

# Health Cash Plan

Policy wording and information pack



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### ***UIB Treating Customers Fairly***

*At Union Income Benefit Holdings Ltd (UIB), we are committed to offering our customers the highest possible standards of service. In doing so, we recognise that both we and you have everything to gain if we look after your best interests and treat you fairly in all aspects of our dealings with you.*

*Our commitment to you: We will:*

- provide you with clear information about the products and services we offer, including fees and charges*
- encourage you to ask if there's something you don't understand*
- provide you with details of the Claims*

*Department should you need to claim*

- give you access to our complaints procedure should you become unhappy with our service*

#### ***How do I contact UIB?***

*You can contact our Customer Service Department*

- by email to [customercare@uibuk.com](mailto:customercare@uibuk.com)*
- by telephone on 0343 178 1255 (Mon to Fri 9am - 6pm)*
- by writing to UIB Customer Services, 39-51 Highgate Road, London NW5 1RT.*

*To make sure we maintain a high quality service, we may monitor or record telephone calls.*

# Policy Wording

## Health Cash Plan

### SECTION 1 – INTRODUCTION

#### About Your Insurance

Welcome to **your** Health Cash Plan Insurance **Policy** Document. This insurance is designed to reimburse **you** for a number of healthcare events as shown in the table of **benefits** on page 7.

Please take time to read the “Important Information” section on pages 5-6 of this **Policy** Document. It tells **you** about things **you** need to check and the actions **you** need to take. It also contains details of the initial **qualifying period** when **you** cannot claim and the amount **you** must contribute when **you** make a claim. Information about the insurer’s right to change **your** cover or **premium** are also shown here.

- This insurance was arranged by Compass Underwriting Limited (the agent). Compass Underwriting Limited is referred to as the agent in this **Policy** Document. The contact details for Compass Underwriting are: 50 Mark Lane, London EC3R 7HR. Telephone 020 7398 0100 or email info@compassuw.co.uk
- The insurance is administered by Union Income Benefit Holdings Limited who are referred to as the administrator in this **Policy** Document. The contact details for Union Income Benefit Holdings Limited are: Address: Customer Service Team, Union Income Benefit Holdings Limited, 39-51 Highgate Road, London NW5 1RT; Telephone: 0343 178 1255 or email customercare@uibuk.com
- The insurance is underwritten by Lloyd’s Syndicate 4444 which is managed by Canopus Managing Agents Limited. Canopus Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Lloyd’s Syndicate 4444 is referred to as “**we**”, “**us**” and “**our**” in this **Policy** Document. Claims are handled by Compass Underwriting Limited (the agent) on **our** behalf.

**Your** insurance is a monthly rolling **Policy**. **You** will be covered for one month from the **Policy start date** and then for each further consecutive monthly period for which **we** accept a **premium** from **you**.

Some words and phrases in this **Policy** Document and in **your Policy** Schedule will always have the same meaning wherever they appear. To make them easier to recognise when they are being used, they will be shown in bold. They are all listed and explained in the “Definitions” section which can be found on page 14 of this **Policy** Document.

All insurance documents and all communications with **you** about this **Policy** will be in English.

Please contact the agent if **you** need any documents to be made available in braille and/or large print and/or in audio format. Their contact details are shown above.

#### How to Make a Claim

To make a claim, call Compass Underwriting Limited on 0800 319 6601 (Lines are open between 8am and 7pm Monday to Friday). Alternatively, please send an email to claims@compassuw.co.uk or write to Compass Underwriting Limited, Claims Department, 50 Mark Lane, London EC3R 7QR.

#### The Insurance Contract

This **Policy** Document and **your Policy** Schedule are **your** insurance documents and together they make up the contract between **you** and **us**. It is important that **you** read this **Policy** Document carefully along with **your Policy** Schedule so **you** can be sure of the cover provided and to check that it meets **your** needs.

This **Policy** Document and **your Policy** Schedule are issued to **you** by Compass Underwriting Limited in its capacity as **our** agent under contract reference B6839CR6332015. In exchange for **your** payment of the **premium** referenced in **your Policy** Schedule, **you** are insured in accordance with the terms & conditions contained in these documents (and any amendments made to them) for the duration of **your Policy**.

Signed by



Authorised signatory of Compass Underwriting Limited

## SECTION 2 - IMPORTANT INFORMATION

### It is important that:

- **You** check **your Policy** Schedule to ensure the details are correct and that the cover is as **you** requested;
- **You** check that **you** are eligible for this insurance (see "Eligibility" below);
- **You** check the information **you** have given **us** is accurate (see "Disclosure of Important Information" below);
- **You** notify **your** administrator as soon as possible of any inaccuracies on **your Policy** Schedule, or if **you** are not eligible for the insurance; and
- **You** comply with any duties detailed under each section of the **Policy** Document and under the insurance as a whole.

### Conditions

There are conditions which apply to the whole of this insurance and full details of these can be found in the "General Conditions" section on page 11 of this **Policy** Document. There are also conditions which relate specifically to making a claim, and these can be found in the "Making a Claim" section on page 11.

In these sections **you** will find conditions that **you** need to meet. If **you** do not meet these conditions, **we** may reject a claim payment or a claim payment could be reduced. In some circumstances, **your Policy** may be cancelled.

### Qualifying period

Most **benefits** have a **qualifying period** which is the period before **you** are entitled to **benefits**. The **qualifying period** that applies to each **benefit** is shown on the table of **benefits**. **We** will not pay **benefit** if **you** receive any **treatment** during these **qualifying periods**.

After an **accident** the **qualifying period** does not apply to the 'hospital in-patient and day case **treatment**', 'parental **hospital** stay' nor 'dental **accident** and emergency' **benefits**, as long as **we** have received **your** first **premium** by **your Policy** start date or have issued **your Policy** Document and **Policy** Schedule.

