

## Free Accidental Death Cover

# keyfacts<sup>®</sup>

## Free Accidental Death Cover

Arranged by Union Income Benefit Holdings Ltd

This policy summary does not contain full details and conditions of your insurance – these are located in your policy wording. Where a heading is underlined in this policy summary, details can be found in your policy wording under the same heading.

### **Type of insurance and cover**

The FREE Accidental Death Cover pays a cash lump sum if you die as a result of an accident. The policy has no cash-in value.

### **Eligibility**

To be eligible for the cover, you must:

- be permanently resident in the United Kingdom
- be aged between 18 and 69 years inclusive at the start date.

### **The insurer**

This policy is underwritten by Advent Insurance PCC Ltd – UIB Cell

### **Features and benefits**

There is one level of cover available. The actual amount is shown on your policy schedule.

### **What is covered?**

- Accidental Death

### **Significant or unusual exclusions or limitations**

#### **What is not covered?**

There are some situations that you are not covered for and some limitations on what will be paid out. This is a summary of the main exclusions and limitations of your policy. Full details are shown in the Policy Conditions.

Claims will not be paid if your death:

- is not due to an accident e.g. death is a result of natural causes or you end your own life
- is caused as a direct result of consumption of excessive alcohol or use of illegal drugs
- is caused by an illegal or reckless act on your part
- occurs while on duty as a member of the Armed Forces or as a member of the reserve forces
- is caused by any flying activity other than boarding, travelling in or getting out of any fully licensed passenger carrying aircraft (owned by a registered commercial airline)
- results from war or any act of war
- is caused by participating in certain dangerous pastimes such as rock climbing, parachuting or motor racing
- is caused by motorcycling (including riding mopeds and motor tricycles) as a driver or a passenger

Limitations on what might be paid out:

- payment for accidental death will only be made if death occurs within 12 months of the accident

### **Duration**

The policy starts on the date shown on the policy schedule.

All cover under this policy will end:

- if the policy is cancelled by you or us
  - on the termination date shown on your policy schedule;
  - on your death;
- whichever is the earlier.

### **Cancellation**

You are free to cancel the policy at any time.

### **Claim notification**

To register a claim contact the claims administrator Compass Underwriting in writing or by telephone on 0800 319 6601 or by email to [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk)

### **What happens if you are not satisfied with our service?**

Any complaints about this insurance policy should be addressed to Union Income Benefit Holdings Ltd who arranged it for you.

If they cannot resolve the complaint to your satisfaction, you can contact:

- For Sales and Administration complaints: the Financial Ombudsman Service, Insurance Division;
- For Claims and Policy Terms complaints: the Consumer Complaint Unit, Malta Financial Services Authority.

All contact details and further information can be found in your policy wording.

### **The Financial Services Compensation Scheme (FSCS)**

Advent Insurance PCC Ltd – UIB Cell is a member of the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme in the unlikely event we cannot meet our obligations to you. This depends on the type of insurance and circumstances of the claim. Further information about the compensation scheme arrangements is available from the FSCS ([www.fscs.org.uk](http://www.fscs.org.uk)).

**Please review your cover periodically to ensure that it continues to meet your needs and your financial circumstances.**

Table of Benefits	
<b>ACCIDENTAL DEATH</b>	<b>£2,500</b>
Monthly Insurance Premium	FREE where registered with UIB
<b>Customer Services Department</b> Union Income Benefit Holdings Limited Address: UIB Customer Services, 39/51 Highgate Road, London, NW5 1RT Telephone: 0343 178 1249 Mon to Fri 9 am to 6 pm / Sat 10 am to 2 pm	<b>Claims Administrator:</b> Compass Underwriting Ltd Email: <a href="mailto:claims@compassuw.co.uk">claims@compassuw.co.uk</a> Address: 50 Mark Lane, London EC3R 7QR Telephone: 0800 319 6601 Mon to Fri 9am to 5pm
<b>Insurer:</b> Advent Insurance PCC Ltd – UIB Cell. Advent Insurance PCC Ltd (C52394) is a Protected Cell Company authorised by the Malta Financial Services Authority. The cellular assets of the UIB Cell are utilised to satisfy cellular liability of the UIB cell. Address: The Landmark, Level 1, Suite 2 Triq L-Iljun, Qormi QRM 3800, Malta	

### **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.

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 Customer Services, Union Income Benefit, 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)

### **UIB Treating Customers Fairly**

At Union Income Benefit, 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

# Free Accidental Death Cover

## Policy Wording

Welcome to your Accidental Death Cover administered by Union Income Benefit Holdings Ltd (UIB). This insurance will pay **you** the **benefit** shown on **your policy schedule** if **you** die as a result of an **accident**.

