

5 YEAR INCOME PROTECTION & ACCIDENTAL DEATH INSURANCE POLICY TERMS & CONDITIONS

Underwritten by Maiden Life

Realm Protection Ltd has made arrangements with Maiden Life Försäkrings AB to make available policies of income protection and **Accidental Death** insurance under the Realm brand.

You have applied for and **We** have accepted Your application for income protection insurance through Realm Protection Ltd. In return for the appropriate **Premium**, this Policy confirms **You** are insured from the **Policy Start Date** against **Disability** and **Accidental Death** (to the extent specified in **Your Schedule** and subject to the terms, exclusions and conditions of the insurance contract as set out in this **Policy**).

Your insurance is underwritten by Maiden Life Försäkrings AB. Registered Office: Klarra Norra Kyrkogatan 29, Stockholm 111 22 Sweden. Maiden Life Försäkrings AB are authorised and regulated by Finansinspektionen (the Swedish Financial Regulator), and are registered with the Financial Conduct Authority, registration number 464517.

Your proposal, **Policy** and **Schedule** combine to form this insurance contract.

PLEASE NOTE: **You** have a statutory right to cancel this **Policy** and obtain a refund of any **Premium** paid within 30 days of the **Policy Start Date**. Details of these cancellation rights are set out under the heading **CANCELLATION** in this **Policy**.

1. ARE YOU ELIGIBLE FOR COVER?

You are eligible to take out income protection insurance if on the **Policy Start Date**:-

- **You** are aged 22 or over and are under the age of 61; and
- **You** are **Working** in the United Kingdom; and
- **You** are resident in the United Kingdom and spend a minimum of 9 months in the country over a 12 month period; and
- **You** are seeking to protect a proportion of **Your** income in the event of **Disability** to the extent covered by this **Policy**; and
- **You** have completed **Our** quick and simple application process.

You are not eligible for cover if: -

- **You** are in casual, seasonal or temporary **Work**; or
- **You** are **Working** less than 16 hours per week; or
- **You** are currently unable to attend **Work** due to a **Disability** (this does not apply if **You** are on **Maternity/Paternity Leave**, adoption leave or parental leave); or
- **Your** online application was rejected.

It is very important that **You** provide **Us** with all the information **We** reasonably require in order to administer **Your** insurance. It is particularly important that **You** remember to contact the **Administrator** if **You** change **Your** address.

2. WHAT THE WORDS MEAN

Some of the words and phrases **We** use in this **Policy** have special meanings and appear in bold typeface. Except where the context otherwise requires, the masculine shall include the feminine, the

singular shall include the plural and vice versa, as appropriate.

Accidental Death	Means a bodily injury occurring during the Period of Cover which is the direct result of accidental, external, violent and visible means and which solely and independently of any other cause results in a claim for Your death . This does not include any sickness, disease, bacterial or viral infection (unless this is a direct result of an accidental injury), naturally occurring condition or degenerative process or the result of any gradually operating cause.
Administrator	Means Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, GL7 1XD (which is authorised and regulated by the Financial Conduct Authority under reference 315285).
Benefit Period	Means the maximum number of Monthly Benefit payments that would be payable for any Claim Period as shown on Your Schedule .
Business	Means a company, profession, trade or industry registered in the United Kingdom.
Claim Period	Means any separate period of time during which You are unable to Work due to a Disability and are receiving Monthly Benefit under this Policy .
College	Means the Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.
Consultant	Means a medical specialist, other than You, Your Partner or any of Your relatives, who is a member of a College and recognised by that College to be a consultant.
Contract Employment	Means You are employed on a fixed term contract of at least 13 weeks duration. If You have been Working for the same company for at least 1 year, You will be considered to be a permanent employee.
Controlling Interest	Means owning individually or jointly 20% or more of the issued shares.
Disabled/ Disability	Means You have a medical condition certified by a Doctor or Consultant as preventing You from doing Your normal Work or any similar Work which You would otherwise be reasonably able to do given Your experience, education or training and You are not doing any other Work for payment or reward.
Doctor	Means a medical practitioner, other than You, Your Partner or any of Your relatives, practising in the United Kingdom being a fully registered person under the Medical Act 1983.
Excess Period	Means the period shown in Your Schedule during which You will need to be continuously Disabled before You are entitled to receive Monthly Benefit .
Expiry Date	Means the date Your Policy ends based on the initial Policy duration You have chosen.
Maternity/ Paternity Leave	Means the period You are absent from Work within Your intended start and end date from the company. During this time Your entitlements are paid to You by Your Company and in line with Government statutory requirements. You will not be entitled to Disability payments.
Monthly Benefit	Means the amount of cover You have selected as shown on Your Schedule up to a maximum of £2,500 or 75% of Your Normal Monthly Income whichever is the lesser.

