

Policy Document

Introduction to the policy

This introduction, the definitions and any conditions or exclusions apply to the whole policy unless otherwise stated. Throughout this policy document **We** use certain words that have special meanings. These words are highlighted in **bold** and start with a Capital Letter. To find out what they mean **You** can find them in the Definitions section of the policy on the back page of this document.

Please read these terms and conditions carefully. **We** have tried to explain the plan as simply as possible. If there is anything **You** do not understand, please phone the 'Peace of Mind' helpline on **01-830 0800**.

The 'Peace of Mind' plan covers **Customers** and their **Partners** aged 18 and over who have bought items on credit using their Oxendale & Company Limited account and have elected to take out the cover provided by the Peace of Mind Plan. Once a **Customer** reaches 80 years of age cover will end and they will only be eligible for Product Protection PLUS.

If **You** choose the 'Peace of Mind' plan, **We** will cover **Your** balance or repayments against death, **Accident or Sickness, Unemployment** or diagnosis of a **Critical Illness** as set out below. In addition to **Your** balance or repayments being covered additional Accidental Death cover is provided. There is also **Hospitalisation** cover which includes **Pet-Sitting Fees** for **Your Pets** whilst **You** are **Hospitalised** if **You** are not eligible for **Accident or Sickness** or **Unemployment** cover.

We will also cover **Your** purchases made from **Your** Oxendale & Company Limited account against theft or accidental damage within five years from the date **You** bought them.

The insurance lasts for periods of 28 days at a time, and will automatically renew at the end of each 28-day period unless one of the criteria set out under "**Ending your cover**" is met or **You** give **Us** notice to cancel this policy.

Unemployment Cover Eligibility

To be eligible for **Unemployment** cover, **You** must have been **Employed** for at least six months immediately before the start of the policy, and in **Work** for at least 16 hours per week. If **You** know **You** will become **Unemployed** before **You** take out the policy, **We** will not pay any claim for **Unemployment**. **Unemployment** cover is not available for customers over 65 years of age.

Pre-existing Conditions

We will not pay any claim for death, **Accident or Sickness, Critical illness Unemployment, Hospitalisation** or **Pet** care that relates to a condition that existed within the six months immediately before the policy **Start Date**. If **You** have not received treatment, advice or been referred for investigation relating to a pre-existing condition for a period of 24 months after the **Start Date** then any pre-existing exclusions will not apply. For exact conditions relating to these pre-existing conditions **You** must refer to Section 1. B. and look at points 1a and 3a.

Ending your cover

If **You** decide for any reason not to proceed with this insurance within 84 days of the **Start Date**, **We** will cancel the policy from the **Start Date**. **You** will not have to pay any fees. This 84 day period includes the statutory 30 day cancellation period.

You may cancel this policy at any other time by writing to the address below. **You** may not receive a refund of premium.

If **You** do not cancel within this 84 day period the premium becomes due and the policy may run for its full term.

Please write to: Peace of Mind Plan Cancellations, Oxendale & Company Limited, Woodford Business Park, Santry, Dublin 17.

Alternatively telephone 01-830 0800

We may cancel **Your** policy, as long as **We** give **You** 30 days' written notice or if **You** have not paid **Your** premiums for three months.

We will provide cover until one of the following happens:

- A. Oxendale & Company Limited has given **You** written notice that they will cancel **Your** cover.
- B. For **Unemployment** when **You** reach 65 years of age or take early retirement
- C. For **Accident or Sickness** when **you** reach 70 years of age.
- D. **You** reach 80 years of age.
- E. When the **Customer** dies.
- F. **Your** balance is paid in full (this does not apply to Purchase Protection cover, Accidental Death benefit or where a claim has been paid that has settled any **Outstanding Balance**).

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Section 1 - Payment Protection Insurance

A. What you are covered for

Accidental Death

If **You** die as the result of **Bodily Injury** and the **Bodily Injury** is the sole cause of death **We** will pay €7,000 on top of any other death **Benefit** **You** may be entitled to under this or any other policy.

Life

If **You** die during the **Cover Period**, **We** will pay the **Outstanding Balance** (up to €7,000).

Critical Illness Benefit

We will pay the **Outstanding Balance** if **You** are diagnosed as suffering from a **Critical Illness** during the **Cover Period** and **You** survive beyond the **Survival Period** subject to a maximum of €7,000.

