

# Cash Replacement Plan Policy Conditions

## 1. Introduction

Various words and phrases have meanings that are specific to this **policy**. To make this clear, certain words are shown in **bold** and their meaning is explained in section 16 headed Definitions. If **you** read a word or phrase in bold, and are unsure of its exact meaning, please refer to the Definitions section.

The **policy** terms, conditions, limitations and exclusions, **schedule** and any application form used to apply for insurance are **your** insurance **policy**. These documents should all be read together. The documents are important so please keep them in a safe place.

This Cash Replacement Plan provides the **policyholder** with the following **benefits**:

- **Incapacity benefits** for each continuous **day** after the **deferred period** **you** are **incapacitated** due to a **sickness** or a **bodily injury** as a direct result of an **accident**; and (if indicated on the **schedule**);
- **Unemployment benefits** for each continuous **day** after the **deferred period** **you** are no longer in **full-time work** and are registered as being **unemployed**.

We agree to provide the insurance cover described in this **policy** to the **policyholder** provided that the **premium** is paid when it is due and **we** agree to accept it.

**We recommend you review your cover at least on an annual basis to ensure this policy continues to meet your needs.**

## 2. Who can take out this policy

To take out this **policy**, **you** must be:

- Between 18 to 60 (inclusive) years of age at the **start date**; and
- **resident** in the **UK**.

## 3. What is covered

To be eligible for **benefits** payable under this **policy** **you** must follow the claims procedures as detailed in section 6.

### Inc incapacity Benefits

We will pay **you** 1/30<sup>th</sup> of the **incapacity benefit** shown on the **schedule** for each continuous **day** after the **deferred period** that **you** are **incapacitated** due to a **sickness** or a **bodily injury** as a direct result of an **accident**.

### Unemployment Benefit

If indicated on the **schedule**, **we** will pay **you** 1/30th of the **unemployment benefit** shown on the **schedule** for each continuous **day** after the **deferred period** that **you** are **unemployed**.

## 4. Limitations to the cover

### Limitations applicable to all benefits

- The level of **benefits** payable will be that which applies at the date of the **incapacity** or **unemployment**
- The maximum amount payable under this **policy** for all **incapacity** and **unemployment benefits** is £24,000
- You cannot claim for the **incapacity benefit** and **unemployment benefit** at the same time
- **Benefits** paid by us under this **policy** may, in some circumstances, affect **your** entitlement to state benefits.

### Inc incapacity Benefit

- You must be **incapacitated** for the full **deferred period** or more to claim **incapacity benefits**.

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- You are eligible for the **incapacity benefit** if **you** are in **full-time work, part-time work or not working**
- The **incapacity** must be certified by a **doctor**
- All **incapacity benefits** will be paid monthly in arrears and will continue for a maximum of 12 payments for each period of **incapacity** resulting from a specific **sickness or bodily injury**
- The maximum amount payable under this **policy** for a specific **sickness or bodily injury** is £4,800
- We will stop paying **incapacity benefits** under this **policy** for each period of **incapacity** when **you**;
  - have received the maximum of £4,800 for each specific **sickness or bodily injury**;
  - are no longer **incapacitated**;
  - don't provide evidence of **your** continuing **incapacity**; or
  - die
- You must be under the regular care of a **doctor**
- The **doctor** must provide the care within the scope of their licence.
- The **doctor** may not be **you, your** partner or the parent, child, brother or sister of **you or your** partner.

A period of **incapacity** from a specific **sickness or bodily injury** will be treated as a continuous period of **incapacity** if it occurs within 3 months of the end of the previous period of **incapacity** and no further **deferred period** will apply. Otherwise it will be treated as a new **incapacity** and a new **deferred period** will apply.