### Information You Give Us

#### Eligibility

When **you** applied for this insurance **we** asked **you** to confirm that **you** were eligible for cover. **We** will cover **you** under this **Policy** if **you** and/or any **family members**:

- permanently reside in the **United Kingdom**; and
- **you** are aged between 18 and 65 years inclusive at the **start date**; and **your family members** are between the age of 1 and 65 years inclusive at the **start date**.

Please contact **your** administrator as soon as possible if **you** are not eligible for this insurance or if **you** have any queries. Their contact details are shown page 4 of this **Policy** Document.

#### Disclosure of Important Information

In deciding to accept this insurance and in setting the terms and **premium**, **we** have relied on the information **you** have given **us** via **your** administrator. **You** must take reasonable care to provide complete and accurate answers to the questions **we** ask when **you** take out, make changes to, and renew **your Policy**. If the information provided by **you** is not complete and accurate:

- **we** may cancel **your Policy** and refuse to pay any claim, or
- **we** may not pay any claim in full, or
- **we** may revise the **premium**, or
- the extent of the cover may be affected.

If **you** become aware that any information **you** have given is incomplete or inaccurate, please contact **your** administrator as soon as possible. Their contact details are shown page 4 of this **Policy** Document.

#### Our Right to Change the Cover or Price

**You** will receive at least 60 days written notice if **we** decide or need to change **your Policy** cover or the price of **your** insurance. **We** may do this for any of the following reasons:

- to make minor changes to the **Policy** Document that do not affect the nature of the cover or the **benefits** provided, such as changes to make the **Policy** easier to understand;
- to reflect changes in law, regulation (including any decision of a regulatory body), or any code of practice or industry guidance that affects **us** or **your Policy**;
- to reflect changes to any taxation applicable to **your Policy** (such as a change to the rate of insurance **premium** tax);
- to reflect any increases or reductions in the cost (or projected cost) of providing **your** cover, such as a

change to the number, cost or timing of claims which **we**, as part of **our** pricing **Policy**, have assumed or projected will be made under this insurance product;

- to meet the cost of any changes to the cover or **benefits** provided under this insurance product, such as the removal of one or more **Policy** exclusion(s);
- to meet the cost of changes to the systems, services or technology used in support of this insurance product.

Having made a change to the cover or the price, **we** will not make another change for at least six months unless **we** are obliged to do so by law or regulation or any other code of practice or regulatory guidance.

**We** may make changes immediately and advise **you** within 30 days of the change having been made if the change is favourable to **you**. A favourable change could include, but is not restricted to, a reduction in the rate of Insurance **Premium** Tax, a general reduction in the price of **your Policy** or an improvement to the cover and **benefits** (such as an increased limit of cover).

Upon receiving notice of any changes or proposed changes, **you** may cancel cover in accordance with the "Cancellation of the **Policy**" section on page 12 of this **Policy** Document.

### **Paying Premiums**

- **You** pay for **your** cover by monthly direct debit through the administrator.
- **You** must provide **your** bank details to the administrator who will collect **your** direct debit each month. **Your Policy** will end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled. **You** can re-apply to take out this insurance again but a new **qualifying period** will apply before **you** are entitled to any **benefit**.
- If **you** are receiving **benefit** under this **Policy**, **you** must continue to pay the **premium** when it is due. If **you** do not pay the **premium** **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled, **we** will cancel **your Policy** and **you** will not be entitled to any further **benefits**.
- If there are any changes to the current level of Insurance **Premium** Tax (IPT) or any new charges are placed on **us**, **we** will change **your premium** from the date any changes are put in place and will write to inform **you** of the change.

### **How long your cover lasts**

**Your** insurance is a monthly rolling **Policy**. **You** will be covered for one month from the **Policy start date** and then for each further consecutive monthly period for which **we** accept a **premium** from **you**.

### **When cover ends**

All cover will end when:

- **you** die; or
  - **your Policy** is due for renewal after **you** reach the age of 75; or
  - **you** stop permanently residing in the **UK**; or
  - **you** or **we** cancel this **Policy** as shown in Section 5;
- whichever is earlier.

**Your Policy** will also end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 14 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled.

## **SECTION 3 – WHAT IS COVERED**

These are the rules that apply in each **benefit year** before **we** will pay **you** the **benefits** shown below for each **insured person**. Please read the claims procedure before making a claim. **We** will not pay more than the amounts shown in the table of **benefits** for each **insured person**. **We** will not return **your receipt** unless **you** ask **us** to and send **us** a reply paid envelope.

### **A. Dental treatment**

**We** will pay the **benefits** for **treatment** (including a check-up or new dentures) as set out in the table below:

| Contribution   | Maximum <b>Benefit</b>               |
|--|--------------------------------------|
| 100% of what <b>you</b> have paid directly to a <b>dentist</b> or dental hygienist | Up to £150 per <b>benefit year</b> . |

The **dentist** or dental hygienist must be registered with the General Dental Council. **We** will not pay **benefit** for any **premiums you** paid under a dental-care contract scheme.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 60 days.