Once **You** have made a successful claim **You** cannot claim for the same **critical illness** if it reoccurs within a two year period

Accident or Sickness

If **You** are **Working** and suffer an **Accident or Sickness** during the **Cover Period** for 28 days in a row and it is the only reason for **You** not being able to **Work**, **We** will pay the **Benefit**. **We** will continue to pay the **Benefit** for each period of 28 days in a row **You** are still unable to **Work** during the **Cover Period** until the **Outstanding Balance** is paid off.

Unemployment

If **You** become **Unemployed** during the **Cover Period** for 28 days in a row, **We** will pay the **Benefit**. **We** will continue to pay the **Benefit** for each period of 28 days in a row **You** are still **Unemployed** during the **Cover Period** until the **Outstanding Balance** is paid off.
If **You** are **Employed** for less than three calendar months in a row, between two periods of **Unemployment** during the **Cover Period**, **We** will treat this as one continuous period of **Unemployment**. **We** will not pay for the time **You** were **Employed** between the two periods. **You** must go back to regular full-time **Employment** for at least six calendar months in a row after the end of this period before **You** can make another **Unemployment** claim.

Hospitalisation

If **You** are not eligible to receive the protection **We** offer under the **Accident or Sickness** or **Unemployment** cover sections of the policy and go into **Hospital** for a minimum of 14 days in a row, **We** will pay an amount equivalent to twice the **Outstanding Balance** (up to €7,000).

Pet Care

If **You** make a valid claim under the **Hospitalization** section of this policy then **We** will pay up to €350 per incident in total, towards **Pet-Sitting Fees** for all **Your Pets**.

B. What You are not covered for

Note - You cannot claim more than one benefit at any one time or more than once covering the same period of time or circumstances.

1. **We** will not provide cover for any death, **Accident or Sickness, Critical Illness, Hospitalisation or Unemployment** that is caused by:
 - a. any medical condition, disease, injury or symptom, weather diagnosed or not, which **You** received treatment or advice for, or were referred for an investigation for, during the six months before the **Start Date**; (a Pre-Existing Condition)
 - b. suicide, self-inflicted injury, alcohol abuse or using drugs (unless a **Doctor** has prescribed drugs for a condition other than alcohol or drug addiction);
 - c. psychiatric illness or mental or nervous disorder, including stress and stress-related conditions (unless the illness, disorder or condition has been investigated and diagnosed by a consultant psychiatrist);
 - d. **Normal Pregnancy**, unless there is a complication which is diagnosed by a consultant who is a member of the Royal College of Obstetricians, a member of the Royal College of Physicians of Ireland in obstetrics and Gynaecology or a **Doctor** who specialises in obstetrics (childbirth). (The complication must last for more than 14 days and is not excluded anywhere else in the policy);
 - e. backache and any related condition (unless there is X-ray/MRI medical evidence that there is an abnormality);
 - f. war, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
2. **You** will not receive **Benefit** for an **Accident or Sickness**
 - a. for any period before **You** consulted a **Doctor**;
 - b. if it is due to cosmetic or beauty treatment or surgery **You** have chosen to have unless as a direct result of an **Accident or Sickness** or injury.
3. **We** will not pay any **Benefits** for **Your Critical Illness**:
 - a. if **You** have suffered from the **Critical Illness** during the six months prior to the **Start Date**; (a Pre-Existing Condition)
 - b. due to **Your** unreasonable failure to seek or follow medical advice;
 - c. if it is due to alcohol, drug or solvent abuse;
 - d. if **You** die within 28 consecutive days of the **Notification Date**. (In this case Life benefit will be payable).
4. **You** will not receive **Benefit** for **Unemployment**:
 - a. if the period of **Unemployment** is normal in **Your** job or **You** took voluntary redundancy (other than in respect of lay-off or short time under Sections 11 and 12 of the Redundancy Payment Act 1967 amended) or **You** resigned;
 - b. if **You** reach 65, take early retirement, are dismissed because of **Your** misconduct, broke a contract or took part in industrial action;
 - c. if **You** become **Unemployed** while **You** are on a temporary or fixed term contract or the contract ends;
 - d. unless **You** were in **Employment** for six months immediately before **You** became **Unemployed**;
 - e. after the end of any fixed-term contract (unless **You** have been continuously **Employed** and paid by the same employer for at least two years in a row and **Your** fixed-term contract has been renewed at least once during that period);
 - f. if **Your** fixed-term contract ends within 180 days of the **Start Date**; and
 - g. for any period that **You** are entitled to, or have received, payment in lieu of **Working Your** notice, or for any period of short time **Working**.
5. **We** will not cover you for **Hospitalisation** if **You** are working more than 16 hours per week and have been doing so for 6 months prior to the **Start Date** as **You** will qualify for other benefits under the policy

