

# **Income Protection Cover**

Policy wording

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# Policy Wording

## Income Protection Cover

Thank you for choosing the Income Protection Cover administered by Union Income Benefit Holdings Ltd and underwritten by Stonebridge International Insurance Ltd.

This is an income protection policy which is designed to cover You if You are unable to work due to accident or sickness.

This policy wording explains the benefits, terms and exclusions of Income Protection Cover insurance and shows that provided You are eligible and have paid the monthly insurance premium You are covered.

Please read this policy wording and Your schedule carefully and make sure You are eligible (please see Section 4 Eligibility), that the policy meets Your needs, and that You know what the policy does and does not cover. The cover You have selected is shown in Your schedule.

Income Protection Cover is designed to meet the needs of someone who would benefit from monthly cash pay out to replace lost wages if they can't work through accident or sickness.

Your proposal and any endorsements, statement of fact, certificate of insurance and any written or verbal statements of medical or other information You have made, are part of this insurance contract.

### Section 1: Definitions

In this policy, the following words and phrases have the meaning given next to them. These words and phrases will start with capital letters wherever they appear.

#### **Active Employment**

Carrying out the usual activities of working in Your Employment.

#### **Administrator**

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

#### **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.

#### **Chronic Condition**

A sickness, disease or injury which has at least one of the following characteristics:

- it continues indefinitely;
- it is constant and is controlled rather than cured;
- it has symptoms which recur and have required consultation, treatment or care in the past; or
- it requires long-term monitoring or treatment, consultations, check-ups, examinations or tests.

#### **Contract Worker**

Employed on a contract for a specific term or undertaking for at least 12 months duration.

#### **Disability**

- Any accident or sickness which happens after the Start Date which stops You from working in your Employment and is certified by a Doctor.
- Any complication of pregnancy which is diagnosed by a Doctor or consultant who specialises in obstetrics which happens after the Start Date which stops You from working in your Employment and is certified by a Doctor.

We will not classify as Disability, Normal Pregnancy (including multiple pregnancy) or childbirth, including delivery by Caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.

#### **Doctor**

A medical practitioner who is registered with the General Medical Council in the UK, and is not You, Your spouse, Your partner or a relative.

#### **Employed/Employment/Work**

Employed in permanent paid employment (including Self-Employment) or as a Contract Worker, and working for at least 16 hours per week.

#### **Gross Monthly Income**

- If You are an employee, Your average monthly gross taxable earnings for the 12 months immediately preceding the Start Date, the date of any subsequent increase in Monthly Benefit, or the start date of a claim.

- If You are Self-Employed, the monthly average of the annual income You declared to HM Revenue & Customs on Your self-assessment return for the tax year preceding the Start Date, the date of any subsequent increase in Monthly Benefit, or the start date of a claim.

If You have been working for less than 12 months on the Start Date the average will be based on the number of months You have worked.

**Immediate Family**

Your spouse, civil partner, live in partner, children and parents.

**Insurer, Our, Us, We**

Stonebridge International Insurance Ltd.

**Maximum Monthly Benefits**

The total number of 12 Monthly Benefits paid in respect of one claim.

**Month**

Any 30 day period.

**Monthly Benefit/Benefits**

The amount shown on Your schedule, up to 50% of Your Gross Monthly Income or £1500, whichever is the lesser.

**Normal Pregnancy**

Symptoms, or a combination of minor symptoms, which usually accompany pregnancy and which are generally of a minor and/or temporary nature which do not represent a medical hazard to mother or baby.

**Pandemic**

An outbreak of a pandemic disease, declared by the World Health Organisation including but not limited to a Coronavirus or one characterised as phase 4 or higher of the World Health Organisation Pandemic Influenza Phases (2009).

**Policy schedule**

The document that forms part of your policy; it includes important information that is specific to your insurance.

**Self-Employed/Self-Employment**

Carrying on a business in the United Kingdom alone or as a partner in a partnership, controlling a company either alone or with others, or working for a company in which a person who is a member of

Your Immediate Family has control (either alone or with others) over the company.

**Start Date**

00.01a.m. on the date this policy commences as shown on Your schedule.

**UIB**

Union Income Benefit Holdings Ltd.

