Free Accidental Death Cover

Arranged by Union Income Benefit Holdings Ltd

Table of Benefits	
ACCIDENTAL DEATH	£5,000

Monthly Insurance Premium

Administrator:

Union Income Benefit Holdings Ltd Email: customercare@uibuk.com

Address: 39/51 Highgate Road, London NW5 1RT

Telephone 0343 178 1255 Mon to Fri 9am to 6pm

FREE where registered with UIB

Claims Department:

Union Income Benefit Email: claims@uibuk.com

Address: 39/51 Highgate Road, London NW5 1RT

Telephone: 0800 014 7024 Mon to Fri 9am to 6pm

Insurer.

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

Demands and Needs

This cover is designed to meet the needs of those who would benefit from a cash pay out to their next of kin, in the event of their accidental death.

Free Accidental Death Cover

Policy Wording

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

1. Definitions

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

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

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

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

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

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

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

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

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

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

Plan - means this Accidental Death Cover.

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

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

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

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

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

political, religious or ideological purposes with the aim of influencing a government and/or causing fear among the public that results directly or indirectly in the release of chemical, radiological, biological or nuclear agents.

Doctor - a qualified UK-registered medical practitioner registered with the General Medical Council, practising in the UK. A **doctor** who confirms

the **accidental death** of an **insured person** cannot be **you**, the **insured person** or a **relative**.

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

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

Plan – means this Accidental Death Cover.

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

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

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

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

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

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

We, us or our means the insurer Stonebridge International Insurance Ltd.

You, your - the Policyholder

2. Eligibility

We will cover you under this contract if you:

- are a **UK Resident**
- are aged between 18 and 69 years inclusive at the start date.

3. Law applicable and language

You and **we** are free to choose the law applicable to the policy. **We** propose to apply the laws of England and Wales and by purchasing this **policy you** have agreed to this. The language used to communicate with **you** will be English.

4. What is covered?

Accidental Death

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

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

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

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

CBRN Terrorism

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

6. When does cover start?

Cover starts from the **start date**. Cover is only valid if **you** are aged between 18 and 69 years inclusive at the **start date**.

7. General conditions

a. When does cover end?

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

- if the **policy** is cancelled by **you** or by **us**
- on **your** death
- when you are no longer a UK resident
- on the end date

whichever occurs first.

b. Cancelling your cover

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

Contact UIB Customer Services

- by email to customercare@uibuk.com
- by telephone on 0343 178 1255 (Mon to Fri 9am 6pm)
- by writing to Customer Services, Union Income Benefit, 39-51 Highgate Road, London NW5 1RT

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

Valid reasons include, but are not limited to:

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

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

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

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

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

before exercising **our** right to cancel the policy.

c. Changing your policy

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

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

If changes become necessary, they will be applied to all **policies** issued under this **plan**. **We** will not make changes which apply only to **your policy** or to **you**. The **administrator** will contact **you** using the contact details they have for **you** with details of any changes at least 30 days before **we** make them. **You** will then have the option to continue with, or to cancel, the **policy**.

d Fraud

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

- make a claim under the **policy** knowing the claim to be false or exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or

 make a claim for any loss or damage caused by your deliberate act or with your agreement.

In these circumstances we:

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

8. How to make a claim

To make a claim under the **policy** please contact **the administrator** - Claims Department, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT

Telephone: 0800 014 7024; Email: claims@uibuk.com

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

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

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

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

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

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

Financial Ombudsman Service, Insurance Division, Exchange Tower, London E14 9SR. Phone: 0800 0234567 or fax: 020 7964 1001.

Email: complaint.info@financial-ombudsman.org.uk

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

FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the firm has given **you** written confirmation that they have been through their full complaints procedure. **You** have six months from the date of the firm's final response in which to refer **your** complaint to the FOS. 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. If **you** bought **your** policy online **you** can use the Online Dispute Resolution platform to submit **your** complaint to FOS

10. Financial Services Compensation Scheme (FSCS)

In the unlikely event **we** are unable to meet **our** liabilities, **you** may be entitled to compensation under the Financial Services Compensation Scheme. Further information can be obtained from the Financial Services Compensation Scheme by visiting their website at www.fscs.org.uk, by contacting them via email on enquiries@fscs.org.uk in writing to PO Box 300, Micheldean, GL17 1DY; or by telephone 0800 678 1100 or 020 7741 4100.