Normal Monthly Income	Means either of the following: - If You are employed, the average of the gross amounts shown on Your payslips from Your employer during the last 12 months; or - If You are Self Employed , the monthly average of the gross income You declared to HM Revenue and Customs for the previous tax year.
Own Occupation	Means the occupation You carry out at the time You become Disabled . If Your occupation has changed due to returning to Work after Maternity/Paternity Leave of timescales greater than 39 weeks it will be based on the occupation provided to You on Your return to Work .
Partner	Your spouse, Your civil partner (as defined in Section 1 of the Civil Partnership Act 2004) or the person (whether or not of the same sex) with whom You are permanently cohabiting in a relationship equivalent to marriage (including Same Sex Couples Act 2013).
Period of Cover	Means the period between the Policy Start Date and the Termination Date for which the correct Premium has been paid by You .
Permanent Employment	Means You are in paid employment under a contract of service, paying Class 1 National Insurance contributions and Your employment has no fixed or pre-defined finishing date other than the normal retirement age for Your occupation.
Policy	Means the cover provided to You under the terms and conditions of this insurance contract.
Policy Review Date	Means the date 12 months after Your Policy Start Date and annually thereafter.
Policy Start Date	Means the date cover commences as shown on Your Schedule .
Pre-Existing Condition	Means any sickness, condition or injury whether diagnosed or not about which You :- - knew or should reasonably have known at the Policy Start Date ; or - had seen or arranged to see a Doctor during the 24 months prior to the Policy Start Date .
Premium	Means the amount You must pay for cover under this Policy .
Schedule	Means the document accompanying this Policy which confirms the Benefit Period, Policy Start Date, Expiry Date, Policy Review Date, Excess Period and Monthly Benefit which You have applied for and which We have accepted.
Self Employed/ Self Employment	Means You carry on a Business in the United Kingdom alone or with others and pay Class 2 or Class 4 (if profits are over a certain amount) National Insurance contributions and are classed as Schedule D for income tax purposes; or You can control the affairs of a Business You Work for because You or a relative or a member of Your household individually or jointly has a Controlling Interest in that Business .
Termination Date	Means the earliest of the following to occur:- a. You reach the Expiry Date stipulated in Your Schedule ; or b. You die; or c. You retire from Work or reach the age of 65, whichever is the earlier; or d. You stop residing or Working in the United Kingdom; or e. You default on Your Premium payment; or f. You cancel this Policy ; or g. You become Unemployed (unless You are in a Claim Period)

Unemployed	Means You are out of Work directly due to circumstances beyond Your control.
United Kingdom	Means England, Wales, Scotland and Northern Ireland.
We or Us or Our	Means Maiden Life Försäkrings AB.
Work or Working	Means gainful Permanent Employment, Contract Employment or Self Employment within the United Kingdom for a minimum of 16 hours per week and paying the appropriate National Insurance contributions.
You or Your or Yourself	Means the person named on Your Schedule .