**UK resident**

Resident in England, Scotland, Wales, Northern Ireland for 7 months out of each year. This includes those currently employed as an offshore worker, seafarer or mariner, whose permanent residence remains in the UK.

**Waiting Period**

The minimum number of consecutive days of Disability, which You have to wait before Your entitlement to Benefit commences as shown in Your schedule.

**You, Your, Insured Person**

The insured person named on Your schedule.

**Section 2: Levels of cover**

There are six **Waiting Period** options

<b>Waiting Period</b>	<b>First Monthly Benefit payable</b>	<b>Maximum payable for one claim</b>
30 days	61st day	12 Monthly Benefits
60 days	91st day	12 Monthly Benefits
90 days	121st day	12 Monthly Benefits
120 days	151st day	12 Monthly Benefits
180 days	211th day	12 Monthly Benefits
365 days	396th day	12 Monthly Benefits

**Section 3: The insurance contract**

This policy is a legal contract between You and Us. The policy, Your schedule and any endorsements make one document and You should read them together.

We will provide the cover set out in this policy, provided You pay the premium and meet all the conditions.

You and we are free to choose the law applicable

to the policy. We have chosen to apply the laws of England and Wales. The language used in this policy and any communications relating to it will be in English.

The insurer is Stonebridge International Insurance Ltd. Stonebridge International Insurance Ltd whose registered office is 14th Floor, 33 Cavendish Square, London W1G 0PW. Registered in England and Wales number 03321734. Authorised and regulated by the Financial Conduct Authority firm reference number 203188. You can check this information on the Financial Services Register by visiting the website [www.fca.org.uk/register](http://www.fca.org.uk/register)

This policy is issued for an initial period of one month from the Start Date and will automatically continue on payment of each month's premium as it falls due until cover under Your policy terminates or is cancelled, as described in Section 6.

## Section 4: Eligibility

You are eligible for this policy provided that on the Start Date of the policy You:

- are aged 18 or over and under 61;
- are a **UK Resident**
- are in Employment.

## Section 5: Disability cover

### *What's covered*

*If Your schedule shows You have selected a 30 days Waiting Period*

If You cannot Work for at least 30 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 31st day.

*If Your schedule shows You have selected a 60 days Waiting Period*

If You cannot Work for at least 60 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 61st day.

*If Your schedule shows You have selected a 90 days Waiting Period*

If You cannot Work for at least 90 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 91st day.

*If Your schedule shows You have selected a 120 days*

### *Waiting Period*

If You cannot Work for at least 120 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 121st day.

*If Your schedule shows You have selected a 180 days Waiting Period*

If You cannot Work for at least 180 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 181st day.

If Your schedule shows You have selected a 365 days Waiting Period If You cannot Work for at least 365 days in a row because of Disability, an amount equal to 1/30th of the Monthly Benefit will become payable for each further day of Your Disability starting from the 366th day.

Benefit will be paid until:

- You return to Active Employment;
  - We have paid the Maximum Monthly Benefits; or
  - cover ends as described in Section 6;
- whichever happens first.

Benefit will be paid on a monthly basis if You have been off Work for a full Month. If You return to Work before a full Month has passed, We will pay You an amount equal to 1/30th of the Monthly Benefit for each day You have been off Work up until the day You return to Work.

For example

Customer A selected a 60 days waiting period with a monthly benefit of £500, and was unable to work for 105 days due to sickness. The first 60 days are not covered. They would receive benefits for the remaining 45 days, totalling £750.

If there are less than three consecutive months of Active Employment between two periods of Disability, We will classify those two periods as one continuous period of Disability and pay up to an aggregate of the Maximum Monthly Benefits in total. We will not pay Benefit for the time You were working between the two periods. Only one Waiting Period will be applied.

For example

Customer B has received three monthly benefits and returned to work, but within three months they

are unable to work again due to disability, either the same cause or a new one. This is treated as a continuation of the previous claim. They will not have to go through the waiting period before benefits become payable again. As they have already received three monthly benefits for the earlier period, the maximum payable for the second period will be nine monthly benefits.

After the Maximum Monthly Benefits have been paid for any period of Disability, further claims for Disability will only be considered under the following circumstances:

- If the reason for claiming is as a result of the same cause, there must have first been six months Active Employment.
- If the reason for claiming is as a result of a new cause, there must have first been one months Active Employment.