### B. Dental Accident and emergency

**We** will pay **benefit** for the following costs of dental **treatment** up to £2,500 per **dental accident** that arises after **your Policy start date**, subject to a maximum of four claims for each **insured person** on the **Policy** each **benefit year**, up to a maximum of £10,000 each **benefit year**. (There is no **qualifying period** for this section).

| Item | Treatment   | Maximum Benefit   |
|------|---|---|
| 1    | examination and report to include all necessary smoothing, polishing and vitality testing   | Up to £26.50 per incident   |
| 2    | x-rays  | Up to £19.50 per incident   |
| 3a   | porcelain jacket crown  | Up to £220.00 per unit  |
| 3b   | dentine bonded crown  | Up to £318.00 per unit  |
| 3c   | metal bonded porcelain crown  | Up to £263.50 per unit  |
| 4    | post/core construction  | Up to £54.50 per tooth  |
| 5a   | metal bonded porcelain bridgework – retainer  | Up to £263.50 per retainer  |
| 5b   | all metal bridgework – pontic   | Up to £185.50 per pontic  |
| 6a   | laboratory constructed adhesive bridge – retainer   | Up to £180.50 per retainer  |
| 6b   | laboratory constructed adhesive bridge – pontic   | Up to £189.00 per pontic  |
| 6c   | laboratory constructed adhesive facing or veneer  | Up to £230.00 per unit  |
| 7a   | Root canal <b>treatment</b> – incisor   | Up to £105.50 per incisor   |
| 7b   | Root canal <b>treatment</b> – canine  | Up to £105.50 per canine  |
| 7c   | Root canal <b>treatment</b> – premolar  | Up to £128.00 per premolar  |
| 7d   | Root canal <b>treatment</b> – molar   | Up to £180.50 per molar   |
| 8a   | permanent acrylic denture   | Up to £301.00 per denture   |
| 8b   | permanent metal denture   | Up to £378.50 per denture   |
| 8c   | temporary denture following tooth loss (where required)   | Up to £131.00 per incident  |
| 9a   | laboratory made temporary bridge following tooth units (where required)   | Up to £84.50 up to 3 units  |
| 9b   | laboratory made temporary bridge following tooth loss   | Up to £21.50 per unit (additional units)                                  |
| Item | Dental Emergency  | Maximum Benefit   |
| 10   | If <b>you</b> are involved in an <b>accident</b> and require emergency <b>treatment</b> for a dental injury that is not shown in the <b>benefits</b> above (1 to 9b) then <b>you</b> can still make a claim under this section. | Up to 2 claims of up to a total maximum of £750 per <b>benefit year</b> . |

### C. Optical Benefit

**We** will pay a **benefit** for eyesight tests or prescribed spectacles, lenses or contact lenses as set out in the table below:

| Contribution  | Maximum Benefit                      |
|---|--------------------------------------|
| 100% of what <b>you</b> have paid directly to an optician | Up to £150 per <b>benefit year</b> . |

This **benefit** does not cover contact lens check-ups or solutions, non-prescribed spectacles, spectacle repairs, new frames, replacements needed after accidental damage, or non-prescribed items **you** buy under an

optical-care contract scheme. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 60 days.

#### D. Physiotherapy, osteopathy, chiropractic, acupuncture and homeopathy

**We** will pay a **benefit** for what **you** have paid directly to a recognised practitioner; the practitioners **we** recognise for **benefit** are:

- A physiotherapist who is registered with the Health Professions Council (HPC).
- An osteopath who is registered with the General Osteopathic Council (GOsC).
- A chiropractor who is registered with the General Chiropractic Council (GCC).
- An acupuncturist who is a member of the British Acupuncture Council.
- A homeopath who holds full membership of the Faculty of Homeopathy.

| Contribution   | Maximum Benefit                      |
|--|--------------------------------------|
| 75% of what <b>you</b> have paid to the specified practitioner | Up to £300 per <b>benefit year</b> . |

**We** will not pay more than the maximum **benefit** in any one **benefit year** for all **treatments** received from one recognised practitioner.

**We** will only pay the **benefit** for **treatment** of a **medical condition**. **We** will not pay **benefit** for **diagnostic tests** or consultations. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

#### E. Chiropody and podiatry

**We** will pay a **benefit** for chiropody or podiatry **treatment** with a chiropodist or a podiatrist who is registered with the Health Professions Council, as per the scale set out below.

| Contribution   | Maximum Benefit                      |
|--|--------------------------------------|
| 75% of what <b>you</b> have paid to the specified practitioner | Up to £100 per <b>benefit year</b> . |

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

#### F. Specialist consultation fees (including diagnostic tests)

**We** will pay a **benefit** when **you** consult a **specialist** directly for an out-patient consultation as per the scale set out below. This **benefit** is only available if **your** general practitioner refers **you** for the consultation.

**We** will pay for all **diagnostic tests** except for examinations carried out for legal reports, or for insurance, employment and emigration reasons. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

| Contribution   | Maximum Benefit                      |
|--|--------------------------------------|
| 75% of what <b>you</b> have paid to the specified practitioner | Up to £400 per <b>benefit year</b> . |

#### G. Hospital inpatient and day case treatment

**We** will pay a **benefit** at the nightly rate as shown in the table below for the period that **you** are in **hospital** for **inpatient treatment** only when the **hospital** stay has exceeded four consecutive nights. If **you** are in **hospital** for less than four consecutive nights then no **benefit** will be payable.

In any event **we** will not pay **benefit** for more than 20 nights of **inpatient treatment** in any one **benefit year**.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days however there is no **qualifying period** in the event of an **accident** leading to a claim under this section.

#### Inpatient treatment

| Contribution   | Maximum Benefit                        |
|--|--|
| £65 per night (£455 per week) for up to 20 days. If <b>you</b> stay in <b>hospital</b> for more than 7 consecutive days <b>we</b> will pay <b>you</b> a recovery bonus of £400 in all per <b>benefit year</b> PLUS £45 per day for <b>you</b> or <b>your family member's NHS car parking charges</b> . | Up to £2,600 per <b>benefit year</b> . |



### Day Case Treatment

We will pay for **day-patient treatment** in a **day-patient unit** at the daily rate as shown in the table below for the period **you** receive **day-patient treatment**.