Any **incapacity** caused from a mental or nervous origin including stress, anxiety or depression will only be covered under the **policy** if certified by and under the continuing care of a consultant psychiatrist

Any **incapacity** caused by backache or related conditions will only be covered under the **policy** if there is supporting radiological evidence of an abnormality

### Unemployment Benefit

- You must have been in **full-time work** for a 6 month consecutive period immediately before the period of **unemployment**.
- You must be paying the appropriate **premium** as indicated on the **schedule** to be eligible for the **unemployment cover**
- You are not eligible for the **unemployment benefit** if **you** are in **part-time work or not working**
- You must be **unemployed** for the full **deferred period** or more to claim **unemployment benefits**.
- The level of **unemployment benefits** payable will be that which applies at the date of the **unemployment**
- All **unemployment benefits** will be paid monthly in arrears and will continue for a maximum of 12 payments for each period of **unemployment**
- The maximum amount payable under this **policy** for each period of **unemployment** is £4,800
- We will stop paying **unemployment benefits** under this **policy** for each period of **unemployment** when **you**;
  - have received the maximum of £4,800 for each period of **unemployment**;
  - are no longer **unemployed**;
  - don't provide evidence of **your** continuing **unemployment**; or
  - die

Two periods of **unemployment** will be treated as one continuous period if they are separated by less than 6 months and no further **deferred period** will apply. Otherwise it will be treated as a new period of **unemployment** and a new **deferred period** will apply.

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Once we have paid the maximum of £4,800 in 12 payments for each period of **unemployment**, no further **benefits** will be paid for **unemployment** until **you** have returned to **full time work** for a 6 month consecutive period.

## Pre-existing conditions

**Pre existing conditions** will not be taken into consideration by **us** in calculating the amount payable for **incapacity** when **you** have not:

- received treatment or advice relating to a **pre existing condition**; or
- experienced symptoms (whether diagnosed or not) relating to a **pre-existing condition** for a continuous period of 2 years at any time after the **start date** of the **policy**

Otherwise, if **you** have:

- received treatment or advice relating to a **pre-existing condition**; or
- experienced symptoms (whether diagnosed or not) relating to a **pre-existing condition**; at any time after the **start date of the policy** then **pre-existing conditions** will be taken into consideration in calculating the amount payable where the **pre-existing condition**:
  - Is a contributing factor to **your incapacity** or
  - increases the length of time you are **incapacitated**.

A medical assessment will be converted into a percentage and applied to the **incapacity benefit** payable. If the calculated percentage is less than 25% **we** will pay the full **incapacity benefit**. If the calculated percentage is 100% **we** will pay no **incapacity benefit**.

**We** will obtain the medical assessment from **your doctor**. If they are unable or unwilling to provide this assessment **we** will obtain an assessment from an independent **doctor**.

## **5. What is not covered**

**We** will not pay the **incapacity benefit** if the **incapacity** is:

- caused by suicide or a self-inflicted injury or any deliberate or reckless act or omission that is expected to cause serious injury or death whether of sound mind or not
- Due to being under the influence of or being affected by alcohol, drugs or medication unless the drugs or medication have been taken in accordance with the manufacturer's instructions or in accordance with a prescription from a registered medical practitioner
- due to a **sickness** caused by alcohol or drug abuse or excessive use of medication
- due to driving or being in control of a vehicle whilst under the influence of, or affected by alcohol and/or with more alcohol in the blood/urine than is allowed in the country in which the **accident** occurs
- as a result of participating in, attempting or acting as an accessory to an unlawful act according to the law of the territory in which the unlawful act occurs
- the result of war (whether declared or undeclared), invasion, military action or civil unrest, or occurs whilst on active armed forces service, training or operations
- the result of failing to seek or acting against medical advice
- due to pregnancy and/or its associated complications, childbirth or complications arising from childbirth;
- due to you working as a motorcycle courier, commercial diver, steeplejack or professional sports person; or engaging in activities aboard oil rigs, cable or pipe laying vessels or on oil rig supply vessels; or engaging in activities aboard cargo or fishing vessels operating outside the North Sea, English or Irish coastal waters; or engaging in mining, tunnelling or demolition work activities