3. PAYMENT OF PREMIUMS

3.1 Premium Payments

Premiums are payable by direct debit, monthly in advance by **You**. If **Your Premium** remains unpaid for 30 days after the due date **Your** cover under this **Policy** will cease.

If **You** are in receipt of **Monthly Benefit** **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy**. We will reimburse **Your Premium** for each month **You** claim as part of your **Monthly Benefit**.

3.2 Maternity/Paternity Leave Premium payments

Your wages are automatically reduced during **Maternity/Paternity Leave** in accordance with **Government** guidelines. We are only able to pay for loss of earnings as a direct result of a **Disability**. As you will not incur a further loss of income due to **Disability** at this time claims will cease to be paid.

Any **Disability** claim that occurs during **Maternity/Paternity Leave** will be paid to **You** once **You** have reached **Your** expected return to **Work** date.

Accidental Death benefits will continue.

To maintain **Your** coverage during this time **We** will reduce **Your Premium** to one quarter of your current monthly **Premium**. This will keep **Your Accidental Death** benefits in place and should you suffer a **Disability** preventing you from returning to **Work** as planned you will be able to claim for any loss in earnings from being unable to return to **Work**. The **Excess Period** would be waived in this scenario.

You must inform **Us** when **You** are due to take **Maternity/Paternity Leave** so that **We** can amend your direct debit. **We** will then write to your HR department so that they can advise **Us** of **Your Maternity/Paternity Leave** start and end dates. **We** will refund any **Premium** owed to **You** if **You** forget to tell **Us**, as long as **We** have evidence that **You** are on **Maternity/Paternity Leave**.

3.3 Taxation

If the government alters or imposes any tax or other charge (for example, if the rate of Insurance Premium Tax changes), **Your Premiums** will increase accordingly.

4. ANNUAL POLICY REVIEW

After **You** have had **Your Policy** for one year, on the **Policy Review Date**, **We** will send **You** an **Annual Statement**, which is a report which details **Your Premium** payments throughout the year. At this time, **We** will also offer **You** the opportunity to adjust **Your** sum insured according to any changes in **Your** circumstances, without having to take out a new **Policy**. If **You** wish to make any such adjustments,

the rate at which your **Premium** is calculated will remain the same. This **Policy** review will be offered annually, at each **Policy Review Date**. In respect to changes made by the insurer please refer to general conditions 10.b.

5. PAYMENT OF CLAIMS

5.1 Disability

If **You** are **Working** and become unable to **Work** due to a **Disability** during the **Period of Cover** for longer than the **Excess Period**, **We** will pay to **You** one **Monthly Benefit** after one month of **You** remaining continuously unable to **Work** due to a **Disability** following the **Excess Period**. After that **We** will continue to pay **You** one **Monthly Benefit**, monthly in arrears, for each full month **You** remain continuously unable to **Work** due to **Disability**.

Should **Your Doctor** decide that **You** are able to return to **Work** but in a reduced capacity or in a different role, **We** will pay the difference between 75% of **Your Normal Monthly Income** **You** received immediately before **Your Disability** commenced and **Your** new salary up to the maximum **Monthly Benefit** as set out in Section 2 of your policy definitions. **We** will pay any shortfall, monthly in arrears, for each full month of the remaining term **Your** claim continues to be valid.

We will continue to pay **Your** claim until the **Termination Date** or: -

- a. the last consecutive day of **Your Disability**; or
- b. the date **You** stop providing due proof that **You** remain continuously Disabled; or
- c. the date **We** have paid you a sum equivalent to the maximum number of **Monthly Benefit** payments allowed in the **Benefit Period** as shown in **Your Schedule** regardless of when the claim occurs. For example if your claim occurs in year 4 of the policy **We** will still continue to pay your claim for 60 months even though **Your Policy** will have terminated 12 months later.

Should **Your Doctor** confirm that **You** are able to go back to **Your** original **Working** hours and **You** choose to remain on reduced hours, payments will cease to be made.