### 1. Definitions

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

**Accident and Accidental** - a sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

**Accidental Death** - if during the **period of cover** an **insured person** suffers an **accident**, which results directly and independently of any other cause within 12 calendar months, in their death.

**Administrator** - Union Income Benefit Holdings Ltd (UIB) who sell and administer the insurance on behalf of the insurer.

**Air travel** – boarding, travelling in or getting out of any fully licensed passenger carrying aircraft (owned by a registered commercial airline)

**Benefit** - the amount **you** are covered for on the **policy**. The cash **benefit** is shown on the **policy schedule**.

**CBRN Terrorism** - an unlawful act committed for political, religious or ideological purposes with the aim of influencing a government and/or causing fear among the public that results directly or indirectly in the release of chemical, radiological, biological or nuclear agents.

**Claims administrator** - Compass Underwriting Ltd who manage claims for the insurer.

**Doctor** - a qualified UK-registered medical practitioner registered with the General Medical Council, practising in the UK. A **doctor** who confirms the **accidental death** or **permanent accidental injury** of an **insured person** cannot be **you**, the **insured person** or a **relative**.

**End date** the date when cover under the **policy** ends. This is shown on the **schedule**.

**Period of cover** – the period between the **start date** and **end date** of **your** cover.

**Plan** – means this Accidental Death Cover.

**Policy** means the terms agreed between **us** and **you** to provide the insurance cover. The **policy** is made up of the **policy** wording and the **policy schedule** and any information provided as part of the application. These documents should be read together.

**Policy schedule** - the document that forms part of **your policy**; it includes important information that is specific to **your** insurance.

**Policyholder** - the person named on the **policy schedule** who applied for this insurance **policy**.

**Relative** - a husband, wife, partner or any other immediate family member related to **you** by blood, marriage or law.

**Start date** - the date when cover under the **policy** begins. This is shown on the **policy schedule**.

**UK resident** – means resident in England, Scotland, Wales, Northern Ireland for 7 months out of each year.

**We, us** or **our** means the insurer Advent Insurance PCC Ltd - UIB Cell.

**You, your** – the **Policyholder**

### 2. Eligibility

**We** will cover **you** under this contract if **you**:

- permanently live in the **United Kingdom**
- are aged between 18 and 69 years inclusive at the **start date**.

### 3. Law applicable and language

**You** and **we** are free to choose the law applicable to the policy.

**We** propose to apply the laws of England and Wales and by purchasing this policy **you** have agreed to this. The language used to communicate with **you** will be English.

### 4. What is covered?

#### Accidental Death

If during a **period of cover** an **insured person** suffers **accidental death**, **we** will pay the **benefit** as specified in **your policy schedule**.

### 5. What is not covered?

**We** will not pay any claim if it is caused directly or indirectly from any of the following:

- naturally occurring conditions that do not result from an **accident**
- suicide or attempted suicide or **you** deliberately injuring yourself or putting yourself in danger (unless **you** are trying to save someone's life)
- **you** taking part in an illegal act
- circumstances in which **you** are under the influence of alcohol, drugs or medication according to an official report or independent evidence

Example: If **you** are taking drugs or medication in accordance with a prescription from a registered medical practitioner, or in accordance with the manufacturer's instructions, **you** will be covered. However, if **you** drive a motor vehicle whilst over the legal limit of alcohol at the time and place of the **accident**, this would be considered to be 'under the influence of alcohol' and the **policy** would not pay out

#### • CBRN Terrorism

- ionising radiation or contamination by biological or chemical agents or radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel or the radioactive, toxic, explosive or other dangerous properties of any nuclear assembly or nuclear component machinery thereof
- war whether declared or undeclared or by armed forces duty, service or operations
- medical error or negligence
- competing in a race other than on foot or while swimming
- participating in diving, underwater diving, mountaineering / rock climbing, potholing or parachuting
- any flying activity except **air travel** (see definitions)
- motorcycling (including riding mopeds and motor tricycles) as a driver or a passenger

### 6. When does cover start?

Cover starts from the **start date**. Cover is only valid if **you** are aged between 18 and 69 years inclusive at the date the **policy** start as shown on **your policy schedule**.

### 7. General conditions

#### a. When does cover end?

All cover under this **policy** will end:

- if the **policy** is cancelled by **you** or by **us**
- on **your** death
- on the **end date** whichever occurs first.

#### b. Cancelling your cover

You may cancel the **policy** at any time by contacting the **administrator's** Customer Services on the details below.

Contact UIB Customer Services

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

**We** or the **administrator** reserve the right to cancel **your** policy when there is a valid reason to do so.

Valid reasons include, but are not limited to:

- **You** act in a fraudulent manner
- **You** fail to supply requested validation documents
- **You** fail to take reasonable care to ensure that information provided by **you** is accurate and not misleading.

**We** will not cancel **your policy** alone or cancel **your** insurance solely because of:

- any change in **your** health or physical condition;

**We** may cancel **your policy** or revise the covers and benefits for like categories of insured person, but **we** will do this only when **we** cancel or revise all **policies** which **we** have issued under this **plan**.

If **we** cancel **your** policy **we** shall provide **you** with 14 days prior written notice to the contact details that **we** hold for **you**. Within this notice **we** will advise **you** of **our** reasons for cancelling **your** policy. If **we** are unable to collect a payment **we** will use reasonable endeavours to collect the outstanding payment(s) before exercising **our** right to cancel the policy.

#### c. Changing your policy

**We** or the **administrator** reserve the right to make changes or add to these **policy** terms:

- for legal, regulatory or taxation reasons; and/or
- to reflect new industry guidance and codes of practice; and/or

If changes become necessary, they will be applied to all **policies** issued under this **plan**. **We** will not make changes which apply only to **your policy** or to **you**. The **administrator** will contact **you** using the contact details they have for **you** with details of any changes at least 30 days before **we** make them. **You** will then have the option to continue with, or to cancel, the **policy**. Should **you** request that **your policy** be cancelled the **administrator** will cancel it from the last day of the month on which they receive **your** cancellation request, provided that the **premium** for that month was fully paid. No refund of **premium** will be made.

#### d. Fraud

**You** must not act in a fraudulent way. If **you** or anyone acting for **you**:

- make a claim under the **policy** knowing the claim to be false or exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or
- make a claim for any loss or damage caused by **your** deliberate act or with **your** agreement.

In these circumstances **we**:

- will not pay the claim;
- will not pay any future claim, which may, or may not, have already been notified to **us**;
- may declare the **policy** void;
- will be entitled to recover from **you** the amount of any claim already paid under the **policy**;
- may let the police know about the circumstances.

### 8. How to make a claim

To make a claim under the **policy** please contact **the claims administrator** - Compass Underwriting Limited, 50 Mark Lane, London EC3R 7QR. Telephone: 0800 319 6601; [claims@compassuw.co.uk](mailto:claims@compassuw.co.uk)

The **claims administrator** will ask for details and any relevant information **we** need in order to consider the claim. The person who is able to claim on **your policy** in the event of **your** death will normally be **your** legal representative.

Once **we** agree to pay the claim **we** will usually pay any cash **benefits** to **your** legal representative promptly once settlement terms are agreed. No interest is payable by **us** on claim settlements.