**We** will not pay the **unemployment benefit**:

- if the **unemployment** is the result of **your** misconduct, **your** own willful acts, failure to meet targets or standards laid down by **your** employer or if it is in anyway voluntary
- for periods for which **you** receive payment instead of working a notice period
- if the **unemployment** is directly or indirectly due to:
  - the result of war (whether declared or undeclared), invasion, military action or civil unrest
  - strike or labor dispute;
- if **unemployment** occurs whilst **you** are outside the **UK** for more than 90 consecutive days;

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- if at the date immediately prior to the **unemployment** you were engaged in **work**:-
  - from which **unemployment** is a regular or recurrent feature;
  - under a contract of **employment** or contract for services which required **you** ordinarily to **work** outside the **UK** for more than 12 weeks in every 52 week period preceding the claim;
  - for an apprenticeship or period of training which has now expired.
- if the **unemployment** occurs after **you** have reached the either the normal or statutory pensionable age for the occupation in which **you** were engaged.

## 6. How to make a claim

To make a claim under the **policy** please read this section carefully and follow the steps below.

### **6.1 Claims for Incapacity Benefits**

#### Step 1

- Check the terms and conditions of **your policy** including **your policy schedule** to see if **your** circumstances are covered. In particular please refer to sections 3, 4 and 5 and the definitions in section 16.
- Contact the Customer Service Centre and ask for a claim form.

#### Step 2

- Ask a **doctor** to assess **your incapacity** and complete the **doctors** statement section of the claim form
- Return the completed claim form. This must include any medical reports and/or certificates from the **doctor** and the **doctor's** statement to confirm **your incapacity** and either:
  - (i) confirmation of **your** absence from **your full time work or part time work** by **your** employer; or
  - (ii) confirmation **you** satisfy the **activities of daily work** definition
- Please note that any claim relating to a mental or nervous origin including stress, anxiety or depression (including post natal depression) will need to be certified by and under the continuing care of a consultant psychiatrist
- Please note that any claim relating to backache or related conditions will need to be supported by radiological evidence of an abnormality

#### Step 3

- For the claim to continue after the first month and up to the maximum of 12 payments, **we** will need to receive confirmation from the **doctor** regarding **your ongoing incapacity** and either:
  - (i) **your** inability to carry out **your full time work or part time work**; or
  - (ii) **you** continue to satisfy the **activities of daily work** definition;before **we** make any further **benefit** payments
- **You** may also have to provide **us** with any evidence **we** ask for in order to prove the claim continues to be valid
- **You** must continue to pay **your** monthly **premium** during your claim for **incapacity benefits**. **We** will increase each monthly **incapacity benefit** payment by the amount of your monthly **premium** during your claim
- **Incapacity** claim payments will be paid monthly in arrears on a date chosen by **us**. Where the **benefit** due is for less than 1 month **we** will calculate the **benefit** payable at a rate of 1/30<sup>th</sup> of the monthly **benefit** for each **day of benefit** due

### **6.2 Claims for Unemployment Benefits**

#### Step 1

- Check the terms and conditions of **your policy** including **your schedule** to see if **your** circumstances are covered. In particular please refer to sections 3, 4 and 5 and the definitions in section 16.
- Contact **your** local Jobcentre to arrange an appointment to register as **unemployed**
- Contact the Customer Service Centre and ask for a claim form.

#### Step 2

- Return **your** completed claim form. This must include:
  - Confirmation from **your** employer of the date **your full time work** ended
  - **benefit** award confirmation from the Jobcentre

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## Step 3

- For the claim to continue after the first month and up to the maximum of 12 payments, **we** will need to receive confirmation of **your** continuing **unemployment** before **we** make any further **benefit** payments
- **You** may also have to provide **us** with any evidence **we** ask for in order to prove the claim continues to be valid
- **You** must continue to pay **your** monthly **premium** during your claim for **unemployment benefits**. **We** will increase each monthly **unemployment benefit** payment by the amount of your monthly **premium** during your claim
- **Unemployment** claim payments will be paid monthly in arrears on a date chosen by **us**. Where the **benefit** due is for less than 1 month **we** will calculate the **benefit** payable at a rate of 1/30<sup>th</sup> of the monthly **benefit** for each **day** of **benefit** due

### **6.3 Payment of Claims**

- **We** will contact **you** about **our** decision on **your** claim and if **we** have accepted **your** claim **we** will pay the **benefit** to **you**
- Once **we** agree to pay the claim **we** will pay any cash **benefits** promptly. No interest is payable by **us** on claim settlements

If you, or any other insured person, are making a claim under this policy for an event caused by another person, you must notify us as soon as possible and provide the relevant details of the third party.