If You qualify for a Disability claim but continue to receive an income from Your Employment, the Monthly Benefit will be reduced so that the total of gross income received from Your Employment and the Benefits payable, does not exceed 50% of Your Gross Monthly Income.

### **Exclusions**

This policy does not cover any period of Disability:

- i) which occurred before the Start Date;
- ii) resulting from any Chronic Condition from which You knowingly suffered on or before the Start Date;
- iii) as a result of any medical condition for which treatment had been given or diagnosis had been made or investigations commenced during the 12 months immediately before the Start Date and which comes back within 24 months after the Start Date. (This exclusion will not be applied after 24 months have passed without treatment or advice for that medical condition.);
- iv) resulting from spinal and related conditions unless there is radiological medical evidence of abnormality confirmed by a Doctor;
- v) which is a result of intentional self-inflicted injuries;
- vi) which is a result of the inappropriate use of alcohol or drugs, including but not limited to the following:
  - Consuming too much alcohol.

- Taking an overdose of drugs, whether lawfully prescribed or otherwise.
- Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.;

vii) as a result of You being detained in prison under the direction of a court of law. (This will not apply if You are later acquitted.); or

viii) arising from war (whether declared or not), military duty in peacekeeping operations outside the United Kingdom, invasion, riot as an active participant, revolution or any similar event.

ix) as a result of CBRN terrorism

x) arising from 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.

xi) arising from a Pandemic

For the purposes of exclusions ii) and iii) above, if You:

- for the 6 continuous months immediately before the Start Date;
- held a policy with another insurer providing Disability cover, that was replaced by this policy;
- under which You had not made a claim in the 24 months before the Start Date,

Start Date shall then mean the date Your previous policy commenced. This will only apply in respect of the corresponding amount of Monthly Benefit provided by Your previous policy. In the event of a claim You will need to provide Us with a copy of Your previous policy and proof of premium payment that show Your policy was up to date at the Start Date of this insurance.

## **Section 6: Premium and termination of insurance**

### **Premiums**

- a. Premiums are payable monthly and collected by the administrator by direct debit.
- b. We or the administrator can change the premium by giving you 14 days' notice. If there are any changes to the current level of Insurance

Premium Tax (IPT) or any new charges are placed on us or the administrator, we will change your premium from the date any changes are put in place.

### **Cooling-off period**

(i) Cancelling in the cooling-off period

We hope that You will be happy with Your insurance policy. However, if this policy does not meet Your needs You have 30 days from the Start Date of your policy or the date You received Your policy documents (for a new policy) to cancel the policy and get a refund of any premium paid within that 30 days period. (We will not give You a refund if You have made a claim or an incident has happened where You could make that claim.)

(ii) Cancelling outside the cooling-off period

You may cancel this policy at any time outside the cooling off period by notifying the Administrator.

(iii) Notifying Your cancellation

You should notify Your cancellation to the Administrator:

Telephone: 0343 178 1255  
Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)  
Address: Customer Services  
Union Income Benefit  
39/51 Highgate Road  
London  
NW5 1RT  
Lines open Mon to Fri 9 a.m. to 6 p.m

(iv) Your cover and entitlement to the Benefit will end automatically as soon as one of the following occurs:

- You retire from Employment;
- Cease to be a **UK Resident**
- You reach the age of 65; or
- You die.

(v) You may cancel this policy by notifying UIB:

- by telephone on 0343 178 1226 (Mon to Fri 9am - 6pm)
- by email to [customercare@uibuk.com](mailto:customercare@uibuk.com)
- by writing to UIB Customer Services, 39-51, Highgate Road, London, NW5 1RT.

(vi) Your cover will end automatically if You do not pay Your premium on the date it is due.

(vii) In the event of fraud, We may cancel Your policy immediately and no refund of premiums will be given.

(viii) We may cancel this policy by UIB giving You 90 days' notice in writing to the contact details that we hold for you. If We do, any premium You have paid for the period after the cancellation date will be refunded. It may become necessary for Us to cancel Your policy due to:

- You failing to provide any material information that We ask for in Your application for this policy or in relation to any claim,
- any actual or predicted legal or regulatory requirement,
- an actual or projected unforeseen increase in claims under all policies of the same type issued by Us, or
- an unforeseen event that prevents Us from continuing to provide, or the Administrator continuing to administer, Your policy.

