

# HOME BUILDER

MORTGAGE PAYMENT PROTECTION INSURANCE



## POLICY DOCUMENT

UNDERWRITTEN BY QUDOS INSURANCE A/S

**You** have applied for and **We** have accepted **Your** application for mortgage payment protection insurance with Qudos Insurance A/S. In return for the appropriate **Premium**, this **Policy** confirms that **You** are insured from the **Policy Start Date** against **Accident, Sickness and Unemployment** (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** 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 in **Section 8. CANCELLATION** in this **Policy**.

### 1. Are You Eligible for Cover?

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

- **You** are aged 25 or over and are under the age of 64, and
- **You** have been **Working** in the **United Kingdom** continuously for the last 6 months
- **You** have been residing in the **United Kingdom** continuously for the last 6 months
- **You** are in the course of applying for a residential **Mortgage**, or have taken out a residential **Mortgage** within the last 30 days, and
- **You** are seeking to protect monthly **Mortgage** payments in the event of **Accident, Sickness** or **Unemployment** to the extent covered by this **Policy**.

**You** are not eligible for cover if:

- **You** are aware of any impending **Unemployment** which may affect **You**, or
- **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 an **Accident** or **Sickness** (this does not apply if **You** are on maternity leave, paternity leave, adoption leave or parental leave).
- **You** have not taken out a new residential **Mortgage** within 30 days of **Your Policy Start Date**.

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.

<b>Administrator</b>	Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, GL7 1XD (authorised and regulated by the Financial Conduct Authority under reference 315285).
<b>Accident and Sickness</b>	<b>You</b> have a medical condition certified by a <b>Doctor</b> or <b>Consultant</b> as preventing <b>You</b> from doing <b>Your</b> normal <b>Work</b> or any similar <b>Work</b> which <b>You</b> are reasonably able to do given <b>Your</b> experience, education or training and <b>You</b> are not doing any other <b>Work</b> for payment or reward.
<b>Benefit Period</b>	The maximum number of 12 <b>Monthly Benefit</b> payments that would be payable for any <b>Claim Period</b> as shown on <b>Your Schedule</b> .
<b>Business</b>	A company, profession, trade or industry registered in the <b>United Kingdom</b> .



<b>Business Failure</b>	The total cessation of <b>Your Business</b> caused entirely by circumstances beyond <b>Your</b> control or the control of any director or partner in <b>Your Business</b> .
<b>Claim Period</b>	Any separate period of time during which <b>You</b> are unable to <b>Work</b> due to an <b>Accident, Sickness</b> or <b>Unemployment</b> and receiving <b>Monthly Benefit</b> under this <b>Policy</b> .
<b>College</b>	The Royal College of Surgeons, the Royal College of Physicians or any other Royal College of medical practitioners.
<b>Consultant</b>	A medical specialist, other than <b>You, Your Partner</b> or any of <b>Your</b> relatives, who is a member of a <b>College</b> and recognised by that <b>College</b> to be a <b>consultant</b> .
<b>Contract Employment</b>	<b>You</b> are employed on a fixed term contract of at least 13 weeks duration.
<b>Controlling Interest</b>	Owning individually or jointly 20% or more of the issued shares.
<b>Doctor</b>	A medical practitioner, other than <b>You, Your Partner</b> or any of <b>Your</b> relatives, practising in the <b>United Kingdom</b> and a fully registered person under the Medical Act 1983.
<b>Initial Exclusion Period</b>	The 90 days immediately following the <b>Policy Start Date</b> when <b>You</b> cannot claim for <b>Unemployment</b> . If <b>You</b> are applying to cancel and replace <b>Your</b> cover from another provider, the 90 day period will be waived.
<b>Lender</b>	The bank, building society or financial institution with whom <b>You</b> have applied for, or taken out <b>Your Mortgage</b> .
<b>Mortgage</b>	The <b>Mortgage</b> contract between <b>You</b> and the <b>Lender</b> in relation to which <b>We</b> have agreed to provide cover under this <b>Policy</b> .
<b>Monthly Benefit</b>	The <b>Monthly Benefit</b> payable will be the amount <b>You</b> have selected, up to a maximum of <b>Your</b> monthly <b>Mortgage</b> payment plus 50% or £3,000 or 75% of <b>Your Normal Monthly Income</b> whichever is the lesser.
<b>Normal Monthly Income</b>	Either of the following: <ul style="list-style-type: none"><li>• If <b>You</b> are employed the average of the gross amounts shown on <b>Your</b> payslips from <b>Your</b> employer during the last 12 months, or</li><li>• If <b>You</b> are <b>Self Employed</b>, the monthly average of the gross income <b>You</b> declared to HM revenue and Customs for the previous tax year.</li></ul>
<b>Partner</b>	<b>Your</b> spouse, <b>Your</b> 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 <b>You</b> are permanently cohabiting in a relationship equivalent to marriage (including Same Sex Couples Act 2013).
<b>Period of Cover</b>	The period between the <b>Policy Start Date</b> and the <b>Termination Date</b> for which the correct <b>Premium</b> has been paid by <b>You</b> .
<b>Permanent Employment</b>	<b>You</b> are in paid employment under a contract of service, paying Class 1 National Insurance contributions and <b>Your</b> employment has no fixed or pre-defined finishing date other than the normal retirement age for <b>Your</b> occupation.
<b>Policy</b>	The cover provided to <b>You</b> under the terms and conditions of this insurance contract.
<b>Policy Review Date</b>	The date 12 months after <b>Your Policy Start Date</b> and annually thereafter.
<b>Policy Start Date</b>	The date cover commences as shown on <b>Your Schedule</b> .