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C. How to claim (for payment protection cover)

1. If **You** want to claim, please write to Oxendale & Company at: Customer Services, Oxendale & Company Limited, Woodford Business Park, Santry, Dublin 17. Alternatively telephone 01-830 0800. **You** will need to quote **Your** name and account number.
2. They will send **You** a claim form which **You**, or **Your** legal representative, must fill in and return within 180 days of **Your** death, **Accident or Sickness, Critical Illness, Unemployment or Hospitalisation** or as soon as possible after this.
3. As soon as possible after any accident, sickness or disease which may lead to a claim for **Accident or Sickness, Critical Illness** or going into **Hospital**, **You** must consult a **Doctor** and follow his or her advice.
4. **You**, or **Your** legal representative, must give **Us**, at **Your** own cost, any information that **We** may need to support **Your** claim. **We** may also ask **You** to have an independent medical examination by a **Doctor** of **Our** choice. **We** will pay for this.
5. **We** will pay the **Benefits** to Oxendale & Company Limited which will apply them to **Your** account. Oxendale & Company Limited is not responsible for any claim which **We** do not accept as they are not party to the contract of insurance.

Section 2 - Purchase Protection Insurance

A. What you are covered for

The 'Peace of Mind' plan covers **Your** purchases from Oxendale & Company Limited for five years from the date **You** bought them. Anything **You** buy (other than mobile phones or other mobile communications equipment) will be covered for costs incurred or damage that is caused by:

1. fire, smoke, explosion, lightning and earthquake;
2. malicious acts and vandalism;
3. storms, floods and water escaping from any plumbed-in or fixed domestic appliance or water-heating system;
4. oil leaking from any fixed oil-fired central-heating system;
5. vehicles or animals hitting **Your** property;
6. theft or attempted theft (but not including any costs or damage that happened during any period that **You** let or sublet all or part of **Your** home); or
7. accidental damage.

B. What you are not covered for

We will not pay any claims for costs or damage:

1. caused by wear and tear, atmospheric conditions, sunlight, a gradual cause, cleaning or restoring, maintenance, repair or dismantling, or electrical or mechanical breakdown; or
2. to any article that is caused by moving house.
3. caused by misplacing a purchase

C. Special Conditions applying to Section 2

1. **We** will repair or replace the item that has been stolen or damaged. If **We** cannot replace the item, Oxendale & Company Limited will take the original purchase price off **Your** account.
2. Under the 'Peace of Mind' plan **you** will be covered for five years from the date **You** bought the item, as long as **You** always own it and **Your Agreement** is still in force when the item is stolen or damaged.
3. If an item that is part of a pair or set is stolen or damaged, **We** will only pay to replace or repair that item as if it were a single item.
4. The cover does not insure the sentimental value of any item.
5. If, on the date the item is damaged, there is any other insurance covering the same damage, **We** will only have to pay **Our** part of the claim.
6. Under this insurance, **You** must take all reasonable care to protect **Your** purchase against costs or damage.
7. The most **We** will pay for any one claim is €2,800. The lowest value of any one claim is €8.

D. How to claim (for purchase protection cover)

1. **You** should send notice of any claim to Administration Services at: Oxendale & Company Limited, Woodford Business Park, Santry, Dublin 17 within 15 days of the date the item was damaged. Alternatively telephone 01-830 0800 and ask for a Purchase Protection Claim Form (PO02) to be sent to **You**. **You** will need to quote **Your** name and account number. **You** will be sent a claim form for completion.
2. **You** must send the filled-in claim form, together with evidence and proof of the damage, to Administration Services at Allianz House, 6 Vale Avenue, Tunbridge Wells, Kent, TN1 1EH within 45 days of the damage occurring, or as soon as is reasonably possible.
3. If the loss or damage is caused by theft, a malicious act or vandals, **You** must tell the Garda within 24 hours of discovering the loss or damage and get a crime reference number.