If the policy is cancelled due to (i) above, no claim payments will be made after the date of cancellation.

If the policy is cancelled due to (v), (vi) or (viii) above, claim payments will be made for any valid claim which occurs before the cancellation date.

## **Section 7: Changes**

### ***How We can change Your Policy***

We will periodically review premium rates and policy terms and have the right to amend them to reflect:

- the actual or projected increases or reductions in the claims experience from all of the policies of the same type issued by Us,
- changes in the general law or to the decisions of the Financial Ombudsman Service, or
- to meet regulatory requirements or to reflect new industry guidance and codes of practice which are there to raise standards of consumer protection.

We will give You notice of any changes that We have to make by UIB giving You at least 60 days written notice to the contact details that we hold for you.

If We make any alterations and You are unhappy with those changes, You can cancel Your policy as set out in Cancellation of Your insurance (ii) above.

### ***How You can change Your Monthly Benefit or Waiting Period***

The Monthly Benefit or Waiting Period may be amended by contacting UIB on 0343 178 1226 (Mon to Fri 9am - 6pm). The change will take effect from the next premium collection date provided that You are not receiving Monthly Benefit under the policy or You are aware of any impending claim. If you are currently receiving Monthly Benefit under the policy or you are aware of any impending claim then We are unable to amend the Monthly Benefit or Waiting Period on your policy.

### ***What We will not cover following an increase in Monthly Benefits***

The following additional exclusions will apply to the increase in Monthly Benefit:

We will not pay the increase in Monthly Benefit for any claim caused by or resulting from any medical condition:

- which You knew about on or before the date You applied for the increase; or
- for which treatment had been given or diagnosis had been made or investigations commenced during the 12 months immediately before the date You applied for the increase and which comes back within 24 months after the date You applied for the increase. (This exclusion will not be applied after 24 months have passed without treatment or advice for that medical condition.);

### ***Telling Us about changes in Your circumstances***

Please tell UIB if any of Your circumstances change which may affect Your insurance.

Examples of some changes You should tell UIB about are:

- If Your Employment status changes
- If You change address

Please note that this is not a complete list. If You are not sure whether You need to tell UIB about a change in circumstances, tell UIB anyway.

## **Section 8: How to make a claim**

If You need to make a claim please contact the Administrator Claims Team:

Telephone: 0800 014 7024

Email: [claims@uibuk.com](mailto:claims@uibuk.com)

Address: UIB Claims Team

39/51 Highgate Road, London NW5 1RT

For your protection calls may be recorded and may be monitored. We will take the details of Your claim and advise You of the next steps. Please have Your policy number and bank details available when You call.

For a Disability claim Your Doctor will need to provide details. The start date of Your claim will be the date Your Doctor has certified You as unfit for Work.

- When making a claim any proof required must be provided at Your expense.
- We reserve the right to make any enquiries relating to Your claim, contact Your employers or ask You to undergo an independent medical examination at Our expense.
- All claim payments will be made to Your bank account.
- In some circumstances, the amount of Monthly Benefit you receive under this policy may affect your entitlement to State benefit.
- Benefits are subject to UK tax legislation that applies at the time of any claim. It is Your responsibility to declare any payments for the purposes of income tax, if legislation requires.

Should You make any claim which is false or fraudulent in any respect, You will forfeit all rights under this policy, which will be cancelled from the start date of the claim. Any monies paid to You will be recovered and no refund of premium will be made.

### ***Over Insurance***

We may ask You to provide the following:

- If you are an employee - salary slips or a P60 tax document.
- If you are Self-Employed - bank statements or Your accounts.

In order to confirm your Monthly Benefit does not exceed 50% of Your Gross Monthly Income. In the event Your Monthly Benefit does exceed 50% of Your Gross Monthly Income, the Benefit payable will be reduced proportionately. You will receive a proportionate refund of premium.

### ***Other Insurances***

We may ask You to provide details of other income, repayment or payment protection insurance policies under which You may also be claiming disability, unemployment or carer benefits. In



these circumstances the Monthly Benefit will be reduced so that the total benefits paid, under all such insurances do not exceed 50% of Your Gross Monthly Income. You will receive a proportionate refund of premium.