<b>Pre-Existing Condition</b>	Any sickness, condition or injury or which <b>You</b> have suffered from symptoms whether diagnosed or not, and about which <b>You</b> : <ul style="list-style-type: none"> <li>• Knew or should reasonably have known at the <b>Policy Start Date</b>, or</li> <li>• Had seen or arranged to see a <b>Doctor</b> during the 12 months prior to the <b>Policy Start Date</b>.</li> </ul>
<b>Premium</b>	The amount <b>You</b> must pay for cover under this <b>Policy</b> .
<b>Schedule</b>	The document accompanying this <b>Policy</b> which confirms the <b>Benefit Period</b> , <b>Policy Start Date</b> , <b>Policy Review Date</b> , <b>Waiting Period</b> and <b>Monthly Benefit</b> which <b>You</b> have applied for and which <b>We</b> have accepted.
<b>Self Employed/ Self Employment</b>	<b>You</b> carry on a <b>Business</b> in the <b>United Kingdom</b> 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 <b>You</b> can control the affairs of a <b>Business You Work</b> for because <b>You</b> or a relative or a member of <b>Your</b> household individually or jointly have a Controlling Interest in that <b>Business</b> .
<b>Termination Date</b>	The earliest of the following to occur: <ul style="list-style-type: none"> <li>• <b>You</b> die, or</li> <li>• <b>You</b> retire from <b>Work</b> or reach the age of 70, whichever is the earlier, or</li> <li>• <b>You</b> stop residing or <b>Working</b> in the <b>United Kingdom</b>, or</li> <li>• <b>You</b> default on <b>Your Premium</b> payment, or</li> <li>• <b>You</b> no longer have a <b>Mortgage</b> agreement, or</li> <li>• <b>You</b> or <b>We</b> cancel this <b>Policy</b>.</li> </ul>
<b>Unemployed/ Unemployment</b>	<b>You</b> are out of <b>Work</b> directly due to circumstances beyond <b>Your</b> control, and <b>You</b> must be: <ul style="list-style-type: none"> <li>• Receiving Income Support, Job Seekers Allowance or <b>You</b> do not qualify for these <b>benefits</b> because <b>You</b> have been entitled to make reduced National Insurance contributions in the past</li> <li>• Actively seeking <b>Work</b></li> <li>• Registered as available for <b>Work</b> at a Job Centre Plus or the Department of Health and Social Security in Northern Ireland</li> <li>• Entirely without <b>Work</b></li> <li>• Not in receipt of wages in lieu of notice.</li> </ul>
<b>United Kingdom</b>	England, Wales, Scotland and Northern Ireland.
<b>Waiting Period</b>	The period shown in <b>Your Schedule</b> during which <b>You</b> will need to be continuously unable to <b>Work</b> due to an <b>Accident</b> or <b>Sickness</b> or <b>Unemployment</b> before <b>You</b> are entitled to receive <b>Monthly Benefit</b> .
<b>We or Us or Our</b>	Qudos Insurance A/S. Registered Office: Kobmagergade 22, 1, 1150, Copenhagen K, Denmark (regulated by the Danish Finanstilsynet, the Danish regulator).
<b>Work or Working</b>	Gainful <b>Permanent Employment</b> , <b>Contract Employment</b> or <b>Self Employment</b> within the <b>United Kingdom</b> for a minimum of 16 hours per week and paying the appropriate National Insurance contributions.
<b>You or Your or Yourself</b>	The person named on <b>Your Schedule</b>



### 3. Payment of Premiums

**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 Benefits**, **You** must continue to pay **Your** monthly **Premium** as it falls due in order to ensure continuous cover under this **Policy**.