The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days however there is no **qualifying period** in the event of an **accident** leading to a claim under this section.

| Contribution                                | Maximum Benefit                      |
|---|--------------------------------------|
| £40 per day for up to a maximum of 10 days. | Up to £400 per <b>benefit year</b> . |

### H. Parental Hospital Stay

We will pay a **benefit** at the nightly rate as shown in the table below for the period that **your** child is in **hospital** for **inpatient treatment**. In any event **we** will not pay **benefit** for more than the **benefit** level shown in the table below for **your** child's **inpatient treatment** in any one **benefit year**. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 30 days, other than in the event of an **accident** where the **qualifying period** will be nil.

| Contribution  | Maximum Benefit                      |
|---|--------------------------------------|
| £25 per day or night (£175 per week) for Up to 20 days PLUS £10 per day for <b>you</b> or <b>your family member's NHS car parking charges</b> . | Up to £700 per <b>benefit year</b> . |

### I. GP Expenses Cover and NHS Prescription charges

We will pay a **benefit** as shown in the table below, including NHS prescription charges, should **you** require services from the GP that **you** have to pay for and are not covered by the NHS, other than for prescriptions. For example insurance reports, travel vaccinations and the like. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

| Contribution   | Maximum Benefit  |
|--|--|
| 75% of what <b>you</b> have paid directly to <b>your</b> GP plus 75% for 4 NHS prescription charges but no cover for private prescription. | Up to £150 plus 4 NHS prescription charges per <b>benefit year</b> . |

### J. Childbirth Benefit

We will pay a **benefit** of £200 for the birth of each child where **you** are named on the birth certificate, or in the event of twins £450 for each child. **You** must send an original or certified true copy of the full (not short) birth certificate for each child to support **your** claim. **We** will also pay a **benefit** of £200 for each child under the age of one that **you** legally adopt. **You** must send **us** the legal adoption papers to support **your** claim.

**We** will not pay **benefit** until **we** receive these. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 300 days.

### K. Health Check/lifestyle assessment Benefit

We will pay a **benefit** as shown in the table below for what **you** have paid to have a full medical examination appropriate to **your** age and circumstances, including advice about diet and lifestyle, when it takes place in a screening facility in a registered **hospital**, health screening clinic or provided by an authorised service provider. **You** can ask any questions **you** have about health matters. No information about the **insured person's** health or well-being will be sent to **us** – it is entirely confidential between **you** and the **hospital doctor**. **We** only require a certificate from the **hospital doctor**, clinic or provider confirming that the check has been completed and the **receipt** for the amount paid. **We** will not pay this **benefit** if **your** general practitioner carries out the Health Check or if the Health Check takes place in a general practitioners' surgery. The period of time after **you** have taken out this insurance **you** have to wait before **you** can claim, i.e. **your qualifying period**, is 90 days.

| Contribution  | Maximum Benefit                      |
|---|--------------------------------------|
| 75% of what <b>you</b> have paid directly to the specified practitioners. | Up to £200 per <b>benefit year</b> . |

## L. Health and Medical Information & Counselling Service

DAS Insurance Company Limited ("DAS"), on behalf of Compass, offers telephone advice, information and assistance services 24 hours a day, 365 days a year. To access this service please call 0117 934 0433 in complete confidence.

Health and Medical Information Service - The Medical Advice information help line provides non-diagnostic advice and a qualified nurse to talk through any problems with **you**. DAS nurses can provide information about all types of surgical and medical procedures, health issues and complementary therapies. From their extensive database, DAS can fax or post information sheets on over 400 **medical conditions**.

DAS Health Advisors can offer **you** assistance with a diverse range of health related issues. This includes anything from diet and exercise, to reducing alcohol consumption and giving up smoking. Where necessary DAS will prepare plans for **you** to follow, and **you** can then ring back to discuss **your** progress.

Counselling - DAS will provide **you** with a confidential counselling service over the phone. DAS experienced counsellors are available to discuss any issue and offer completely confidential support and advice at a time that suits **you**. Some of the concerns DAS deal with include stress, anxiety, depression, health related issues, relationships breakdown and bereavement. DAS are also able to provide all kinds of information and can offer referral to relevant professional or voluntary bodies which offer help and support.

## SECTION 4 – WHAT IS NOT COVERED

**We** will not pay **benefit**:

1. until after the relevant **qualifying period** has passed.
2. **We** will not pay **benefit** if **treatment** is needed as a direct or indirect result or consequence of:
  - a) engaging in any sport as a professional or semi-professional.
  - b) boxing, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hanggliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste, hunting on horseback, powerboat racing or any race, trial or timed motor sport event.
  - c) suicide or attempted suicide or **you** deliberately injure yourself or put yourself in danger (unless **you** are trying to save someone's life).
  - d) taking part in a criminal act.
  - e) taking alcohol or drugs, unless the drugs are taken under the qualified medical advice or supervision of a **doctor** (and provided **you** have not exceeded the prescribed dose or failed to comply with any advice given in connection with taking such drugs).
  - f) **war** or **terrorist acts**
  - g) **you** engaging in active **war**.
  - h) **Nuclear, chemical and biological risks**.
  - i) medical operations or **treatments** which are not medically necessary to **your** quality of life, including cosmetic or beauty **treatments**.

Please note, for clarity: **We** will pay **benefit** for **treatment** required as a result of a **terrorist act** providing that **terrorist act** does not result in nuclear, biological or chemical contamination.

3. **You** may not claim for more than one **benefit** in respect of the same **treatment** or **hospital** stay.
4. In respect of Section 6a dental **treatment** and 6b **dental accident**: **we** will not pay **benefit** for:
  - a) fees that are recoverable or otherwise covered by other insurance policies.
  - b) injury caused by foodstuffs (including foreign bodies therein) in the course of consumption.
  - c) injury caused other than by **extra oral** impact.
  - d) **treatment** that relates to damage or injury caused whilst participating in any contact sport when the appropriate mouth protection was not being worn.
  - e) any prescription charges or associated costs.
  - f) mouthguards, gum shields or any dental appliances.
  - g) costs which **we** consider are not necessarily incurred or which are charged in excess of any published amounts for that **treatment**.
  - h) implants, cosmetic and orthodontic **treatment**.
  - i) damage to dentures, other than whilst being worn.