If you are pursuing a personal claim for damages against that third party, you must provide us with the full name and address of the solicitor handling the action. We will then contact the solicitor to register our interest and seek to recover our own costs, plus interest, in addition to any damages that you may recover or be awarded. This will not affect the claim process or benefit you receive.

If we choose, we also have the right in your name but at our expense to start legal action against a negligent third party to recover payments made to you under this policy.

If you, or any other insured person, recover from the third party (whether or not through legal action) compensation related to their negligence. You must contact us to ensure our share of costs are repaid.

### **7. When your cover starts**

Cover starts from the **start date**. Any change in cover starts from the **change date**. Both dates are shown on **your schedule**.

### **8. When your cover ends**

All cover under this **policy** automatically ends under the following circumstances, whichever occurs first:

- on **your** death;
- the renewal date after **your** 65<sup>th</sup> birthday;
- if the monthly **premium** is not paid when due;
- if the maximum **incapacity** and **unemployment benefit** of £24,000 has been paid to **you** under this **policy**;
- if the **policy** is cancelled by **you**;
- if the **policy** is cancelled by **us**; or
- **you** cease to be a **UK resident**.

### **9. Period of Insurance and Renewal**

**Your policy** is automatically renewed each complete calendar month after the **policy start date**, provided **you** pay the amount of **premiums** set out on the **schedule** (or at the rate in effect at the time of renewal following prior notification by **us**) by the due date.

If **you** do not pay the **premium** as detailed in section 11 below then **your policy** will not be renewed.

### **10. Paying your premium**

The monthly **premium** for **your** cover is shown on **your policy schedule**. The **premium** includes taxes and surcharges that apply to **you** at the current rate.

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**You** start paying for **your** cover on the **premium due date** shown on **your schedule**; after that **you** pay monthly on the same day each month.

**You** must advise **us** as soon as reasonably possible of any change that means a **partner** or **insured child** is no longer eligible for cover on **your policy** so there is no overpayment of **premium**.

If **you** do not pay the **premium**, **you** have 30 days in which to pay it as long as **you** continue to meet the **policy** conditions. If it is not paid during that period, **your policy** will not be renewed and will automatically be cancelled by **us**. If the **premium** is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

**We** will reinstate **your policy** if **you** request **us** to and **you** pay the **premium** within 30 days after the **policy** has been cancelled by **us**. No insurance cover exists for claims occurring in the time period after the **policy** has been cancelled and before **we** receive **your** request for reinstatement of the **policy**.

**We** reserve the right to make changes to **your premium**.

If **we** have to change **your premium**, **we** will write to **you** at least 30 days in advance of the **premium** changing. If **you** are unhappy with any of the changes, **you** can exercise **your** right to cancel.

**Please note:** *There may be other charges payable by you to your payment provider. Please contact your payment provider direct if you have any queries regarding their charges.*

## 11. When can you cancel

**You** may cancel the **policy** at any time by contacting the Customer Service Centre whose details are shown on **your schedule**.

**You** will continue to be covered by the **policy** up until the next **premium** due date. No further **premiums** will then be due.

## 12. When we can cancel

**We** may cancel the **policy** at any time by giving **you** at least 30 days written notice to **your** last known address in order to give **you** the time or opportunity to arrange replacement cover should **you** so wish.