**We** will review **Your Policy** at the **Policy Review Date** and any changes **We** wish to make will take effect from that **date**. Following the review, **We** can make changes to **Your Premium** and **Policy** to reflect changes in the cost of providing this cover in the future.

**Premiums** may go up or down or remain unchanged as a result of this review. The **Policy** cover may also change as a result of this review.

There is no limit on the size or type of these changes.

**We** will notify **You** in writing at least 30 days before the **Policy Review Date**.

For each review, **We** will take a fair and reasonable view on the likely future cost of providing this cover by considering:

- **Our** experience and expectations of the cost of providing this product or similar insurance products
- Widely available economic information, such as rates for inflation, unemployment and interest
- Changes in law, regulation and taxation.

The review will not be directly affected by whether **You** have made a claim. The only exception would be in the event of a change in:

- Law, regulation, taxation, or
- The recommendation of an Ombudsman which **We** need to implement prior to the review.

### 4. Payment of Claims

#### 4.1 ACCIDENT AND SICKNESS

If **You** are **Working** and become unable to **Work** due to an **Accident** or **Sickness** during the **Period of Cover** for longer than the **Waiting Period**, **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously unable to **Work** due to an **Accident** or **Sickness** following the **Waiting Period**. After that, **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously unable to **Work** due to an **Accident** or **Sickness**, monthly in arrears.

**We** will continue to pay until the **Termination Date**, or until:

- The last consecutive day of **Your Accident** or **Sickness**, or
- The date **You** stop providing due proof that **You** remain continuously disabled, or
- 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**.

#### 4.1.1 ACCIDENT OR SICKNESS EXCLUSIONS

No benefit will be payable to **You** if **Your Accident** or **Sickness**:

- 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)
- Arises from stress, anxiety, depression or any mental or nervous disorder unless **You** are referred to a **Consultant Psychiatrist** by **Your Doctor** and, provided that the **Condition** solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant Psychiatrist** until **You** are released from their care; or
- Is a result 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 2 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
- Is a result of spinal and related conditions unless there is radiological medical evidence of abnormality, visible wound or contusion confirmed by a **Doctor**, or a **Consultant** referred to by **Your Doctor** and, provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** until **You** are released from their care
- Is due to a back related **Condition** unless there is radiological evidence of medical abnormality, visible wound, contusion, or **You** are referred to a **Consultant** by **Your Doctor** and, provided that the condition solely prevents **You** from **Working**, **Your** claim will be considered from the date of diagnosis by the **Consultant** until **You** are released from their care; or
- Is a result of medical operations or treatments which in the opinion of **Our** chief medical officer are not medically necessary, including cosmetic or beauty treatments

Benefit will not be paid for **Accident or Sickness** if **You** are receiving **Unemployment** benefit under this **Policy**.

#### 4.2 UNEMPLOYMENT

If **You** are **Working** and become **Unemployed** after the **Initial Exclusion Period** during the **Period of Cover** for longer than the **Waiting Period**, **We** will pay to **You** one **Monthly Benefit** on the first day that **You** remain continuously **Unemployed** following the **Waiting Period**. After that, **We** will continue to pay **You** one thirtieth of the **Monthly Benefit** for each day **You** remain continuously **Unemployed**, monthly in arrears.

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

- The last consecutive day of **Your Unemployment**, or
- The date **You** stop providing due proof that **You** remain continuously **Unemployed**, or
- 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**.

**Unemployment** cover under this **Policy** will vary in accordance with **Your** employment status:

##### (i) PERMANENT EMPLOYMENT

If **You** are **Working**, **You** will be insured if **You** are made **Unemployed**.