- j) reimbursement for travelling expenses or telephone calls in connection with any **treatment**.
- k) extraction of wisdom teeth, other than those extracted in an emergency at the **dentist's** surgery.
- l) damage caused by tooth brushing or other oral hygiene procedures.
- m) any **treatment**, care or repair to, or in connection with 'tooth jewellery'.
- n) **treatments** for normal wear and tear.

5. In respect of Section G Day Case **Treatment**:

**We** will not pay **benefit** for:

- a) out-patient appointments including injections, x-rays or scans
- b) in association with a claim for **hospital inpatient benefit**
- c) kidney dialysis
- d) day care, for example psychiatric, respite care, care for the elderly and maternity
- e) cancelled operations before admission
- f) **treatment** not in a **hospital**, for example operations carried out in a GP's surgery or clinic or attendance at an **accident** and emergency department
- g) pre-admission appointment
- h) pregnancy termination or sterilization, vasectomy
- i) laser eye surgery or cosmetic surgery

## SECTION 5 - GENERAL CONDITIONS

### Adding family members

If **you** also arrange cover for **your** partner, **you** will still be the one registered as the policyholder and **your** partner cannot have a separate **Policy** for himself or herself. If **you** are single when **you** join the scheme, and **you** later get married, or live with a partner, and **you** wish to add them to **your** cover, contact **us** with details of **your** partner's name and his or her date of birth.

When **we** receive these details, **we** will change **our** records so that **you** have a family **Policy** and can claim the relevant **benefits** for **your** partner, as long as their **qualifying period** has ended.

If **you** want to add a child to **your Policy**, please contact **us** with details of the child's full name and date of birth and upon payment of the applicable family **premium we** will confirm to **you**, in writing, the addition of **your** child. If a child does not have the same name as **you**, **you** must give **us** proof that he or she is **your** or **your** partner's child or has been officially adopted by **you**.

## SECTION 6 – MAKING A CLAIM

### Who to Contact

If **you** need to make a claim, please write to Compass at: Compass Underwriting Limited, Claims Department, 50 Mark Lane, London EC3R 7QR  
 Telephone: 0800 319 6601 (please note all calls are recorded)  
 Email: [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk)

A claim form will be sent to **you**. **You** will need to fill this in and send it back to Compass within 60 days or as soon as **you** can, giving all the information requested so **your** claim can be processed.

When **we** have accepted a claim **you** will need to wait up to 5 working days for **your** cheque or electronic payment, as long as **we** have all the necessary information. However, due to their nature, claims such as **dental accident** may take longer. Compass is an insurers' agent and in the matters of a claim act on behalf of the Insurer.

### Things to Remember

1. **You** must also send Compass all of **your receipts** for any **treatment**. **You** will be responsible for providing the necessary evidence. **We** will not accept **receipts** made out in joint names.
2. The **receipts** should also fully describe the **treatment** received or the items paid for, the date of the **treatment**, the full cost and the date the account was paid. **We** will not accept till slips, credit card sales vouchers, photocopied or altered **receipts**. **You** must also include **receipts** for any **NHS car parking charges**.
3. **We** will not return **your receipt** unless **you** ask **us** to and send **us** a reply paid envelope. **We** always recommend that **you** send **us** original **receipts** by recorded mail. Compass will only send the **receipts** back to **you** if **you** include a stamped addressed envelope.

4. **You** must pay for **treatment** before **you** make a claim.
5. **You** must give the agent permission to see **your** medical records &/or reports as set out in the Data Protection Act &/or the Access to Medical Reports Act 1988. If Compass wants **you** to have a medical examination, **you** must do so or **your** claim may not be paid. **We** will pay any costs involved for the medical examination (such as **your** travel costs).
6. **You** must meet any appointed representative, **consultant** or loss adjuster if the agent thinks **you** need to.

#### **How we pay claims**

**We** treat claims as arising in a **benefit year** according to:

- the dates **you** are in **hospital** – for **hospital** inpatient and intensive care **hospital treatment benefits**;
- the date **you** receive **treatment**, as shown on the **receipt**, for other claims.
- **We** will pay **benefits** by cheque to **your** home address or by electronic transfer direct to **your** bank account. This account must be the same one as **we** deduct **your** monthly **premium** from.
- **We** will not refund any charges **you** have to pay for filling in a claim form, providing a medical certificate or report, or for appointments for **treatment** that **you** miss.

#### **Other Insurance**

If, at the time of a valid claim under this **Policy**, there is another insurance **Policy** in force which covers **you** for the same loss or expense, **we** may seek a recovery of some or all of **our** costs from the other insurer. **You** must give **us** any help or information **we** may need to assist **us** with **our** loss recoveries.

#### **Arbitration**

If there is a disagreement over the amount of a claim payment, the matter will be referred to an arbitrator that **you** and **we** both agree to. If this happens, **you** cannot start legal proceedings against **us** until the arbitrator has made a decision.

#### **Fraudulent Claims or Misleading Information**

**We** take a robust approach to fraud prevention in order to keep **premium** rates down so that **you** do not have to pay for other people's dishonesty. If any claim under this insurance is fraudulent, deliberately exaggerated, or is intended to mislead, or if any deliberately misleading or fraudulent means are used by **you** or anyone acting on **your** behalf to obtain **benefit** under this insurance, **your** right to any **benefit** under this insurance will end, **your Policy** will be cancelled without any **premium** refund and **we** will be entitled to recover any **benefit** paid as a result of any such fraudulent or deliberately misleading claim. **We** may also inform the police.

To prevent fraud, insurers sometimes share information. Details about **your** insurance application and any claim **you** make may be exchanged between insurers.

## **SECTION 7 – CANCELLATION OF THE POLICY**

### **Your Cancellation Rights**

**You** can cancel **your Policy** within 14 days of the **Policy start date** or, if later, 14 days of the date **you** receive this **Policy** Document. **We** will refund any **premiums you** have paid as long as **you** have not made a claim and do not intend to make a claim.

**You** can also cancel **your Policy** at any other time. If **you** have not made a claim and do not intend to make a claim, **you** will be not be entitled to a refund as **you** will only have paid for the cover **you** have already received. Please contact **your** administrator if **you** wish to cancel **your Policy**.

### **The Insurers' Cancellation Rights**

**We** reserve the right to cancel this **Policy** immediately if **you** commit fraud. If **we** cancel **your Policy** **we** will do so in writing to the most recent address **we** have for **you**.

**Your Policy** will end automatically if **you** do not pay any **premium** when it becomes due. If this happens, **you** will be contacted requesting payment within 30 days. If **we** do not receive payment within this period, **you** will be written to again notifying **you** that **your Policy** will be cancelled.

## **SECTION 8 – HOW TO MAKE A COMPLAINT**

**Our** aim is to provide **you** with a high quality service at all times, although **we** do appreciate that there may be instances where **you** feel it is necessary to lodge a complaint.

If **you** do wish to complain, please note the 3 steps below, along with the relevant contact details for each step.

Please take special note that should **you** wish to direct **your** complaint directly to Lloyd's in the first instance, **you** may do so by using the contact information referenced in Step 2 below.

### Step 1:

In the first instance, if **your** complaint relates to a claim or the terms of **your Policy** please direct it to the agent.

- By email to [info@compassuw.co.uk](mailto:info@compassuw.co.uk)
- By telephone on 0800 319 6601
- By writing to The Managing Director, Compass Underwriting Limited, 50 Mark Lane, London EC3R 7QR

If **your** complaint relates to the sale or administration of **your Policy** please direct it to the administrator:

- By email to [customerrelations@uibuk.com](mailto:customerrelations@uibuk.com)
- By telephone on 0343 178 1255 (Mon-Fri 9am-6pm)
- By writing to Customer Relations, Union Income Benefit Holdings Ltd, 39-51 Highgate Road, London NW5 1RT

### Step 2:

Should **you** remain dissatisfied with the outcome of **your** complaint from the agent or **your** administrator, **your** legal rights are not affected and **you** may refer **your** complaint to Lloyd's. Lloyd's contact information is:

Complaints at Lloyd's, Fidentia House, Walter Burke Way, Chatham Maritime, Kent, ME4 4RN

Tel: +44 (0)20 7327 5693 Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)

Website: [www.lloyds.com/complaints](http://www.lloyds.com/complaints)

Details of Lloyd's complaints procedure are set out in a leaflet "How **We** Will Handle **Your** Complaint", which is available at the website address above. Alternatively, **you** may ask Lloyd's for a hard copy.

### Step 3:

If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service. The Financial Ombudsman Service is an independent service in the **UK** for settling disputes between consumers and businesses providing financial services.

The contact information is: Financial Ombudsman Service, Exchange Tower, London, E14 9SR

Tel: 0800 0234 567 (calls to this number are free on mobile phones and landlines).

Tel: 0300 1239 123 (calls to this number cost no more than calls to 01 and 02 numbers).

Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

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

Alternatively, if **you** purchased **your** insurance online, please note that **you** can, if **you** wish, also submit **your** complaint via the Online Dispute Resolution (ODR) Platform set up by the European Commission. This service has been set up to help residents in the European Union (EU), who have bought goods or services online, get their complaint resolved. **You** can access the ODR Platform using the following link:

<http://ec.europa.eu/consumers/odr/>

This does not affect **your** right to submit **your** complaint following the process above. Please note that under current rules the European Commission will ultimately redirect **your** complaint to the Financial Ombudsman Service (FOS).

## SECTION 9 – LEGAL, REGULATORY & OTHER INFORMATION

### Insurance Compensation Fund

Lloyd's Syndicate 4444, which is managed by Caniopus Managing Agents Ltd is covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme, if they cannot meet their obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. **You** can get more information about compensation scheme arrangements from the FSCS (10th Floor Beaufort House, 15 St Botolph Street London EC3A 7QU) or visit [www.fscs.org.uk](http://www.fscs.org.uk)

### Data Protection

This data protection notice refers to how the Insurer will use **your** information. Union Income Benefit Holdings will have provided their own data protection notice to **you**.

Any information provided to **us** by **you** or regarding **you** will be processed by **us** in compliance with the provisions of the Data Protection Act 1998 for the purpose of providing insurance and handling claims. This may necessitate providing the information to third parties.

All phone calls relating to applications and claims may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes. Subject to the provisions of the Data Protection Act 1998, **you** are entitled to receive a copy of the information **we** hold about **you**. **You** may be charged a fee for this. Such requests should be made to: The Data Protection Officer, Canopius Managing Agents Limited, Gallery 9, One Lime Street, London, EC3M 7HA

Any information **you** give **us** will be used by **us** and **we** may also share this information with other group companies.

For more information on the Data Protection Act **you** may also write to the Office of the Information Commissioner at: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF  
Tel No: 0303 123 1113 or 01625 54 57 45; Email: casework@ico.org.uk

### **Rights of Third Parties**

A person who is not a party to this **Policy** has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this **Policy** but this does not affect any right or remedy of a third party which exists or is available apart from that Act.

For **your** information, the Contracts (Rights of Third Parties) Act 1999 allows a person who is not a party to a contract to be able to enforce that contract if the contract expressly allows him to or if the contract confers a **benefit** upon him. However the Act will not be applied if the parties make it clear in the contract that the third party does not have the right to enforce it. For further guidance please see [www.legislation.gov.uk](http://www.legislation.gov.uk) or contact the Citizens Advice Bureau.

### **Law and Jurisdiction**

Unless specifically agreed to the contrary, this **Policy** shall be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the courts of England.

### **Sanctions**

**We** shall not provide any **benefit** under this contract of insurance to the extent of providing cover, payment of any claim or the provision of any **benefit** where doing so would breach any sanction, prohibition or restriction imposed by law or regulation.