If **You** become **Unemployed** or **You** stop **Working**, **Your Policy** will terminate and **You** will not be able to make a claim relating to any **Disability** or **Accidental Death** which occurs after the date of **Your** last day of **Work**. However, if **You** are able to return to **Work** within 3 months of becoming **Unemployed** or stopping **Work**,

- **We** will reinstate **Your Policy**.
- The rate at which **Your Premium** is calculated will remain the same, and
- **We** will allow for changes in **Your** sum insured.
- **Your Policy Start Date** and **Expiry Date** will remain the same, and
- no **Premium** needs to be paid for the time you are **Unemployed** or not **Working**.
- **You** will not be required to complete a new proposal or medical declaration and
- **Your Premium** will be calculated according to **Your** age at the time **You** applied for **Your Policy**, and not **Your** age at the time **You** return to **Work**.

Notwithstanding the foregoing, **We** will not pay any claim for any **Disability** or **Accidental Death** that occurs during the time **You** are **Unemployed** or not **Working**.

5.1.1 Disability Exclusions

No benefit will be payable to **You** if **Your Disability**:-

- is due to **You** deliberately injuring **Yourself**;
- is due to alcohol, solvent abuse or drugs (other than drugs taken under the direction of a **Doctor** or **Consultant** and not for the treatment of drug addiction);

- is due to stress, anxiety or depression or any mental or nervous disorder unless confirmed by a **Consultant** Psychiatrist;
- results directly or indirectly from a **Pre-Existing Condition** (but this exclusion will not apply to a **Pre-Existing Condition** if **You** have been free from its symptoms, and have not consulted any **Doctor** nor received any treatment for or in connection with it, for a two year period prior to **Your** claim);
- is due to pregnancy, childbirth or abortion other than a medical complication which directly occurs as a result of **Your** pregnancy or pregnancy related conditions;
- whilst on **Maternity/Paternity Leave**
- If **You** are still receiving your **Normal Monthly Income**
- results from spinal and related back conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **Doctor**;
- arises from medical operations or treatments which in the opinion of **Our** chief medical officer are not medically necessary, including cosmetic or beauty treatments;
- is due to an accident caused by your participation in one of the following hazardous activities:-
 - Any 'Extreme', 'Action', 'Aggro', 'Freestyle' and 'Adventure' sports which have high level of inherent danger involving speed, height, high physical exertion or specialised gear. E.g.: Bungee jumping, Parkour, mountain biking;
 - Any aerial sport including and not limited to Gliding, parascending, skydiving;
 - Any competitive motor related sports either on land or water;
 - Any underwater activity at depths greater than 10m or underwater activities which include ice, caves or wrecks;
 - Any sport where you receive payment for taking part, or any record attempt;
 - Any activity in open seas;
 - Any mountaineering or climbing activities including and not limited to canyoning, ice climbing, Ski-mountaineering;
- arises from your employment in one of the following occupational areas:
 - **Working** offshore (including oil, gas and fishing);
 - flying other than as a fare paying passenger;
 - membership of any armed forces, whether full time or reserves;
 - **Working** underground or underwater;
 - **Working** with explosives; or
 - **Working** at heights over 15m;
- arises due to, takes place in, or is diagnosed in a country which the UK Foreign and Commonwealth Office advises against All Travel or All but Essential travel;

5.2 Accidental Death

If **You** suffer an **Accidental Death** during the **Period of Cover**, **We** will pay **Your** estate a benefit of £30,000.

The above is subject to **You** being in **Work** at the time **Your Accidental Death** occurs.

The **Excess Period** does not apply to claims made for **Accidental Death**.