**We** will set out the reason for cancellation in **our** letter. Valid reasons include but are not limited to:

- non payment of a **premium**;
- where **you** are required, in accordance with the terms of this **policy** to co-operate with **us**, or send **us** information or documentation and **you** fail to do so in a way which materially affects **our** ability to process an alteration or to defend **our** interests. In this case, **we** may issue a cancellation letter and **we** will cancel **your policy** if **you** fail to co-operate with **us** or provide the required information or documentation by the end of the 30 day cancellation period; or
- Where **we** reasonably suspect fraud.

## 13. General Provisions

### 13.1 Review of Policy Conditions

**We** may change the terms and conditions of **your policy**, including the amount of **your premium**, by giving **you** at least 30 days written notice in advance to **your** last known address. If the changes are acceptable to **you**, then this **policy** will continue. **You** will be able to cancel the **policy** if **you** do not accept the revised terms.

If **we** give **you** such notice **we** will explain the reason, for example:

- to respond to changes in the law;
- to meet regulatory requirements;
- to reflect new industry guidance and codes of practice that raise levels of consumer protection;
- to respond to changes in tax rates; or
- to reflect other legitimate cost or **benefit** increases or reductions associated with continuing to provide **you** with the services and **benefits** under **your policy**.

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## 13.2 Currency

All cash **benefits** and **premiums** are payable in Pounds Sterling.

## 13.3 Changes to the name and address of the Policyholder

**You** should inform **Us** about any change to **Your** address and / or name. **We** will continue to communicate with **You** and send notifications to **You** about **Your Policy** to the last known address and name **We** have for **You**. **We** will assume that any communication and / or notification about **Your policy** that is sent to **Your** last known address has been received by **You**.

## 13.4 Incorrect information and fraud

**You** must take reasonable care to provide complete and accurate answers to questions **we** ask when **you** take out, make changes to or make a claim on **your policy**. If **you** are in doubt, please contact **us**.

If the information provided by **you** is not complete and accurate:

- **We** may cancel **your policy** and refuse to pay any claims;
- **We** may not pay the claim in full; or
- The extent of the cover may be affected.

In addition, if **you** commit or attempt to commit any fraud in relation to this **policy** or a claim, this **policy** will become invalid. In this case **you** will lose all rights to any cash **benefits** and to any return of **premiums** **you** have paid.

## 13.5 Applicable law, language and jurisdiction

This **policy** will be governed by English law, and both parties agree to submit to the courts of England and Wales to determine any dispute arising under or in connection with it, unless **you** are **resident** in Scotland, Northern Ireland, the Isle of Man or the Channel Islands, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by both parties.

Unless otherwise agreed, the terms and conditions and other information relating to this **policy** will be in English.

## 13.6 How the Financial Services Compensation Scheme (FSCS) operates

**We** are covered by the Financial Services Compensation Scheme (FSCS) and **you** may be entitled to compensation from the scheme should **we** be unable to meet **our** liabilities to **you**. This depends on the type of business and the circumstances of the claim. Further information about compensation arrangements are available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or by telephoning 0800 678 1100 or 020 7741 4100.

## 13.7 Complaints

**We** aim to provide a good service to **our** customers. However, there may be times when **you** do not feel satisfied with the service **you** have received. If this happens, please help **us** put things right by first contacting **our** Customer Service Centre, whose details are shown on **your schedule**.

**Our** written complaints procedure is available on request.

If, after following the above procedure, **you** consider that **your** complaint has still not been resolved adequately, **you** may be entitled to refer the matter to the Financial Ombudsman Service.

Address:

Financial Ombudsman Service  
Exchange Tower, London E14 9SR

Telephone:

0800 023 4567 (free from landlines) or  
0300 123 9123 (charged at the same rate as 01 or 02 numbers on mobile phone tariffs)

Website:

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

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## 13.8 Policy Duplication

Please note that unless it is agreed between **us**, **you** will only be eligible for insurance cover under one **policy** at any one time.

## 14. Who regulates us

Stonebridge International Insurance Ltd. is an insurance company providing general insurance products. Our registered office is 154 – 160 Fleet Street, Blackfriars, London EC4A 2DQ and our company registration number is 3321734.