### **Several Liability**

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

### **The Insurer**

This insurance is underwritten by Lloyd's Syndicate 4444, which is managed by Canopius Managing Agents Limited. Registered Office: Canopius Managing Agents Limited, Gallery 9, One Lime Street, London, EC3M 7HA. Registered in England no. 01514453.

### **Regulatory Details**

Canopius Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference: 204847.

Union Income Benefit Holdings Ltd (**your** administrator) is authorised and regulated by the Financial Conduct Authority, register number 307575.

Compass Underwriting Limited (the agent) is authorised and regulated by the Financial Conduct Authority. Firm Reference: 304908.

This can be checked at <https://register.fca.org.uk/>

## **SECTION 10 – DEFINITIONS**

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in **your Policy**. These words are highlighted in bold.

### **Accident**

A physical injury that is caused directly and only by a sudden, unexpected external and visible event, anywhere in the world during the period of cover.

**Benefit(s)**

The amount shown in the **Policy** Schedule, the **Policy** wording states the maximum **benefits you** can receive.

**Benefit year**

The 12-month period after **you** qualify for **benefit**, either after first taking out this insurance or after **you** change **your** cover; and every 12-month period after that for which **you** pay and **we** accept **your premiums**.

**Consultant**

A medical **specialist** who is a member of a college and recognised by that college as a **consultant**.

**Day-patient treatment**

**Treatment** which, for medical reasons, means the **insured person** has to go into a **hospital** or **day-patient unit** because a period of clinically supervised recovery is needed but they do not have to stay overnight.

**Day-patient unit**

A centre in which **day-patient treatment** (including **hospitals**) is carried out but excluding GP's surgery or clinic or attendance at an **accident** or emergency department.

**Dental Accident**

A sudden and unexpected injury to the mouth, which causes damage to the teeth and/or gums, and results from a direct **extra oral** impact.

**Dentist**

A dental surgeon who is currently registered with the General Dental Council.

**Diagnostic tests**

Investigations, such as x-rays or blood tests, to find or to help to find the cause of **your** symptoms.

**Doctor**

A qualified medical practitioner registered in the **UK** with the General Medical Council. A **doctor** cannot be **you**, anyone related to **you** or anyone living with **you**.

**Extra Oral**

Outside or external to the oral cavity including anything external to the lips and cheeks.

**Family member**

(1) **Your** current legally married spouse or registered civil partner under the Civil Partnership Act 2004, who permanently lives with **you**, or a person who is permanently living with **you** and has been for at least 6 months and the relationship is in the nature of a marriage even though it has not been legally formalised and

(2) any of their or **your** children, including adopted children, under 18 years of age when the **Policy** is taken out or when it is renewed.

**Hospital**

An institution, which has accommodation for residential patients and facilities for diagnosis, surgery and **treatment**. It does not include a long-term nursing home, a rehabilitation centre, a geriatric or a convalescence home or an extended-care facility.

**Illness**

A sickness or disease which first occurs during the period of cover and results in a claim covered by this insurance within the **benefit year**.

**Insured person(s)**

Person or people named on the **Policy** Schedule including **family members**

**Inpatient treatment**

**Treatment** which, for medical reasons, means **you** have to stay in **hospital** overnight or for longer.

**Medical condition**

Any disease, **illness** or injury, including psychiatric **illness**.

**NHS car parking charges**

Any type of **hospital** car parking charges that are directly related to an **insured person's** attendance as an inpatient at a **hospital**. It also includes parking at an off-site car park or on-road parking in close proximity to the **hospital**.

## **Nuclear, Chemical & Biological Risks**

1. Nuclear - means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
2. Chemical - means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
3. Biological - means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

## **Policy**

The full terms of the insurance contract between **you** and **us** are set out in a number of documents including the **Policy** Schedule and this **Policy** Document.

## **Premium(s)**

The amount **you** pay in return for the cover **you** have chosen as set out in **your Policy** Schedule.

## **Qualifying period**

The period before **you** are entitled to most **benefits**. The **qualifying period** that applies to each **benefit** is shown on the table of **benefits**. **We** will not pay **benefit** if **you** receive any **treatment** during these **qualifying periods**.

After an **accident** the **qualifying period** does not apply to the '**hospital** inpatient and day case **treatment**', '**parental hospital** stay' nor '**dental accident** and emergency' **benefits**, as long as **we** have received **your** first **premium** by **your Policy** start date or have issued **your Policy** Document and **Policy** Schedule

## **Receipt**

The original **receipt** provided by the healthcare provider. All **receipts** for **treatment** must show the full name of the person who received the **treatment**. **We** will not accept **receipts** made out in joint names. The **receipts** should also fully describe the **treatment** received or the items paid for; the date of the **treatment**, the full cost and the date the account was paid. **We** will not accept till slips, credit card sales vouchers, photocopied or altered **receipts**.

## **Specialist**

A person, with a part-time or full-time NHS **consultant** appointment, who appears on the General Medical Council **specialist** registered in the specialty for which they are offering **treatment**.

## **Start date**

The date the insurance begins as shown on **your Policy** Schedule.

## **Terrorist act**

Any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

## **Treatment(s)**

Surgical or medical services (including **diagnostic tests** and **day-patient treatment**) that are needed to diagnose, relieve or cure a disease, **illness** or injury.

## **UK, United Kingdom**

England, Scotland, Wales and Northern Ireland.

## **War**

A contest carried on by force of arms between the armed forces of separate nations and which is usually characterised by the pursuit of territorial gain.

## **We, our, us**

Lloyd's Syndicate 4444, which is managed by Canopus Managing Agents Limited.

## **You, your**

The person who purchased this **Policy** and who is named on the **Policy** Schedule as the Policyholder.