5.2.1 Accidental Death Exclusions

No benefit will be payable to **You** if **Your** claim results directly or indirectly from:

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

- **Your** participation in one of the following hazardous activities:-
 - Any 'Extreme', 'Action', 'Aggro', 'Freestyle' and 'Adventure' sports which have high level of inherent danger involving speed, height, high physical exertion or specialised gear. E.g.: Bungee jumping, Parkour, mountain biking;
 - Any aerial sport including and not limited to Gliding, parascending, skydiving;
 - Any competitive motor related sports either on land or water;
 - Any underwater activity at depths greater than 10m or underwater activities which include ice, caves or wrecks;
 - Any sport where you receive payment for taking part, or any record attempt;
 - Any activity in open seas;
 - Any mountaineering or climbing activities including and not limited to canyoning, ice climbing, Ski-mountaineering.
- arises due to, takes place in, or is diagnosed in a country which the UK Foreign and Commonwealth Office advises against All Travel or All but Essential travel;

6. GENERAL EXCLUSIONS

No benefit will be payable in respect of **Disability** or **Accidental Death** directly or indirectly arising as a result of:-

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

7. CLAIM RE-QUALIFICATION

An **Excess Period** will not be applied by **Us** in respect of a claim which occurs within 3 months of a prior **Claim Period**, if the subsequent claim is in respect of the same **Disability**. In this case, the claim will be treated as one **Claim Period**.

8. CANCELLATION

You have a statutory right to cancel this **Policy** by giving written notice to the **Administrator** Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, GL7 1XD. **Your** cover will cease on the date **We** receive **Your** request in writing.

If you cancel your **Policy** within 30 days of the **Policy Start Date**, **We** will refund all of any **Premium You** have paid, provided You have not made a claim under this **Policy**. If **You** cancel **Your** cover under this **Policy** more than 30 days after the **Policy Start Date**, no refund of **Premium** will be made.

Any claims in course of payment will cease to be paid if **Your Policy** is cancelled.

9. DATA PROTECTION ACT AND DISABILITY DISCRIMINATION ACT

You should understand that any information **You** have provided will be collected and processed by **Us**, in compliance with the provisions of the Data Protection Act 1998 (DPA), for the purpose of providing insurance and handling claims, if any, and that this may necessitate **Us** providing such information to other parties. The DPA gives you the right to a copy of **Your** personal data held by **Us** upon payment of a fee.

We may exchange **Your** details with other insurers through various databases to help **Us** check information provided and also stop prevent fraudulent claims.

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

10. GENERAL CONDITIONS

- a. This **Policy** and any endorsements to it together with the proposal and **Schedule** and any written statement of medical or other information made by **You** make up the insurance contract between **Us** and **You**.
- b. Changes to this policy can only be made by the insurer under the following circumstances
 - i. The change increases the benefit to you
 - ii. Regulators advise that the current wording is not compliant
 - iii. Premium increases/decreases due to changes in Insurance Premium Tax (IPT)In the event one of the above changes does occur we will provide you 60 days' notice. However, if the change due to be applied effects the way in which claims are handled we will implement the change immediately if it is in your better interest.
- c. The parties to this insurance contract may choose the law which shall govern it. In the absence of any agreement to the contrary this **Policy** is subject to English law.
- d. Any fraud, mis-statement or concealment in relation to any matter affecting this insurance contract or any claim under this insurance contract may render it null and void and all rights to claim will be lost.
- e. If at any time any provision or part thereof of this insurance contract becomes invalid, illegal, or unenforceable the remaining parts and/or provisions shall continue in full force and effect.
- f. All benefits under this insurance contract are currently non-taxable, although this may change in line with any amendments to legislation. In this event, **We** will deduct from any **Monthly Benefit** any sums which by law **We** are required to deduct.
- g. A person who is not a party to this insurance contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this insurance but this does not affect any right or remedy of a third party which exists or is available apart from that Act.
- h. Any omission, misrepresentation or false statement of a material fact in **Your** proposal for this insurance or any claim could affect the payment of benefits under this **Policy**. A material fact is one which is likely to influence the acceptance of **Your** proposal or claim for insurance. If **You** are uncertain whether a fact is material You should declare it. If **You** make a claim which **We** consider to be fraudulent or exaggerated, all benefits under this contract will be lost and **We** will seek to recover any benefits paid under that claim.
- i. The benefits of this insurance contract may not be assigned to a third party.
- j. **We** will be entitled to take legal action in **Your** name for **Our** own benefit against any other party in order to recover any payment **We** have made.
- k. If, at the time of a claim, there is any other **Policy** in force, insuring anything covered by this **Policy**, **We** shall only be liable for **Our** proportional share.
- l. This Policy will not have any cash-in or surrender value.
- m. Trent-Services (Administration) Limited and Maiden Life Försäkrings AB are members of the Financial Services Compensation Scheme (FSCS). It is a duty of the FSCS to ensure that a percentage of sums owed to policyholders by an insurance company in liquidation is paid to those policyholders if the company itself is unable to meet its liabilities in full. The FSCS is subject to restrictions and not all policyholders are eligible. Further details are available on request or can be found at www.fscs.org.uk.