General Conditions applying to the whole policy

1. Unless **We** agree otherwise:
 - a. the language of the policy and all communications relating to it will be English; and
 - b. all aspects of the policy, including negotiation and performance, are subject to English law and the decisions of English courts.
2. **You** must continue to pay premiums during a claim otherwise **We** will not pay **You** any **Benefits**.
3. The premium that **You** pay every 28 days includes applicable tax at the current rate. If the rate changes, **We** may change **Your** premium automatically without giving **You** notice.
4. **We** may change the premium or the terms and conditions of **Your** policy as long as **We** give **You** 21 days' written notice.

General Information:

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Contact Details:

For general questions concerning the plan - call the 'Peace of Mind' helpline on 01-830 0800.

For: Payment Protection claims:

Once **Your** claim is in progress, it will be administered by Direct Group (**Our** claims administrator) whose fully trained staff are able to help **You**:

Direct Group Ltd,
Direct House,
White Rose Way,
Doncaster,
DN4 5NU
United Kingdom
Telephone: +44 1302 380422

For: Purchase Protection claims:

Allianz Schemes,
Allianz House,
6 Vale Avenue,
Tunbridge Wells,
Kent,
TN1 1EH
United Kingdom
Telephone: +44 870 160 3109

Complaints Procedure

Sales - Oxendale & Company Limited

If **You** have a complaint about the way in which the policy was sold please contact Oxendale & Company Limited at the address given below, quoting **Your** account number.

Compliance Manager, Oxendale & Company Limited. Woodford Business Park, Santry, Dublin 17

Alternatively telephone 01-830 0800

They will always confirm to **You** the receipt of **Your** complaint within five working days and do their best to resolve the problem within four weeks. If they cannot they will let **You** know when an answer may be expected.

If they have not resolved the problem within eight weeks **You** also have a right to refer **Your** complaint to the Financial Ombudsman Service.

Non - Sales - Allianz Insurance plc (all covers excluding life)

Our aim is to get it right, first time, every time. If **We** make a mistake **We** will try to put it right promptly.

Please contact us at:

Customer Satisfaction Manager,
Allianz Schemes,
Allianz House,
6 Vale Avenue,
Tunbridge Wells,
Kent TN1 1EH
United Kingdom
Telephone: +44 1483 260758 Fax: +44 1892 517994
Email: schemesdsm@allianz.co.uk

We will always confirm to **You** the receipt of **Your** complaint within five working days and do **Our** best to resolve the problem within four weeks. If **We** cannot **We** will let you know when an answer may be expected.

If **We** have not sorted out the situation within eight weeks **We** will provide **You** with information about the Financial Ombudsman Service.

Using the complaints procedure or referral to the Financial Ombudsman Service does not affect Your legal rights.

Non-Sales - The Prudential Assurance Company Limited (life cover only not for Accidental Death cover)

Even in the best organisation, mistakes can occasionally happen or expectations may not always be met. It is only when **You** take the trouble to tell **Us** about these things that **We** can try and put things right and make improvements for the future.

If **You** have a complaint about any aspect of the service **You** have received please contact **Us** at:

Customer Relations Unit
Prudential
Stirling
FK9 4UE
United Kingdom
Telephone +44 845 640 2000

Copies of **Our** Complaint Handling Procedures are available from the address or telephone number shown above. **We** will always try to reach an agreeable solution with **Our** customers but appreciate there may be occasions when this is not possible. If **You** remain dissatisfied, **You** can refer **Your** complaint to the Financial Ombudsman Service.

If **You** decide to approach an independent complaints authority, **Your** legal rights will not be affected if **You** then decide not to accept their findings.

Data Protection Notification

The details **You** supply will be stored and used by Oxendale & Company Limited, Allianz Insurance plc, The Prudential Assurance Company Limited and their agents to administer **Your** insurance cover. **Your** details may be transferred outside of the European Economic Area. They will at all times be held securely and handled with the utmost care in accordance with all the principles of English law. In the event of a claim **We** may exchange **Your** details with other insurers through various databases to help **Us** check information provided and also to prevent fraudulent claims.

Your details will not be kept for longer than necessary.

Notice to Customers

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You are advised that any telephone calls made to **Our** Administration and Claims Handling Units are recorded. These recordings may be used to monitor the accuracy of information provided by customers and **Our** own staff. They may also be used to allow additional training to be provided to **Our** staff or to prove that **Our** procedures comply with legal requirements. **Our** staff are aware that conversations are monitored and recorded.