## Section 9: Customer service

We and the Administrator 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 who arranged this insurance for you;

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

If they 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](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.

Making a complaint to FOS does not affect Your right to take legal proceedings. We and the Administrator are bound by a FOS decision but You are not.

## Section 10: Financial Services Compensation Scheme (FSCS)

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 Financial Services Compensation Scheme, PO Box 300, Mitcheldean GL17 1DY or by telephone 0800 678 1100 or 020 7741 4100.

## Section 11: Data protection notice

The Personal Information You provide. Stonebridge International Insurance Ltd., the Insurer (we/ us) and Union Income Benefit Holdings Ltd, the Administrator, are the joint data controllers (as defined in the Data Protection Act 2018 and any successor regulation (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 special category personal information (as defined in the DPA 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: to decide if We can offer insurance to You; to administer Your policy and to handle claims. The Personal Information We collect will include name, address, date of birth and financial information. If a claim is made, We will collect additional information about the claim. Where this includes special category data eg information relating to health, where appropriate We will ask You for consent to collect this information.

Your Personal Information will be used by Us and the Administrator for legitimate interests We or the Administrator have as a business including customer profiling to better understand customers, improve products and to suggest other products that may be relevant to customers including marketing and for management and audit of business operations.

We or the Administrator will only communicate with You in line with any marketing preferences that You have given Us or the Administrator and this may continue after Your policy has ended. Your marketing preferences can be updated at any time by contacting the Administrator:

By email: [customercare@uibuk.com](mailto:customercare@uibuk.com)  
By phone: 0343 178 1255  
By post: Customer Services,  
Union Income Benefit,  
39/51 Highgate Road,  
London NW5 1RT.

We or the Administrator may share your Personal Information with the Embignell group, reinsurers, business partners and agents to help administer the products and services and to keep regulatory obligations. 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, but if this is necessary it will be ensured that appropriate safeguards are in place to protect your Personal Information.

We may carry out automated decision making based on Your Personal Information. This will include Your age and the level of cover and is used to calculate the price of cover that We provide. 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 operations.

We or the Administrator will keep information about You only for so long as it is appropriate. We and the Administrator need Your personal information to Administer Your policy or handle any claims whilst Your policy is in force. We may need to keep information after Your policy has ended to ensure We and the Administrator have an accurate record of Our relationship to You and communications that We or the Administrator had or where We are required to keep the information for legal, regulatory or tax purposes. 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.

The Administrator has 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 or the Administrator are holding

inaccurate information about You or wish to request a copy of Your information, You should contact the Administrator.

Contact Details:  
Data Protection Officer  
By email: [dataprotection@embignell.com](mailto:dataprotection@embignell.com)  
By post: Data Protection Team,  
Union Income Benefit 39/51 Highgate Road,  
London  
NW5 1RT.

The information that You have requested will be provided in a suitable format to meet Your requirements. If the complaint cannot be resolved 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](http://www.ico.org.uk)  
By post: Information Commissioner's Office,  
Wycliffe House, Water Lane,  
Wilmslow,  
Cheshire  
SK9 5AF  
By telephone: 0303 123 1113

More detail is also available in the Administrator's Privacy Policy which can be viewed online at [www.embignell.com/privacy-policy](http://www.embignell.com/privacy-policy).

## 12. Other important information

Income Protection Cover is underwritten by Stonebridge International Insurance Ltd, authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, register number 203188.

Union Income Benefit Holdings Ltd and Stonebridge International Insurance Ltd are both members of the same group of Companies and are ultimately owned and controlled by the Parent Company Embignell Ltd, registered in England no 05871053.

Union Income Benefit Holdings Ltd acts an agent of the Insurer for sales, administration, claims management and complaints.





# Contact Us

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

## Customer Services

Telephone: 0343 178 1255

Email: [customercare@uibuk.com](mailto:customercare@uibuk.com)

Address:

Customer Services  
Union Income Benefit  
39/51 Highgate Road  
London  
NW5 1RT

## Claims

Telephone: 0800 014 7024

Email: [claims@uibuk.com](mailto:claims@uibuk.com)

Address:

Claims Department  
Union Income Benefit  
39/51 Highgate Road  
London  
NW5 1RT