11. HOW TO CLAIM

You must give **Us** notice of a claim by telephoning the **Administrator** on 01285 626020.

You should do so as soon as reasonably possible and within 30 days after the end of the **Excess Period**. **We** will send **You** the claim forms. **You** will need to complete these and return them to **Us** as soon as reasonably possible, giving **Us** all the information **We** ask for to enable **Us** to process **Your** claim. In order for **Us** to assess any **Disability** claim, **Your Doctor** will be required to detail the nature of **Your Disability** and reasons why **You** are unfit for **Work**. A sick note can be obtained from **Your Doctor** during a **Doctor's** appointment and would be a standard requirement of **Your** employer once absent from **Work** for more than 5 **Working** days.

We may also require a copy of **Your** most recent pay slip, as well as confirmation from **Your** company's HR department that **You** cannot **Work** due to **Your Disability**.

Should **You** be classed as working within **Contract Employment**, **You** will need to be able to evidence that **You** were in a contract at the claim start date to be able to claim under this insurance. Claims will then continue to be paid under the same basis as **Permanent Workers**.

Should **Your** claim be **Maternity/Paternity Leave** related, **We** will need to get evidence from **Your** HR department of **Your** intended start and end dates so claims can be paid for periods that fall outside of these dates.

If **You** are absent from **Work** due to a spinal and related back condition, **We** will need further evidence as advised in 4.1.1 of this contract. The sooner **You** can see **Your Doctor or Consultant**, the easier it will be for **You** to obtain the relevant evidence to pursue **Your** claim.

In the event of a claim **We** may need to apply for a medical report including your medical history from **Your Doctor** but before doing so **We** need **Your** consent, **You** should know **You** have certain rights under the below Acts. They are:

(Access to Medical Reports Act 1988 and access to personal files and medical reports (Northern Ireland) order 1991)

- **You** can withhold your consent BUT **We** may be unable to proceed without it.
- **You** have the right to see the report before it is returned by the **Doctor**. Please indicate on the claims form if **You** wish to do so.
- If **You** indicate that **You** wish to see the Medical report and **We** decide that one is required **We** will inform **You** of **Our** intention to obtain a report. **We** will also notify the **Doctor** that **You** wish to see the report. You will then have 21 days to make arrangements with the **Doctor** to see the report. The **Doctor** can charge a reasonable fee for this service. If **You** indicate that **You** do not wish to see the report, **You** can change **Your** mind but **You** must inform the **Doctor** immediately. **You** will then have 21 days to make arrangements to see it before the report is returned to Trent Services
- **You** can also see the report up to six months after it has been provided to Trent Services, even if **You** selected not to see it initially. There is a fee associated with this request which **You** will need to pay.
- If **You** consider the report (or any part of it) to be misleading **You** can add a statement of **Your** own.
- The doctor can withhold the report (or part of it) from **You** if he feels it is in **Your** interests to do so. In this scenario we will not be able to send you copies of this report.

