



Hospital Cash Plan Policy Document

Contents

- Section 1 – Introduction.....3
- Section 2 – Scope of insurance.....3
- Section 3 – Definitions.....3
- Section 4 – Table of benefits7
- Section 5 – What is not covered.....8
- Section 6 – Benefit limitations9
- Section 7 – Existing medical conditions.....9
- Section 8 – Non-specified injuries 10
- Section 9 – General policy conditions..... 10
- Section 10 – Cancellation of cover 12
- Section 11 – Fraudulent or exaggerated claims 12
- Section 12 – Payment of benefits..... 13
- Section 13 – Claim procedure 13
- Section 14 – How we use personal information..... 13
- Section 15 – Our commitment to you 14
- Section 16 – Financial Services Compensation Scheme (FSCS)..... 15
- Section 17 – How to contact us 15

Section 1 – Introduction

This document sets out the terms of **your** Hospital Cash Plan; please read it carefully. It tells **you** what is covered, what is not covered, what to do if **you** want to make a claim and who to call if **you** need help.

This policy is underwritten by American International Group UK Limited and is administered on their behalf by AIG Direct. AIG Direct is a trading name of American International Group UK Limited.

American International Group UK Limited is registered in England: company number 10737370. Registered address: The AIG Building, 58 Fenchurch Street, London EC3M 4AB. American International Group UK Limited is a member of the Association of British Insurers.

American International Group UK Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN number 781109). This can be checked by visiting the FS Register (<https://register.fca.org.uk/>).

You should familiarise **yourself** with the cover provided by this policy and all the terms, conditions, limitations and what is not covered. **You** should read the policy in conjunction with **your schedule** and review the cover periodically to ensure it continues to meet **your** needs.

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on +44 (0)20 8662 8100. Lines are open between 8.30am and 5.30pm Monday to Friday excluding public holidays, or email Customer Services at aigdirect.queries@aig.com. **We** may record telephone calls for security and quality control purposes.

Alternatively **you** can write to Customer Services, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

This policy document, together with the **schedule**, the application and any endorsements, collectively form the contract between the **policyholder** and **us**. **We** agree to provide the insurance cover described in this policy provided the premium is paid when due in accordance with Section 9 of the policy.

Please read this policy document carefully to ensure that **you** are fully aware of what it covers.

Section 2 – Scope of insurance

If after **your effective date you** have a **bodily injury**, illness or disease, suffer a **pregnancy complication**, experience **childbirth**, or undertake **elective surgery** which requires treatment in a **hospital** in the **United Kingdom** as an **inpatient** or post **hospitalisation out-patient** treatment or have **bodily injury** which solely and independently of any other cause and within 24 months of the date of the **accident**, causes death or **permanent disability**, **we** will pay the amount shown in the **table of benefits**.

Section 3 – Definitions

We use certain words and expressions in this policy which have a specific meaning, and sometimes the meaning is unique to this policy. These words and their meaning in this policy are shown below and each time one of them is used in the policy, **table of benefits** or **schedule**, the word or expression is shown in bold type. Plural forms of the words defined have the same meaning as the singular form.

Accident

A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place whilst the policy is in force.

AIDS

Acquired Immune Deficiency Syndrome, including Human Immunodeficiency Virus (HIV), encephalopathy (dementia) HIV/Wasting Syndrome and AIDS-related conditions (ARCs).

Bodily injury

An identifiable physical injury to an **insured person's** body which is caused directly and solely by an **accident**, is not intentionally self-inflicted and does not result from sickness or disease and is not as a result of a **gradually operating cause**. Bodily injury does not include post-traumatic stress disorder or any psychological or psychiatric illness or condition. **We** will treat bodily injury caused as a direct result of being exposed to severe weather conditions as bodily injury.

Childbirth

The ending of the pregnancy of an **insured person** with the delivery of one or more babies including delivery by Caesarean section.

Dependent child

An **insured person's** child, adopted, foster or step-child who is under 18 years of age.

Doctor

A registered medical practitioner who is not **you** or related to **you**, or works for or with **you**, who is registered with the General Medical Council in the **United Kingdom** (or foreign equivalent) to practise medicine.

Effective date

The start date of the policy shown in the **schedule**, or the date on which an **insured person** was added to this policy, or the date an alteration is made to the policy, whichever is the latest.

Elective surgery

A surgical procedure scheduled in advance and which does not involve a medical emergency to preserve the **insured person's** life. For the purposes of this policy elective surgery does not include cosmetic surgery of any type, infertility treatment, surgery to correct a congenital defect, gender transformation procedures or pregnancy termination.