Authorised by the Prudential Regulation Authority and regulated by Financial Conduct Authority and Prudential Regulation Authority. **Our** Financial Services Register number is 203188. **You** can check this on the Financial Services Register by visiting the Financial Conduct Authority (FCA) website [www.fca.org.uk/register](http://www.fca.org.uk/register) or by contacting the FCA on: 0800 1116768

## 15. Data Protection

**We** are the data controller of any personal information given to **us** about **you** as the **policyholder** and other individuals listed on the **policy**, quote, or claim (as defined in the Data Protection Act 2018 and any successor regulation (DPA)). It is **your** responsibility to ensure that all named individuals listed on the policy are aware of who **we** are and how their information will be processed.

**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.

**We** retain the personal information for the period necessary to fulfil the purposes set out above and **we** may be required to keep this information after **your** policy has ended for legal, regulatory or tax purposes.

**We** are part of the Embignell Group and **we** may share **your** Personal Information with the Embignell group, reinsurers, business partners and agents to help administer the products and services and to keep **our** regulatory obligations. More information can be found in **our** Privacy Policy which can be viewed online at <http://embignell.com/privacy-policy>

Under Data Protection law, **you** have certain rights **we** need to make **you** aware of. The rights available to **you** depend on **our** reason for processing and retaining **your** information.

**You** have the right to:

- access the personal information **we** hold about **you**, or anyone else on the policy
- correct personal information **you** think is inaccurate or to update information **you** think is incomplete
- have personal information deleted in certain circumstances
- restrict **us** processing personal information, under certain circumstances
- object to **us** processing personal information, under certain circumstances
- making a complaint

If **you** wish to exercise any of **your** rights or for any queries, we have a dedicated Data Protection Officer you can contact.

Contact Details:

By email: [dataprotection@embignell.com](mailto:dataprotection@embignell.com)

By post: Data Protection Team, 154 – 160 Fleet Street, Blackfriars, London EC4A 2DQ.

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

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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

The full Data Protection Notice can be viewed <https://www.stonebridge-insurance.com/data-protection-policy/> or you can request a copy by contacting the Customer Services Team.

## 16. Definitions

Wherever the following words or expressions appear in **your policy**, they have the meaning given here:

**accident** means a sudden, unexpected and unfortunate event that occurs whilst the **policy** is in force and which results directly from external and violent means.

**activities of daily work** are;

(a) **your** inability to perform three (3) or more of the following activities

- **walking** – the ability to walk a distance of 200 meters on a level surface without stopping due to breathlessness, angina or severe discomfort, and without the assistance of another person but including the use of appropriate aids, for example a walking stick
- **climbing** – the ability to walk up and down a flight of 12 stairs with the use of a handrail and taking a rest
- **bending** – the ability to get into or out of a standard saloon car, or the ability to bend or kneel to pick up a teacup (or similar object) from the floor and straighten up again without the assistance of another person but including the use of appropriate aids.
- **communicating** – the ability to:
  - i. clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room, or
  - ii. understand simple messages, or
  - iii. speak with sufficient clarity to be clearly understood.
- **reading** – having eyesight, even after correction by spectacles or contact lenses, sufficient to read a standard daily newspaper or to pass the standard eyesight test for driving. Failure for this activity would include being certified blind or partially sighted by a registered ophthalmologist.
- **dexterity** – the physical ability to use hands and fingers, such as being able to communicate effectively using a pen, pencil or keyboard.
- **responsibility and independence** – the ability to independently make arrangements to see a doctor and take regular medication as prescribed by a medical practitioner, or similarly qualified medical doctor.
- **financial competence** – the ability to recognise the transactional value of money and the handling of routine financial transactions such as paying bills or checking change when shopping.  
or:

(b) **you** have an organic brain disease or brain injury (confirmed by neurological investigation) which has affected **your** ability to reason and understand and has caused deterioration to an extent that **you** can no longer look after **yourself** without the need for continual supervision and assistance of another person or;

(c) **you** have a Severe Mental Illness Classification ICD-10 Code and are under the supervision of the mental health team at its highest level (with or without Supervision Register) or equivalent

**benefit** means the amount the **policyholder** is covered for on the **policy**. The cash **benefit(s)** are shown on the **schedule**.

