Disability Injury Plan Supplemental Policy Conditions

1. Introduction

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

This Disability Injury Plan provides the following **benefits**

- **Incapacity benefits** for each continuous **day** after the **deferred period** that an **insured adult** is **incapacitated** due to a **bodily injury** as a direct result of an **accident** that is certified by a **doctor**.
- A one off **permanent total disability benefit** once the **insured adult** has received at least 12 **incapacity benefit** payments and is certified by a **doctor** as suffering a **permanent total disability**

We agree to provide the insurance cover described in this **supplemental policy** to the **insured adults** 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 supplemental policy continues to meet your needs.

2. Who can take out this policy

To take out this **policy**, **you** and **your partner** (if chosen to be covered) must be:

- Between 18 to 64 (inclusive) years of age at the **start date**;
- **resident** in the **UK**; and
- have an active **accidental death plan policy, accident cash plan policy** or **life protection plan policy** provided by **us**

3. What is covered

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

i. Incapacity Benefit

We will pay the **policyholder** 1/30th of the **incapacity benefit** shown on the **supplemental policy schedule** for each continuous **day** after the **deferred period** that an **insured adult** is **incapacitated.**

ii. Permanent Total Disability Benefit

We will pay the **policyholder** the one-off **permanent total disability benefit** shown on the **supplemental policy schedule** if an **insured adult** is certified by a **doctor** as suffering **permanent total disability** and the **insured adult** has received at least 12 **incapacity benefit** payments

4. Limitations to the cover

Limitations applicable to all benefits

- The **insured adult's incapacity and permanent total disability** must be certified by a doctor
- The **insured adult** 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.
- The level of **incapacity and permanent total disability benefits** payable will be that which applies at the date of the **accident**
- The overall maximum amount that can be claimed in respect of all **benefits** is £74,000 per insured adult.
- **benefits** paid by **us** under this **supplemental policy** may, in some circumstances, affect **your** entitlement to state benefits.

Incapacity Benefit

- The **insured adult** must be **incapacitated** for the full **deferred period** or more to claim incapacity benefits.
- All **incapacity benefit** will be paid monthly in arrears and will continue for a maximum of 12 payments for each period of **incapacity**
- The maximum amount payable under this **supplemental policy** for **incapacity** is
    - £4,800 for each period of **incapacity** resulting from a specific **bodily injury**
    - £24,000 in total for **incapacity** over the life of the **supplemental policy**
- **We** will stop paying **incapacity benefits** under this **supplemental policy** for each period of **incapacity** when the **insured adult**;
    - has received the maximum of £4, 800 for each period of **incapacity** resulting from a specific **bodily injury;**
    - Is no longer **incapacitated**;
    - doesn't provide evidence of their continuing **incapacity**; or
    - dies

A period of **incapacity** resulting from a specific **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 **supplemental 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 **supplemental policy** if there is supporting radiological evidence of an abnormality

Permanent Total Disability Benefit

- The **permanent total disability benefit** will only be paid once the **insured adult** has received the maximum of £4, 800 **incapacity benefits** for a period of **incapacity** resulting from a specific **bodily injury**
- The maximum **benefit** payable under this **supplemental policy** for **permanent total disability** is £50,000

Pre-existing Conditions

We will only pay the **benefit** if the **incapacity** or **permanent total disability** is directly as a result of the **accident**. **Pre-existing conditions** will be taken into consideration in calculating

the amount payable in the following cases:

- where the **pre-existing condition** is a physical or mental impairment and the **accident** increases the level of the physical or mental impairment; or
- the **pre-existing condition** is a contributing factor to the claim;

A medical assessment will be converted into a percentage and applied to the **supplemental policy benefit** payable. If the calculated percentage is less than 25% **we** will pay the full **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 **benefits** if the **incapacity** or **permanent total disability** is:

- due to any illness, disease or infection and the associated medical treatment, unless directly caused by an **accident** due to naturally occurring conditions, degenerative process or medical or mental disorder
- 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 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 **accident** 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

6. How to make a claim

To make a claim under the **supplemental policy** please read this section carefully and follow the steps below. The person who is able to claim on **your supplemental policy** will normally be the **policyholder**, or the appropriate representative of the **policyholder**. Contact details can be found on **your supplemental policy schedule**.