Family plan

The plan insuring the **policyholder**, the **policyholder's partner** and all their **dependent children**.

Gradually operating cause

A cause that is the result of a series of events which occur or develop over time that cannot be attributable to a single **accident**.

Hospital

An institution which has accommodation for **inpatients** and facilities for diagnosis, surgery and treatment. It does not include, for example, a long term nursing home including palliative care, a rehabilitation centre, a retirement home, an extended-care facility or a convalescence home.

Hospitalisation

Admission to a **hospital** as an **inpatient overnight**.

HDU or ICU

A High Dependency Unit or an Intensive Care Unit of a **hospital** being an organised system for the provision of care to critically ill patients that provides intensive and specialised medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency. An HDU or ICU will always be capable of providing oxygen, non-invasive monitoring, and more intensive nursing care of patients whose conditions are typically life-threatening than on a ward.

Inpatient

An **insured person** who has gone through the full admission procedure into **hospital** and for whom a clinical case record has been opened and whose admission into **hospital** is necessary for the medical care and treatment of a **bodily injury**, illness or disease.

Individual and children plan

The plan insuring the **policyholder** and the **policyholder's dependent children**.

Individual and partner plan

The plan insuring the **policyholder** and the **policyholder's partner**.

Individual plan

The plan insuring the **policyholder** only.

Insured person

The person or persons shown on the **schedule** who are insured under this policy by reference to a plan name. The plan names are: **individual plan**, **individual and children plan**, **individual and partner plan** and **family plan**.

Loss

Permanent, total and irrecoverable loss of use or the permanent and total loss by physical severance, resulting in separation.

Loss of hearing

Permanent, total and irrecoverable loss of hearing resulting in the **insured person** being classified as **profoundly deaf**.

Loss of limb

In the case of a leg or **lower limb**:

- a) loss by permanent physical severance at or above the ankle; or
- b) permanent, total and irrecoverable loss of use of a complete leg or foot.

In the case of an arm or **upper limb**:

- a) loss by permanent physical severance of the four fingers at or above the metacarpophalangeal joints (where the fingers join the palm of the hand); or
- b) permanent, total and irrecoverable loss of use of a complete arm or hand.

Loss of sight

Permanent, total and irrecoverable loss of sight in one or both eyes if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale (seeing at 3 feet what the **insured person** should see at 60 feet).

Lower limb

The thigh, knee, leg below the knee and foot.

Medical consultant

A **doctor** or **medical specialist** who is not **you**, or related to **you**, or works for or with **you**, who either holds a full-time NHS Consultant Post or holds a current Certificate of Completion of Specialist Training (CCST), or is on the Specialist Register held by the General Medical Council (GMC) and holds a specialist accreditation issued by the General Medical Council in accordance with EU Medical Directives (or foreign equivalents) or other similarly recognised body.

Medical specialist

A person who is not **you**, or related to **you**, or works for or with **you**, who currently holds a recognised qualification and all required accreditation to practise in a specific medical field in the **United Kingdom**, from a recognised body registered in the **United Kingdom** (or foreign equivalent).

Motorcycle

A two-wheeled or three-wheeled motor driven motorcycle.

Out-patient

An **insured person** who has a scheduled appointment at a **hospital** where no **overnight** stay is required.

Overnight

An **inpatient** admission into **hospital** and a release from **hospital** the following day. This does not include attendance at an Accident & Emergency department.

Parent

A person with parental responsibility including a legal guardian acting in that capacity.

Partner

A person aged 18 or over and under 65 at the **effective date** who is the **policyholder's** husband or wife, civil partner, fiancé or fiancée, boyfriend or girlfriend and who permanently lives at the same address as the **policyholder** and whose name is shown on the **schedule**.

Permanent disability

A disability which is permanent, total and irrecoverable, as specifically listed in items 6. – 9. in the **table of benefits**.

Permanent total disablement

A permanent, total and irrecoverable disablement which totally prevents **you** from working in **your** usual occupation which in all probability will continue for the remainder of **your** natural life as determined by a **medical consultant**.

Policyholder

The person that has applied and paid for this policy, is shown on the **schedule**, and is 18 years of age and over and under 65 years of age.

Pregnancy complication

Conditions where the diagnoses are distinct from pregnancy but are adversely affected or caused by pregnancy, such as acute nephritis, cardiac decompensation, missed abortion, ectopic pregnancy, puerperal infection, eclampsia, toxemia and similar medical and surgical conditions of comparable severity which require **hospitalisation** recommended by an attending **medical consultant**.