11. Data protection notice

The Personal Information you provide

Stonebridge International Insurance Ltd and Union Income Benefit Holdings Ltd, the **administrator**, are the joint data controllers (as defined in the Data Protection Act 2018 (DPA)) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either party. In this notice, Personal Information is personal data (as defined in the DPA) and means any information that identifies an individual and includes any sensitive personal information (e.g. information about health or medical condition(s)).

Where this notice refers to **you** or **your** Personal Information, this will include any information that identifies another person whose information **you** have provided to **us** or the **administrator**. **We** and the **administrator** will assume that they have appointed **you** to act for them).

You agree to receive on their behalf any data protection notices from **us** or the **administrator**.

Your Personal Information will be used for the purpose of providing insurance services. By providing Personal Information, you consent that your Personal Information, will be used by us, the administrator, our reinsurers, service providers/ business partners, and our agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of our business operations. We or the administrator may also pass your Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires us or the administrator to do so.

We or the administrator may transfer your Personal Information to countries outside the EEA which may not have the same level of data protection as in the United Kingdom, but if this is necessary it will be ensured that appropriate safeguards are in place to protect your Personal Information. If you ask us or the administrator, what Personal Information is held about you it will be provided to you in accordance with applicable law. No fee will be charged for this. Any Personal Information which is found to be incorrect will be corrected promptly. You have the right to withdraw your consent to us or the administrator processing any of your Personal Information at any time, if it is not specifically required for us or the administrator to provide and administer the product or service that you have purchased or registered for.

We and the administrator may monitor and/ or record your communication with us or the administrator, either ourselves or using reputable organisations selected by us, to ensure consistent servicing levels and account operation. We or the administrator will keep information about you only for so long as it is appropriate.

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

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

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

Contact Details:

Union Income Benefit, Data Protection Officer By email: dataprotection@embignell.com By post: Data Protection Team, Embignell Ltd. 39-51 Highgate Road, London NW5 1RT

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

If **we** cannot resolve the complaint to **your** satisfaction, **you** can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations.

Website: www.ico.org.uk By telephone: 0303 123 1113

12. Other important information

Free Accidental Death 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 and complaints.

Free Accidental Death Cover

Insurance Product Information Document Company: Stonebridge International Insurance Ltd.

Product: Free Accidental Death Cover

This insurance product information document does not contain full details and conditions of the insurance. More detailed policy terms and conditions are provided in the Policy Wording and on the Policy Schedule.

Stonebridge International Insurance Ltd is 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.

What is this type of insurance?

The Free Accidental Death Cover pays a cash lump sum if you die as a result of an accident.



What is insured?

✓ Accidental Death:

If during a period of cover you suffer an accident, which results in your death, the following benefit is payable.

Accidental Death: £ 5,000



What is not insured?

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

- x naturally occurring conditions that do not result from an accident
- suicide or attempted suicide or you deliberately injuring yourself
- * taking part in an illegal act
- being under the influence of alcohol or drugs
- chemical, biological, radiological or nuclear terrorism
- ionising radiation or contamination by biological or chemical agents, or radioactivity from nuclear fuel, assembly or machinery
- war or any act of war whether declared or undeclared or by armed forces duty, service or operations
- medical error or negligence
- competing in a race other than on foot or while swimming
- * taking part in hazardous activities
- any flying except commercial air travel as a passenger
- motorcycling as a driver or a passenger



Are there any restrictions on cover?

- ! To be eligible for cover, you must:
 - be a UK resident
 - be aged between 18 and 69 years inclusive at the start date.
- ! Death must occur within 12 months of the accident.



Where am I covered?

- ✓ Anywhere in the world
- ✓ At work
- ✓ At home



What are my obligations?

- You must take reasonable care to ensure that information provided by you is accurate and not misleading.
- You or your legal representative, must not act in a fraudulent manner when making a claim.
- You or your legal representative, must provide the requested validation documents when making a claim.



When and how do I pay?

• This is a FREE insurance product. It also remains free if renewed.



When does the cover start and end?

The start and end date are as shown on your Policy Schedule.

The cover on this policy lasts for 12 months and is annually renewable.



How do I cancel the contract?

If you want to cancel this policy please notify Union Income Benefit on the details below:

Tel: **0343 178 1255** (Mon to Fri 9am to 6pm) Email: customercare@uibuk.com
Post: Customer Services Department, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT