

data controllers (as defined in the Data Protection Act 2018 (DPA)) 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 personal data (as defined in the DPA) 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 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. **You** have the right to withdraw **your** consent to **us** or the **administrator** processing any of **your** Personal Information at any time, if it is not specifically required for **us** or the **administrator** to provide and administer the product or service that **you** have purchased or registered for.

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.

We will not use **your** Personal Information in order to provide **you** with marketing unless **you** have given **your** explicit consent to allow **us** to use this information for this purpose. If **you** wish to unsubscribe from **our** marketing communications please contact **us** on the details below quoting **your** name, address, telephone number and email address.

You have the right to ask **us** to delete **your** data or cease processing it at any time, however **we** may not be able to do this if **we** require **your** data in respect of **our** contract with **you**.

We have a dedicated Data Protection Officer who **you** can contact for any queries or to exercise any of **your** rights under data protection regulations including: data subject access requests, correcting **your** information, making a complaint. If **you** believe **we** are holding inaccurate information about **you** or wish to request a copy of **your** information, **you** should contact **us**.

Contact Details:

Union Income Benefit, Data Protection Officer
By email: dataprotection@embignell.com
By post: Data Protection Team, Embignell Ltd.
Unit A, Piano Yard, Highgate Road, London NW5 1BF

We will provide the information that **you** have requested in a suitable format to meet **your** requirements.

If **we** cannot resolve the complaint to **your** satisfaction, **you** can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations. Website: www.ico.org.uk
By telephone: 0303 123 1113

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

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

Union Income Benefit Holdings Ltd acts an agent of the insurer for sales, administration, claims 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.

Free Accidental Death Cover

Arranged by Union Income Benefit Holdings Ltd

Table of Benefits	
ACCIDENTAL DEATH	£5,000
Monthly Insurance Premium Administrator: Union Income Benefit Holdings Ltd Email: customercare@uibuk.com Address: 39/51 Highgate Road, London NW5 1RT Telephone 0343 178 1255 Mon to Fri 9am to 6pm Insurer: 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	FREE where registered with UIB Claims Department: Union Income Benefit Email: claims@uibuk.com Address: 39/51 Highgate Road, London NW5 1RT Telephone: 0800 014 7024 Mon to Fri 9am to 6pm
Demands and Needs This cover is designed to meet the needs of those who would benefit from a cash pay out to their next of kin, in the event of their accidental death.	

Free Accidental Death Cover

Policy Wording

Welcome to your Accidental Death Cover administered by Union Income Benefit Holdings Ltd. 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 (Union Income Benefit or UIB) who sell and administer the insurance, and manage claims 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.

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 **policy 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 **start date**.

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 customer@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 NW5 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**.

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 **administrator** - Claims Department, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT Telephone: 0800 014 7024; Email: claims@uibuk.com

The **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, and the **administrator** - Union Income Benefit - 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
- 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:

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

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

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. For Claims and Policy Terms Complaints **you** can, alternatively, refer the matter to the Office of the Arbiter for Financial Services (OAFS), First Floor, St Calcedonius Square, Floriana FRN 1530 Malta. Phone: (+356) 21249245 (standard overseas call charges apply). Email: complaint.info@financialarbiter.org.mt

Making a complaint to FOS or the OAFS does not affect **your** right to take legal proceedings. **We** and the **administrator** are bound by a FOS or OAFS decision but **you** are not. If **you** bought **your** policy online **you** can use the Online Dispute Resolution platform to submit **your** complaint to FOS or OAFS <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, by contacting them via email on 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