Pre-existing medical condition

Any medical condition (whether diagnosed or not) for which **you** have received medication, advice, treatment; or **you** have experienced symptoms in the two years before the **effective date** or which, in the opinion of a **medical consultant**, is considered to be an underlying cause of, or directly related to, the illness or disease which is the subject of **your** claim.

Any condition which **you** were aware of (whether diagnosed or not) at the **effective date** will be considered to be a pre-existing medical condition.

Profoundly deaf

The inability to hear sounds when tested by a qualified audiologist quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz.

Schedule

The document showing **your** name, the **effective date**, plan type, level of cover and the premium, which forms part of this policy and should be read in conjunction with this policy document.

Table of benefits

The part of the document that describes how much **we** will pay for the type of **bodily injury**, illness or disease suffered by an **insured person**.

United Kingdom

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

Upper limb

The arm below the shoulder, the elbow, forearm and hand.

Waiting period

The 30 days immediately following the **effective date**.

War

Military action, either between nations or resulting from civil war or revolution.

We, us or our

American International Group UK Limited.

You, your or yourself

An **insured person**.

Section 4 – Table of benefits

The **table of benefits** below shows the cover options, item numbers, a description of those items and amounts an **insured person** is covered for by this policy. The cover is provided subject to the terms of the policy, including the conditions set out in 'Section 6 – Benefit limitations' and the exclusions set out in 'Section 5 – What is not covered' of this policy. All benefits payable for **dependent children** are 50% of those shown in the **table of benefits**, with the exception of the accidental death benefit which is fixed at £7,500. Please read this policy carefully to ensure that **you** are fully aware of what it covers.

Item	Description	Benefit Level		
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	Standard Cover	Silver	Gold	Platinum
1.	Inpatient hospitalisation for each inpatient stay:			
	a) due to bodily injury , illness or disease - per overnight stay Payable for a maximum of 60 overnight stays	£80	£100	£200
	b) Payable on discharge from hospital following a valid claim under item 1.a) above if the hospitalisation included a minimum of 7 consecutive overnight stays in a HDU or ICU - one payment of	£320	£400	£800

	Enhanced Cover	Silver	Gold	Platinum
	The following benefits are only applicable where Enhanced Cover is shown on your schedule .			
2.	Inpatient hospitalisation for each inpatient stay:			
	a) due to elective surgery - per overnight stay Payable from the third consecutive overnight stay for a maximum of 60 overnight stays	£40	£80	£100
	b) due to pregnancy complications or childbirth - per overnight stay Payable from the third consecutive overnight stay for a maximum of 60 overnight stays	£80	£100	£200
3.	Out-patient benefit			
	For each scheduled follow up visit to a hospital as an out-patient for check-ups, consultation, or treatment that is considered medically necessary by a doctor for the insured person and which is connected with a previous valid claim for that insured person under item 1.a) above. - per out-patient visit Payable for a maximum of 6 out-patient visits for any one insured person and any one connected claim	£40	£50	£100
	Or Physiotherapy benefit For each physiotherapy session not at a hospital considered medically necessary by a doctor for the insured person following a valid claim under item 1.a) above and undertaken within 26 weeks of the hospitalisation . - per physiotherapy session Payable for a maximum of 6 physiotherapy sessions for any one insured person and any one connected claim	Or £40	Or £50	Or £100

4.	Recuperation benefit Payable on discharge from hospital following a valid claim under item 1.a) or 2.b) above if the hospitalisation was for 7 consecutive overnight stays or more. - one payment of	£320	£400	£800
5.	Accidental death	£40,000	£40,000	£40,000
6.	Permanent total disablement	£80,000	£80,000	£80,000
7.	Loss of limb: a) two or more b) one	£80,000 £40,000	£80,000 £40,000	£80,000 £40,000
8.	Loss of sight: a) in both eyes b) in one eye	£80,000 £40,000	£80,000 £40,000	£80,000 £40,000
9.	Loss of hearing: a) in both ears b) in one ear	£50,000 £25,000	£50,000 £25,000	£50,000 £25,000

Enhancement

For items 1.a) and 2.b) the benefit shall be increased by 50% if the **hospital** where the **insured person** is admitted is more than 100 miles from the **insured person's** normal place of residence in the **United Kingdom**.

