestyle Protection insurance is underwritten by UK General Insurance Limited on behalf of Great Lakes Insurance SE.

Great Lakes Insurance SE

FCA Number: 76988

Office Address

Plantation Place, 30 Fenchurch Street

London, EC3M 3AJ