You will be made aware of these requests either at the time of the claim, or in advance of any subsequent **Monthly Benefit** payments **Should You** not provide **Us** with consent to obtain this additional information, **We** will have to deny **Your** claim, or suspend payment of **Your Monthly Benefit**.

We may also ask **You** to undergo a medical examination at **Our** expense. If **You** do not do this, **Your** claim could be either stopped or denied.

If **You** return to **Work** on reduced hours or need to perform a new role that pays less than **Your Own Occupation**, please provide **Us** with details of **Your** company's HR department and **We** will contact them to assess any shortfall in **Your** monthly income. This shortfall will be paid by **Us** as long as **We** have evidence to support this. Should your **Doctor** confirm that you are able to work your original hours and you choose to remain on reduced hours your claim payments will cease.

Payment of benefit will be made when **We** receive satisfactory evidence of **Your** entitlement to claim. Throughout the period for which the claim is made under this contract **We** will require **You** to provide evidence of continuing to be unable, or less able to **Work** due to **Disability**. Benefit will not be paid for any period of **Disability** for which the evidence required by **Us** is not provided. **We** may require **You** to produce this **Policy** as proof of purchase. Once a claim has been accepted, benefit will be paid to **You** monthly in arrears.

12. COMPLAINTS PROCEDURE

We aim to provide a first-class service.

If **You** have any cause to complain, or **You** feel that **We** have not kept **Our** promise, please follow the procedures below;

- a. For complaints relating to the selling of this insurance please contact the sales agent from which this insurance was purchased. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.
- b. For complaints relating to the administration or claims handling of this insurance please write to the Complaints Manager, Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, GL7 1XD. You can also phone 01285 626020 or email complaints@trent-services.co.uk. When **You** do this quote **Your Policy** number, which is on **Your Schedule**.

This would not affect **Your** rights to take legal action if necessary.

In any of these instances if **You** wish to provide written details please head **Your** letter "Complaint" and give **Your** full name, address, postcode and **Your** contact telephone number. Quote the type of **policy** and **policy** and or claim Number and explain clearly and concisely the reason(s) for **Your** complaint. Please send the letter to the person dealing with **Your** complaint along with a requested material.

After this action, if **You** are still not satisfied with the way a complaint has been dealt with, **You** may write to The Managing Director, Maiden Life Försäkrings AB, c/o Maiden Global Holdings Ltd., Albion House, The Valley Centre, Gordon Road, High Wycombe, Bucks, HP13 6EQ. If **You** still remain dissatisfied after following the above procedures in full, **You** can ask the Financial Ombudsman Service to review **Your** case. Their address is Financial Ombudsman Service, Exchange Tower, London E14 9SR. Telephone: 0800 0234567. Email: complaint.info@financial-ombudsman.org.uk. Website: www.financial-ombudsman.org.uk

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

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

the complaint to the sales agent or **Administrator**.

This complaints procedure is in addition to **Your** statutory rights as a consumer and does not affect **Your** ability to take legal action if necessary.

Policy arranged by Realm Protection Ltd, which is authorised and regulated by the Financial Conduct Authority under reference 627951.

Policy administered by Trent-Services (Administration) Ltd, which is authorised and regulated by the Financial Conduct Authority under reference 315285

Maiden Life Försäkrings AB underwrites the **Policy**. Registered Office: Klarra Norra Kyrkogatan 29, Stockholm 111 22, Sweden. Maiden Life Försäkrings AB are authorised and regulated by the Finansinspektionen (the Swedish financial services Regulator). As an Insurance Company authorised within the European Union, Maiden Life is permitted to conduct business within the United Kingdom and is authorised by the Financial Conduct Authority, under reference 464517.

This can be checked on the Financial Conduct Authority's register at www.fca.org.uk/pages/register or by contacting them on 0845 606 1234.