### 9. What happens if you are not satisfied with the service?

**We**, the **claims administrator** and the **administrator** - Union Income Benefit Holdings Ltd always try to provide a first-class standard of service. However, sometimes things can go wrong. If **you** have a complaint **you** should contact the **administrator**, Union Income Benefit who arranged this insurance for **you**;

- by email: [customerrelations@uibuk.com](mailto:customerrelations@uibuk.com)
- by phone on: 0343 178 1255
- by writing to: Customer Relations, Union Income Benefit, 39/51 Highgate Road, London, NW5 1RT

If the **administrator** cannot resolve the complaint to **your** satisfaction, **you** can contact:

#### 1. For Sales and Administration Complaints:

Financial Ombudsman Service, Insurance Division, Exchange Tower, London E14 9SR. Phone: 0800 0234567 or fax: 020 7964 1001. Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the firm has given **you** written confirmation that they have been through their full complaints procedure. **You** have six months from the date of the firm's final response in which to refer **your** complaint to the FOS. This does not affect **your** right to take legal action.

#### 2. For Claims and Policy Terms Complaints:

Consumer Complaints Unit, Malta Financial Services Authority, Notabile Road, Attard BKR 3000, Malta. Phone: +356 2144 1155 (standard overseas call charges apply). Email: [consumerinfo@mfsa.com.mt](mailto:consumerinfo@mfsa.com.mt)

**We** are bound by a Consumer Complaint Unit decision but **you** are not. This does not affect **your** right to take legal action.

If you bought your policy online you can use the Online Dispute Resolution platform to submit your complaint to the Financial Ombudsman Service or the Consumer Complaints Unit, Malta Financial Services Authority - <http://ec.europa.eu/consumers/odr/>

### 10. Financial Services Compensation Scheme (FSCS)

In the unlikely event **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services

Compensation Scheme. 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), by contacting them via email on [enquiries@fscs.org.uk](mailto:enquiries@fscs.org.uk) in writing to 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU; or by telephone 0800 678 1100 or 020 7741 4100.

### 11. Data protection notice

The Personal Information you provide.

Advent Insurance PCC Ltd (UIB Cell) and Union Income Benefit Holdings Ltd, the **administrator**, are the joint data controllers (as defined in the Data Protection Act 1998) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either party.

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** or the **administrator**. **We** and the **administrator** will assume that they have appointed **you** to act for them). **You** agree to receive on their behalf any data protection notices from **us** or the **administrator**. **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**, the **administrator**, **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** or the **administrator** 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** or the **administrator** to do so. **We** and the **administrator** will not share **your** Personal Information unless **you** or **your** nominated personal representative have provided explicit consent or **we** or the **administrator** are required to do so by law.

**We** or the **administrator** 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 and Malta, but if this is necessary it will be ensured that appropriate safeguards are in place to protect **your** Personal Information. If **you** ask **us** or the **administrator**, 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** and the **administrator** may monitor and/or record **your** communication with **us** or the **administrator**, either ourselves or using reputable organisations selected by **us**, to ensure consistent servicing levels and account operation. **We** or the **administrator** 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 [customercare@uibuk.com](mailto:customercare@uibuk.com) by telephone on 0343 178 1255 (Mon to Fri 9am–6pm; Sat 10am–6pm) by writing to Customer Services, Union Income Benefit, 39-51 Highgate Road, London NWS 1RT

### 12. Other important information

Advent Insurance PCC Ltd – UIB Cell is the insurer on this **policy**. Advent Insurance PCC Ltd (C52394) is a Protected Cell Company authorised and regulated by the Malta Financial Services Authority to provide general insurance. This can be checked on the MFSA web site [www.mfsa.com.mt](http://www.mfsa.com.mt)

The cellular assets of the Advent Insurance PCC Ltd - UIB Cell are utilised to satisfy the cellular liabilities of the UIB Cell.

Compass Underwriting Ltd provides claims management services to the insurer. Compass Underwriting Ltd are authorised and regulated by the Financial Conduct Authority. This can be checked on the FCA's register by visiting the FCA's website at [www.fca.org.uk](http://www.fca.org.uk).

Union Income Benefit Holdings Ltd acts an agent of the insurer for sales, administration and complaints. Union Income Benefit Holdings Ltd are authorised and regulated by the Financial Conduct Authority. This can be checked on the FCA's register by visiting the FCA's website at [www.fca.org.uk](http://www.fca.org.uk).

### Demands and Needs

Accidental Death cover meets the demands and needs of those who would benefit from leaving a limited cash lump sum payment in the event of death as a result of an accident during the term of the cover.