6.1 Claims for Incapacity Benefits

Step 1

- Check the terms and conditions of **your supplemental policy** including **your supplemental policy schedule** to see if the circumstances are covered for the **insured adult**. 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 the **incapacity** of the **insured adult** 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 the **incapacity** of the **insured adult** and either:
    - (i) confirmation of the **insured adult's** absence from their **full time work** or **part time work** from the **insured adult's** employer; or

(ii) confirmation the **insured adult** satisfies 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 the **insured adult's** ongoing **incapacity** and either:
  (i) their Inability to carry out their **full time work** or **part time work**; or
  (ii) they continue to satisfy the **activities of daily work** definition; before **we** make any further **benefit** payments
- The **insured adult** 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 1/30th of the monthly **benefit** for each **day** of **benefit** due

6.2 Claims for Permanent Total Disability Benefits

Step 1

- Check the terms and conditions of **your supplemental policy** including **your supplemental policy schedule** to see if the circumstances are covered for the **insured adult**. In particular please refer to sections 3, 4 and 5 and the definitions in section 16.
- The **insured adult** must have received the maximum of £4, 800 **incapacity benefits** for a period of **incapacity** resulting from a specific **bodily injury** before making a claim for **permanent total disability benefits**
- Contact the Customer Service Centre and ask for a claim form.

Step 2

- Ask a **doctor** to assess the **incapacity** and certify that the **insured adult** has suffered **permanent total disability** and complete the **doctors** statement section of the claim form

6.3 Payment of Incapacity and Permanent Total Disability Claims

- The person who is able to claim on **your supplemental policy** will normally be the **policyholder**, or the appropriate representative of the **policyholder**. Contact details can be found on **your supplemental policy schedule**.
- **We** will contact **you** about **our** decision on **your** claim and if **we** have accepted **your** claim **we** will pay the **benefit** to the **policyholder**, or the appropriate representative of the **policyholder**
- Once **we** agree to pay the claim **we** will pay any cash **benefits** promptly. No interest is payable by **us** on claim settlements

We will pay a percentage of the claim of up to 100% of the benefit, based on the medical advice we receive from an independent registered medical practitioner on the contribution of the accident leading to the claim event.

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 supplemental policy schedule**.

8. When your cover ends

Cover under this **supplemental policy** automatically ends under the following circumstances, whichever occurs first:

- on **your** death;
- the renewal date after **your** 65th birthday;
- if the monthly **premium** is not paid when due;
- if the maximum **benefit** of £24,000 for **incapacity** has been paid to **you** under this **supplemental policy** as detailed in Section 4 Limitations to the cover;
- if the **permanent total disability benefit** of £50,000 has been paid to **you** under this **supplemental policy** as detailed in Section 4 Limitations to the cover;
- if the **supplemental policy** is cancelled by **you;**
- if the **supplemental policy** is cancelled by **us**;
- if your **accidental death plan policy**, **accident cash plan** policy or **life protection plan policy** is cancelled by **you;**
- if your **accidental death plan policy**, **accident cash plan** policy or **life protection plan policy** is cancelled by **us**; or
- **you** cease to be a **UK resident.**

If **your supplemental policy** includes cover for your **partner**, **your partner** will cease to be covered:

- when they no longer meet the description in section 16 headed Definitions;
- if the maximum **benefit** of £24,000 for **incapacity** has been paid to **your partner** under this **supplemental policy** as detailed in Section 4 Limitations to the cover;
- if the **permanent total disability benefit** of £50,000 has been paid to **your partner** under this **supplemental policy** as detailed in Section 4 Limitations to the cover;
- on the renewal after their 65th birthday

9. Period of Insurance and Renewal

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

- continue to have an active **accidental death plan**, **accident cash plan policy** or **life protection plan policy** with **us**

If **you** do not pay the **premium** as detailed in section 10 below then **your supplemental policy** will not be renewed.

If you cancel your **accidental death plan policy**, **accident cash plan** policy or **life protection plan policy** then your Disability Injury **supplemental policy** will not be renewed.