# Union Income Benefit Holdings Ltd

## Customer Care Statement

We recognise that despite our commitment to providing a professional service at all times, you may sometimes feel unhappy with the service you receive from us. If this happens it is important that you let us know so that we can do our best to resolve the problem. Telephone calls may be monitored or recorded for quality and training purposes.

1. We will investigate your complaint competently, diligently and impartially
2. We will assess your complaint fairly, consistently and promptly taking into account all relevant factors
3. We will explain to you promptly in a way that is clear, fair and not misleading our assessment of your complaint and our decision

### How do I make a complaint about the services offered?

If your complaint relates to the sale or administration of your Policy please notify UIB

- by email to: [customerrelations@uibuk.com](mailto:customerrelations@uibuk.com)
- by telephone on: 0343 178 1255 (Mon to Fri 9am - 6pm)
- by writing to: UIB Customer Relations, 39-51 Highgate Road, London NW5 1RT

You will be sent a written acknowledgement of your complaint within 5 business days of Receipt giving the name of the individual handling the complaint and including details of our internal complaint procedures. A final response must be provided within 8 weeks of Receipt of your complaint. If we are unable to meet this deadline we will provide you with a full explanation, provide reasons for the delay and indicate when a final response can be provided.

If you are dissatisfied with this delay you are entitled to refer your complaint to the Financial Ombudsman Service at this stage. If, following Receipt of our final response, you feel the matter has not been resolved to your satisfaction you can refer your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR.

## Demands and Needs

Health Cash Plan cover meets the demands and needs of those would would benefit from help towards covering the costs of everyday healthcare such as dental treatment, eye care, therapy treatments, consultations with specialists and more. We are not offering advice or personal opinion on the suitability of this product, you need to decide based on the information provided whether this cover is right for you and meets your needs.

## Data Protection Notice

The Personal Information **you** provide.

Union Income Benefit Holdings Ltd (UIB) is the data controller (as defined in the Data Protection Act 1998) and fully accepts the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided. Reference in this document to "**we**," "**our**" or "**us**" means Union Income Benefit Holdings Ltd.

In this notice, Personal Information is sensitive personal data (as defined in the Data Protection Act 1998) and means any information that identifies an individual and includes any sensitive personal information (e.g. information about health or medical condition(s)).

Where this notice refers to **you** or **your** Personal Information, this will include any information that identifies another person whose information **you** have provided to **us**. **We** will assume that they have appointed **you** to act for them). **You** agree to receive on their behalf any data protection notices from **us**. **Your** Personal Information will be used for the purpose of providing insurance services. By providing Personal Information,

**you** consent that **your** Personal Information, will be used by **us, our** reinsurers, service providers/ business partners, and our agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of our business operations. **We** may also pass **your** Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires **us** to do so. **We** will not share **your** Personal Information unless **you** or **your** nominated personal representative have provided explicit consent or **we** are required to do so by law.

**We** may transfer **your** Personal Information to countries outside the EEA which may not have the same level of data protection as in the United Kingdom, but if this is necessary it will be ensured that appropriate safeguards are in place to protect **your** Personal Information. If **you** ask us what Personal Information is held about **you** it will be provided to you in accordance with applicable law. No fee will be charged for this. Any Personal Information which is found to be incorrect will be corrected promptly. **We** may monitor and/ or record **your** communication with **us**, either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and account operation. **We** will keep information about **you** only for so long as it is appropriate.

For questions regarding **your** Personal Information, please contact:

UIB Customer Services

- by email to [customer-care@uibuk.com](mailto:customer-care@uibuk.com)
- by telephone on 0343 178 1255 (Mon to Fri 9am – 6pm)
- by writing to UIB Customer Services, 39-51 Highgate Road, London NW5 1RT

## About Our Insurance Services

The FCA is an independent watchdog that regulates financial services. Use this information to decide if our services are right for you.

Union Income Benefit Holdings Ltd only offers a range of products from a limited number of insurers. Please ask us for a list of the products together with the insurers who provide them. The insurers for a particular product are named on the Policy documents that you receive. You will not receive advice or a recommendation from us. We may ask you some questions to narrow down the selection of products that we will provide details on. You will then need to make your own choice about how to proceed.

The total monthly premium agreed with you, includes a monthly Policy fee of £3.86, which covers administration costs incurred in maintaining the non-investment contract you have purchased.

Union Income Benefit Holdings Ltd is authorised and regulated by the Financial Conduct Authority, register number 307575. Our permitted business is arranging and dealing in the administration and performance of a contract of insurance. This can be checked on the FCA website [www.fca.org.uk](http://www.fca.org.uk) or contacting the FCA on 0800 111 6768. If you wish to register a complaint, please contact us: by telephone on 0343 178 1255; by email to [customerrelations@uibuk.com](mailto:customerrelations@uibuk.com); in writing at UIB Customer Services, 39/51 Highgate Rd, London, NW5 1RT

If we cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service (FOS). Further information can be obtained from FOS by visiting their website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Union Income Benefit Holdings Ltd is a member of the Financial Services Compensation Scheme (FSCS). This provides compensation in case any of its members go out of business or into liquidation and are unable to meet any valid claims under its policies.

Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at [www.fscs.org.uk](http://www.fscs.org.uk)



# Contact Us

## Customer Services

Telephone: 0343 178 1255  
Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Address:  
Union Income Benefit Holdings Ltd  
39-51 Highgate Road  
London  
NW5 1RT

Lines open Mon to Fri 9 a.m. to 6 p.m..  
Telephone calls may be recorded for monitoring and quality purposes.

## Claims

Telephone: 0800 319 6601  
Email: [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk)  
Online: [www.compassuw.co.uk](http://www.compassuw.co.uk)

Address:  
Compass Underwriting Limited  
50 Mark Lane  
London  
EC3R 7QR

Telephone lines open: Mon to Fri 8 a.m. to 7 p.m. Please note all calls are recorded