Fraud

If **You** or anyone acting on **Your** behalf makes any false or fraudulent claim or supports a claim by false or fraudulent document, device or statement, this policy shall be void and **You** will forfeit all rights under the policy. In such circumstances, **We** will retain the right to keep the premium and to recover any sums paid by way of **Benefit** under the policy.

If **We** receive a claim under **Your** policy **We** may ask **You** and any person covered under the policy to give written consent, during the claims process, for **Us** to obtain specified information and material from the police to exchange information and material with them. The purpose of these measures is to help **Us** verify claims and to guard against fraud. If **You** or a covered person gives such consent, **You** or the covered person will be given the opportunity to receive a copy of the information and the material the police release to **Us**. Should **You** or any covered person decline to give such consent **We** may in turn decline to settle the claim without the required information and material. **We** will not normally release information or material about a covered person to **You** without their consent.

Financial Services Compensation Scheme

You may be entitled to compensation from the Financial Services Compensation Scheme (FSCS), if **We** cannot meet **Our** liabilities under this policy. The level of compensation provided by the FSCS is that the first €2,800 of a claim or policy is protected in full, above this threshold, 90% of the rest of the claim or value of unused premiums will be met. Further information is available from the FSCS on +44 207 892 7300 or at enquiries@fscs.org.uk

This insurance (other than Section 1A - Payment Protection Insurance - Life cover) is underwritten by Allianz Insurance plc

Allianz Insurance plc is Registered in England No. 84638
Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB United Kingdom.

Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). **Our** authorisation can be confirmed by the FSA by calling +44 845 606 1234 or at www.fsa.gov.uk. **Our** FSA registration number is 121849. (ACS1529)

The Life cover (Section 1A - Payment Protection – not including Accidental Death) is underwritten by The Prudential Assurance Company Limited.

The Prudential Assurance Company Limited is Registered in England No. 15454.
Registered Office: Laurence Pountney Hill, London EC4R 0HH United Kingdom.

The Prudential Assurance Company Limited is authorised and regulated by the Financial Services Authority (FSA). Their authorisation can be confirmed by the FSA by calling 0845 606 1234 or at www.fsa.gov.uk. Their FSA registration number is 139793.

Copies of this document are available in Braille, Audio cassette or Large Print on request.

Definitions - The terms defined below have the same meaning wherever they appear in **bold** and Capital Letters in this policy.

Accident or Sickness - **You** cannot **Work** on the advice of a **Doctor** for a period lasting at least 28 consecutive days and need continuous treatment by a **Doctor** for:

- a. sickness or disease that is diagnosed during the **Cover Period**; or
- b. **Bodily Injury** that happens during the **Cover Period**.

Agreement - the credit **Agreement** between **You** and Oxendale & Company Limited.

Benefit - the amount **You** are required to pay under the **Agreement** every 28 days up to a maximum sum of €700 in any 28 day period.

Bodily injury - a physical injury to **You** as a direct result of violent, visible, external and accidental means that happens during the **Cover Period** (including physical injury occurring as a direct result of exposure to the natural elements).

Claim Date means;

- a. for a life or accidental death claim the date of **Your** death;
- b. for an **Unemployment** claim the date **You** stop **Working**;
- c. for an **Accident** or **Sickness** claim the date **You** are certified as unfit for **Work** by a **Doctor**.
- d. for a **Critical Illness** claim the **Notification Date**.
- e. For a **Hospitalisation** or **Pet** care claim the date **You** are admitted to **Hospital** for a continuous period of 14 days or more.

Cover Period - the period **You** have paid the insurance premium for, beginning on the **Start Date** and ending 30 days after the date Oxendale & Company Limited gives **You** notice of cancellation or on the date **You** give notice of cancellation, whichever occurs first.

Critical Illness - **we** cover only the following conditions:

Cancer - any malignant tumour characterised by the uncontrolled growth

Hospital - an establishment that has accommodation for patients, facilities for diagnosing conditions and carrying out major surgery and which provides 24-hour nursing services. It does not include convalescent, nursing or rest homes or convalescent, nursing or rest sections of a **Hospital**.

Hospitalisation - when **You** are kept in a **Hospital** for a minimum of 14 days in a row.

Normal pregnancy

- a. Symptoms which normally accompany pregnancy (including multiple pregnancy) and which are generally minor or temporary, such as morning sickness and tiredness, which will not put the mother or baby in danger.
- b. Childbirth, including Caesarean section or any other medically or surgically assisted delivery which does not cause medical complications.