##### (ii) CONTRACT EMPLOYMENT

- (a) If **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer for more than 2 consecutive years or on an annual contract which has been renewed then **You** will be insured if **You** are made **Unemployed**.
- (b) If **You** have been employed on a renewable fixed term contract of at least 13 weeks with the same employer but for less than 2 years, then **You** will be insured if **You** are made **Unemployed** during the term of **Your** contract. **You** will not be insured against the non-renewal of **Your** contract, and any entitlement to **Monthly Benefit** under this **Policy** will automatically cease on the date **Your** contract was originally intended to terminate.

##### (iii) SELF EMPLOYMENT

If **You** are **Self Employed**, **You** will be insured due to **Business Failure** and **You** must have:

- (a) Filed closing accounts with HM Revenue and Customs if **You** operate alone, or
- (b) Had **Your** company put in the hands of an insolvency practitioner following the actions of a third party outside **Your Business**, or
- (c) Had **Your** Partnership dissolved and final accounts filed with HM Revenue and Customs following the actions of a third party outside **Your Business**.

#### 4.2.1 UNEMPLOYMENT EXCLUSIONS

No benefit will be payable to **You** if:

- **You** have not been **Working** for at least 6 consecutive months prior to the **Policy Start Date**;
- **You** were aware of the possibility of impending **Unemployment** (or in **Our** reasonable opinion **You** should have been aware) at the **Policy Start Date**, notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**



- **You** are notified of or made aware by any means, within the **Initial Exclusion Period**, of anything which might lead to **Your Unemployment** notwithstanding that no specific reference has been made to **Your** personal situation and that **Your Unemployment** may not take place until after the **Initial Exclusion Period**.
- **Your Work** is casual, seasonal or of a temporary nature
- **You** accept voluntary redundancy, resign or retire
- **You** failed to pass a trial or probationary period
- **Your Unemployment** arises as a result of **Your** own act of wilful misconduct, negligence, dishonesty or fraud
- **Your Unemployment** occurs while **You** are **Working** outside the **United Kingdom** for a period intended by **You** to be more than 90 days. This clause will not apply if **Your** reason for leaving the **United Kingdom** is because **You**:
  - (a) **Work** for the British Armed Forces, or
  - (b) **Work** as a Civil Servant in a British Embassy or Consulate.
- **You** are made **Unemployed** from a **Business** where **You** can control the affairs of the **Business You Work** for because **You** or a relative or a member of **Your** household individually or jointly have a **Controlling Interest** in that **Business**
- **You** are made **Unemployed** as a result of participating in any industrial action
- **You** refuse any offer of reasonable alternative employment by **Your** employer which, based on **Your** qualifications, previous experience and the location of such employment, it would have been reasonable for **You** to accept.

Benefit will not be paid for **Unemployment** if **You** are receiving **Accident** or **Sickness** benefit under this **Policy**. If, during a **Claim Period** in respect of **Unemployment**, **You** are not able to actively seek **Work** solely because of an **Accident** or **Sickness**, **We** may continue to pay **Accident** or **Sickness** benefit to **You** (if selected) but as part of one **Benefit Period** and therefore on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.

## 5. Suspending an Unemployment Claim for Temporary Employment

If **You** make a claim for **Unemployment** under this **Policy** and **You** are offered temporary **Work**, **We** will suspend (rather than end) claim payments provided that:

- **You** tell **Us** who **You** will be **Working** for (even if **You** will be **Self Employed**), how many hours of **Work** a week **You** will be **Working** for and the duration of **Your** temporary **Work**, and
- **Your** temporary **Work** lasts for at least one week and no longer than six months, and **Your** temporary **Work** does not comprise more than three separate jobs during any one **Claim Period**, and
- **You** continue to comply with the terms and conditions of this **Policy** and tell **Us** immediately if any of the above circumstances should change.

If **You** are again **Unemployed** when temporary **Work** within the above provisos ends **You** will be eligible to continue **Your** claim for **Unemployment** as if **You** had one continuous claim and **We** will recommence the claim payment but on terms that the sums **We** have already paid to **You** will count towards the maximum **Benefit Period** as shown in **Your Schedule**.

## 6. General Exclusions

No **benefit** will be payable in respect of **Accident** or **Sickness** or **Unemployment** directly or indirectly arising as a result of:

- 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.
- 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;
  - (iii) biological or chemical contamination due to or arising from terrorism.