10. Paying your premium

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

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

The **premium due date** for your **supplemental policy** must be the same as the **premium due date** for your **accidental death plan policy**, **accident cash plan policy** or **life protection plan policy** and **premium** must be paid using the same payment method

You must advise **us** as soon as reasonably possible of any change that means a **partner** is no longer eligible for cover on **your supplemental 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 **supplemental policy** conditions. If it is not paid during that period, **your supplemental 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 supplemental policy** if **you** request **us** to and **you** pay the **premium** within 30 days after the **supplemental policy** has been cancelled by **us**. No insurance cover exists for claims occurring in the time period after the **supplemental policy** has been cancelled and before **we** receive **your** request for reinstatement of the **supplemental 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 **supplemental policy** at any time by contacting the Customer Service Centre whose details are shown on **your supplemental policy schedule**.

If **you** cancel at any other time no refund of any part of **your premium** will be made. **You** will continue to be covered by the **supplemental policy** up until the next **premium** due date. No further **premiums** will then be due.

12. When we can cancel

We may cancel the **supplemental 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 **supplemental 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 supplemental 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 supplemental 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 **supplemental policy** will continue. **You** will be able to cancel the **supplemental 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 supplemental policy**.

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 supplemental policy** to the last known address and name **we** have for **you**. **We** will assume that any communication and / or notification about **your supplemental 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 supplemental policy**. If **you** are in doubt, please contact **us**.

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

- **We** may cancel **your supplemental 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** or anyone insured under this **supplemental policy** commits or attempts to commit any fraud in relation to this **supplemental policy** or a claim, this **supplemental policy**

will become invalid. In this case **you** and anyone insured under this **supplemental policy** 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 **supplemental 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 **supplemental 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 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 supplemental policy 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

13.8 Supplemental Policy Duplication

Please note that unless it is agreed between **us, you** will only be eligible for insurance cover under one **supplemental 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 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
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 individuals under current Data Protection regulations.

Website: 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 online 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 supplemental policy**, they have the meaning given here:

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

Accidental death plan policy, **accident cash plan policy** or **life protection plan policy** means the original insurance policy held by **you** and provided by **us** that this Disability Injury Plan **supplemental policy** is attached to activities of daily work are;
(a) the inability of an **insured adult** to perform three (3) or more of the following activities

- **walking** – the ability to walk a distance of 200 metres 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) the **insured adult** has a brain injury (as confirmed by neurological investigation) which has affected their ability to reason and understand and has caused deterioration to an extent that they can no longer look after themselves without the need for continual supervision and assistance of another person;

Benefit means the amount the **insured adult** is covered for on the **supplemental policy**. The cash **benefit**(s) are shown on the **supplemental policy schedule**.

Bodily injury means physical injury to an **insured adult** directly caused by an **accident.**

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** during which the **insured adult** must be continuously **incapacitated** before the **benefit** is paid.

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

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

- for an **insured adult** that is in **full time work** or **part time work** stops the **insured adult** carrying out their **full time work** or **part time work**; or
- for an **insured adult** that is **not working**, results in the **insured adult** satisfying the **activities of daily work** definition

Insured adult is the **policyholder** and the **partner** of the **policyholder,** if cover for **partner** has been selected and the appropriate **premium** has been paid.

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 an **insured adult** who immediately before **incapacity** has either chosen to stay at home and who is not doing any other paid or unpaid work or is 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.**

Partner means the person aged between 18 and 64 at the **supplemental policy start date,** and whose **main residence** is the same as **yours**, is either married to **you**, has a civil partnership with **you,** or has been living with **you** as a couple at the same address for 12 consecutive months.

Permanent total disability means the **insured adult** is **incapacitated**, they cannot gain work in any occupation for which they are suited by way of training, education or employment and the **incapacity** will in all probability continue for the rest of their life.

Personal information means the data supplied by **you** and other individuals listed on the supplemental policy.

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

Pre-existing condition means any disease, illness, sickness, naturally occurring condition, degenerative process, medical or mental condition, injury or physical impairment, for which the **insured adult** at any time in the 2 years before the date of the **accident** has either:

(a) received medical treatment or advice; or
(b) 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 **supplemental policy**.

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

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.**

Supplemental policy means the **supplemental policy** terms, conditions, limitations and exclusions, the **supplemental policy schedule** and the application form, where applicable. The **benefits** provided by this Disability Injury Plan, and shown on the **supplemental policy schedule**, are in addition to the **benefits We** provide under your **accidental death plan policy, accident cash plan policy** or **life protection plan policy.** All of the documents should be read together.

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

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

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

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

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

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