Notification Date - the date **You** were informed, whether in writing or verbally, of **Your** diagnosis of a **Critical Illness** by a **Doctor**.

Outstanding Balance

- a. For a **Hospitalisation** or death claim, the amount **You** owe under the **Agreement** on the date **You** went into **Hospital** or died.
- b. For an **Accident** or **Sickness** or **Unemployment** claim, the amount **You** owe under the **Agreement** on the day immediately before the **Claim Date**.
- c. For a **Critical Illness** claim, the amount **You** owe under the **Agreement** on the **Notification Date**.

Partner - **Your** spouse, common law spouse, civil partner or anyone who is regarded as permanently living with **You** as husband or wife including same sex partner and registered on the Electoral Roll at that address.

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and spread of malignant cells and invasion of tissue. The term cancer includes leukaemia and Hodgkin's disease, but the following are excluded:

- All tumours that are histologically described as pre malignant, as non-invasive or as cancer in situ;
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least TNM classification T2N0M0;
- All forms of lymphoma in the presence of any Human Immunodeficiency Virus;
- Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus; and
- Any skin cancer other than invasive malignant melanoma.

Coronary artery by-pass surgery - the undergoing of open heart surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts but excluding balloon angioplasty, laser relief or any other procedures.

Heart attack - the death of a portion of heart muscle as a result of inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- typical chest pain;
- new characteristic electrocardiograph changes; and
- the characteristic rise of cardiac enzymes, troponins or other biochemical markers;

where all of the above shows a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina, are not covered under this definition.

Kidney failure - end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which either regular renal dialysis or renal transplant is initiated.

Major organ transplant - the actual undergoing as a recipient of, or inclusion on an official **UK** waiting list for, a transplant of a heart, liver, lung, pancreas or bone marrow.

Multiple sclerosis – A definite diagnosis by a Consultant Neurologist of **Multiple Sclerosis** which satisfies all of the following criteria:

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- The diagnosis must be confirmed by diagnostic techniques current at the time of the claim.

Stroke - any cerebrovascular incident resulting in permanent neurological damage. Transient ischaemic attacks are specifically excluded.

Customer - a person who has a credit **Agreement** with Oxendale & Company Limited.

Doctor - a registered medical practitioner, other than **You**, a member of **Your** family or **Your Partner** or employer.

Employment or Employed - **You** are **Working** or **You** are **Self-employed** or **You** are on maternity leave.

Pet(s) – domestic cats, dogs and/ or caged birds.

Pet-Sitting Fees – a €7 daily allowance for all **Pets**, regardless of number, paid to a pet-care service, including catteries and kennels, non-resident family member or friend for taking care of **Your Pet(s)**.

Self-employed - **You** are running a business, either alone or as a partner, or **You**, alone or with others, are controlling a company or **Working** for a company and **You** are connected in any way with a person who has control over the company.

Sickness or Sick - inability to work on the advice of a **Doctor** for a period lasting at least 28 consecutive days.

Start Date - the date **We** first accept **You** for insurance cover.

Survival Period - a period of 28 consecutive days commencing the day after the **Notification Date**.

UK – England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands

Unemployed or Unemployment - **You** cannot **Work** because of the following:

a. If **You** were **Employed**:

- i. **Your** employer is insolvent; or
- ii. **You** have been made redundant;
- iii. **You** have claimed voluntary redundancy in respect of lay-off or short time under Sections 11 and 12 of the Redundancy Payment Act 1967 as amended.

b. If **You** were **Self-employed** **Your** business has failed.

You are not covered if **Your** business stops trading for a short period or if **You** are **Unemployed** because there is not enough **Work** other than:

- i. where **You** have permanently ceased trading as there was not enough **Work** to meet reasonable business and living expenses and
- ii. **You** have declared this to the Revenue Commissioners.

You must give **Us** evidence that the company has failed if **We** ask for it. Whether **You** were **Employed** or **Self-employed**, **You** must be registered as **unemployed** at the Department of Social Welfare or appropriate Government Department and be available for, and actively looking for, **Work**.

We, Us or Our - Allianz Insurance plc or The Prudential Assurance Company Limited

Work or Working - **Your** normal paid **Work**, for 16 hours or more a week, up to the time of **Accident or Sickness** or **Unemployment** or any other paid **Work** which **You** could do because of **Your** training, education and ability.

You or Your - the insured person named in the **Agreement** or the **Partner** of that person.