## 7. Claim Re-Qualification

A **Waiting 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 **Unemployment** or the same **Accident** or **Sickness** and 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 within 30 days of the **Policy Start Date**. In these circumstances **We** will refund all of any **Premium You** have paid provided **You** have not made a claim under this **Policy**.

Thereafter **You** may cancel **Your** cover under this **Policy** by writing to the **Administrator** Trent-Services (Administration) Limited, Trent House, Love Lane, Cirencester, GL7 1XD and quoting **Your Policy** number. **Your** cover will cease on the date **We** receive **Your** request in writing. No refund of **Premium** will be made if **You** cancel **Your** cover under this **Policy** more than 30 days after the **Policy Start Date**.

**We** may cancel **Your Policy** by giving **You** 90 days notice prior to **Your Policy Review Date**. This will not depend on **Your** individual circumstances. This will not affect any rights to **Monthly Benefit** which **You** may have already received under this **Policy**.

## 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 which may necessitate **Us** providing such information to other parties for this purpose. The DPA gives **You** the right to a copy of **Your** personal data held by **Us** upon payment of a fee.

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 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) No alterations, variations or relaxation of any of the terms of this **Policy** can be made except in writing by one or more of **Our** authorised officials and never less than 2 months prior to renewal.
- (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 to the exclusive jurisdiction of the Courts of England and Wales.
- (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) Ltd 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. Further details are available on request. Qudos Insurance A/S are covered under the Forsikrings Garantifond (the Danish compensation scheme) which provides financial compensation in the event of any financial failure of the Insurer.

## 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 **Waiting 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. This should include at least wage slips, termination notice and P45 or, if **Self Employed**, bank statements, invoices and annual accounts, HM Revenue and Customs and National Insurance records, **Doctor** and **Consultant** reports and medical records. Please note that for all **Unemployment** claims **You** will be required to show evidence that **You** are actively seeking **Work**. As evidence **You** will be required to provide at least 10 job applications per month during the **Claim Period**. Failure to do so may result in **You** not receiving **Your Monthly Benefit** under this **Policy**. This will apply irrespective of whether **You** are registered as available for **Work** at a job centre plus or the department of health and social security in Northern Ireland.

**You** will be responsible for providing **Us** with the proof **We** need. Delay in submitting a claim to **Us** may make **Your** claim harder to confirm and lead to delay in making payment or result in the non payment of **Your** claim. **We** may ask **You** to be medically examined at **Our** expense. If **You** do not this **Your** claim could either be stopped or denied.

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 to **Work** due to **Accident**, **Sickness** or **Unemployment**. Benefit will not be paid for any period of **Accident**, **Sickness** or **Unemployment** 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 care about the service **We** provide to **You** and **We** make every effort to maintain the highest possible standards. If **You** have any questions about the **Policy** please ask **Us**. Please have this document available so that **We** can deal with **Your** enquiry speedily.

Although **We** set ourselves high standards, if **We** do not meet **Your** expectations and **You** are dissatisfied in some way **We** would like to know. If **You** follow the guidelines below, **Your** complaint will be dealt with in the most efficient way possible.

Any complaints about this **Policy** or related services should, in the first instance, be made to: Complaints Manager, Trent Services (Administration) Ltd, Trent House, Love Lane, Cirencester, Gloucestershire, GL7 1XD (TELEPHONE 01285 626020) who will respond to any complaint within 10 days.

If **You** remain dissatisfied with **Our** handling of and response to the complaint **You** may be referred to the Danish Insurance Complaints Board, Ankenævnet for Forsikring (the Board) or the UK. Financial Ombudsman Service (FOS), depending on the nature of the complaint and whether it should properly be directed against **Us** or another party.

The Danish Insurance Complaints Board  
Ankenævnet for Forsikring  
Anker Heegaards Gade 2  
Postboks 360  
DK-1572 Copenhagen  
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WEBSITE [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)





**You** have the right to refer **Your** complaint to the FOS, free of charge, but **You** must do so within six months of the **date** of **Our** final response letter.

If **You** do not refer **Your** complaint in time, the Ombudsman will not have **Our** permission to consider **Your** complaint and so will only be able to do so in very limited circumstances. For example, if the Ombudsman believes that the delay was as a result of exceptional circumstances.

In order for the Board to deal with **Your** complaint, **You** will need to agree to their applying the rules of Danish law and practice in the adjudication process. Referring a complaint to the Board or the FOS is an alternative form of dispute resolution. It does not affect **Your** right to take legal action.

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