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**bodily injury** means physical injury to **you** directly caused by an **accident**.

**change date** is the date any change was made to **your policy**.

**contractor** means working, receiving a salary or wages and paying income tax and National Insurance and;

- the contract having been renewed at least once in the last 12 months; or
- a continuous period of 24 months or more with the same employer; or
- having been previously **employed** but have been transferred to a fixed contract of employment with the same employer with no break in **full time work** or **part time work**

**day** means 24 consecutive hours.

**deferred period** means the 30 day period commencing on the first day of **incapacity** or **unemployment** during which **you** must be continuously **incapacitated** or **unemployed** before the **benefit** is paid

**doctor** means a medical practitioner who is duly licensed and legally qualified to diagnose and treat **sickness** and **bodily injuries**.

**employed** means active, permanent **full time work** or **part time work** with no specified end date, being in receipt of a salary or wage with the employer deducting PAYE income tax and National Insurance as applicable in the **UK**

**full time work** means being **employed**, **self employed** or working as a **contractor** for more than 30 hours per week for a period of at least 6 months preceding any **incapacity** or **unemployment**

**incapacity/incapacitated** means suffering a **sickness** or a **bodily injury** as a direct result of an **accident** that;

- if **you** are in **full time work** or **part time work** stops **you** carrying out **your full time work** or **part time work** or;
- if **you** are **not working**, results in **you** satisfying the **activities of daily work** definition

**main residence** means the main address where a person lives and has been selected as their main address and is supported by official records.

**not working** means, immediately before **incapacity**, **you** have either chosen to stay at home and are not doing any other paid or unpaid work or are **unemployed** and therefore not in **full time work** or **part time work** for profit or reward.

**part time work** means being **employed**, **self employed** or working as a **contractor** for less than or equal to 30 hours per week for a period of at least 6 months preceding any **incapacity**

**personal information** means the data supplied by **you**

**policy** means the terms, conditions, limitations and exclusions agreed between **us** to provide **your** insurance cover. The **policy** is made up of the **policy** terms, conditions, limitations and exclusions, the **schedule** and the application form, where applicable. These documents should be read together.

**policyholder** means the person who entered into this contract of insurance and who pays the **premium** and is legally entitled to cancel the **policy** or change the level of cover.

**pre-existing condition** means any **sickness** or **bodily injury** for which the **policyholder**, at any time in the 2 years before the start date of the **policy** has either:

- received medical treatment or advice; or
- has experienced symptoms (whether diagnosed or not).

**premium** means the costs, including taxes and surcharges, that **you** pay each month for **your** cover under this **policy**.

**resident** means having a **main residence** in the **UK**, living in the **UK** for at least 7 months out of

## Cash Replacement Plan Policy Conditions

every 12 month period, and having a valid **UK** bank account or **UK** credit card or payment method as agreed by **us** for payment of **premiums** in the **UK**.

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

**self employment/employed** means working for profit in a profession or business either alone or with others and paying income tax and National Insurance contributions on the basis applicable to the self employed in the **UK**

**sickness** means any illness, disease, naturally occurring condition, degenerative process, medical or mental condition, injury or physical impairment that occurs whilst the **policy** is in force

**start date** means the day, month and year on which **your** cover begins as shown on the **schedule**.

**UK** means the United Kingdom comprising England, Scotland, Wales and Northern Ireland, plus the Isle of Man and the Channel Islands.

**unemployment/unemployed** means:

- having no **full time work**;
- being registered as **unemployed** with a Jobcentre (or any such government office which replaces it) and being available for and actively seeking **full time work**; and
- having signed a Jobseeker's Claimant Commitment (or any such document that replaces it which is a requirement to you being registered as unemployed)

**we, us or our** refers to Stonebridge International Insurance Ltd., the insurer of this **policy**.

**you, your and yours** means the **policyholder**.