Section 5 – What is not covered

1. No benefit will be payable for any item in the **table of benefits**:
 - a) if **hospitalisation** is due to any **pre-existing medical condition**
 - b) if **hospitalisation** is due to **elective surgery, pregnancy complications** or **childbirth** unless Enhanced Cover is shown on **your schedule**
 - c) if **bodily injury** occurs in a country where a state of **war** exists (whether declared or not) and the **bodily injury** is the direct consequence of the **war**
 - d) if **bodily injury** is sustained whilst **you** are participating in any airborne activities, unless **you** are a fare paying passenger on a commercial flight
 - e) if **bodily injury** is sustained or is contributed to by **you** participating in, practising or training for a sport as a professional, for which **you** are being paid
 - f) if **you** deliberately or recklessly expose **yourself** to danger except where **you** are attempting to avoid serious harm to **yourself** or others
 - g) if **bodily injury** or **hospitalisation** is related to **you** taking a drug or drugs other than according to the manufacturer's instructions or as prescribed by a **doctor** or if **you** are admitted to **hospital** for the treatment of a drug addiction or if **bodily injury** or **hospitalisation** relates to the effects of alcohol
 - h) if **you** are admitted to **hospital** for post-traumatic stress disorder or any mental, psychological or psychiatric illness or condition
 - i) if the **accident** occurs whilst driving, or in charge of, a vehicle and **your** blood/urine alcohol level is above the legal limit stated in the laws of the country where the **accident** occurs
 - j) if **you** are admitted to **hospital** as a result of **AIDS** or if **your hospitalisation** is due to any sexually transmitted disease
 - k) if **bodily injury** results in fibromyalgia or myalgic encephalomyelitis chronic fatigue syndrome, post-traumatic stress disorder or other anxiety disorder, any mental disorder or any disease of the nervous system
 - l) if **your** injuries are intentionally self-inflicted or if **bodily injury** is sustained whilst **you** commit or attempt to commit suicide or as a result of **you** committing or attempting to commit an illegal act
 - m) if **your bodily injury** results from a **gradually operating cause**.
2. **We** will not pay any benefit if **you** reside outside the **United Kingdom** for more than 180 consecutive days (see 'Section 9 – General policy conditions', subsection 10 for more details).

Section 6 – Benefit limitations

1. Cover under this policy will stop on the first premium due date following **your** 65th birthday.
2. If an **insured person's bodily injury** results in death which occurs within 13 weeks of the date of an **accident**, **we** will only pay the amount for item 5.
3. In the **table of benefits**:
 - a) the maximum total amount payable under this policy in relation to an **insured person** for all claims arising from one **accident** is £100,200. If **we** pay the maximum amount all cover under this policy for the **insured person** will stop in respect of that **insured person** from the date of the **accident**.
 - b) all benefits payable for **dependent children** are 50% of those shown in the **table of benefits**, with the exception of the accidental death benefit which is fixed at £7,500
 - c) **we** will pay for only one of the benefits listed in the **table of benefits** for items 1.a), 2.a), or 2.b), for any one **inpatient hospitalisation**
 - d) **we** will only pay for one of items listed under item 6, 7.a), or 8.a) to **you** in respect of any one **accident** and all cover under this policy will stop in respect of that **insured person** from the date of the **accident**
 - e) **you** can claim under more than one of items 7.b) and 8.b), for any one **accident**. The amounts payable will be added together and will be subject to a maximum total of £80,000 for all items claimed and all cover under this policy will stop in respect of that **insured person** from the date of the **accident**
 - f) **we** will not pay the benefit for both items 7.a) and 7.b); both items 8.a) and 8.b) or both items 9.a) and 9.b)
 - g) the maximum amount payable in respect of each period of **inpatient** or **out-patient hospitalisation** is £18,600 for an adult **insured person** plus any **HDU or ICU** and recuperation benefit if applicable and when Enhanced Cover is selected
 - h) no benefit is payable for any **inpatient** or **out-patient hospitalisation** during the **waiting period**, unless it is due to **bodily injury**
 - i) successive periods of **hospitalisation** will be considered as one continuous period unless separated by 180 days during which the **insured person** is not confined to a **hospital**
 - j) **we** will not pay any claim for **permanent total disablement** if **you** are 16 years of age or under or 65 years of age or over at the date of the **accident**
 - k) for all benefits under items 5 – 9 listed in the **table of benefits** any **accident** which causes **bodily injury** whilst **you** are on a **motorcycle** will be 50% of that shown in the **table of benefits**.
 - l) if **your** policy cover is changed from Standard Cover to Enhanced Cover **we** will not pay the Enhanced Cover benefits during the **waiting period** following the **effective date** of the alteration. During the **waiting period** following the **effective date** **we** will only pay the Standard Cover benefits for the duration of any period of **hospitalisation** in accordance with items 1.a) and 1.b) in the **table of benefits**.

Section 7 – Existing medical conditions

In respect of items 6 – 9 inclusive in the **table of benefits** **we** will only pay for the **bodily injury** **you** have suffered if it is directly as a result of the **accident**. Any existing physical impairment or medical condition **you** have before the **accident** will be taken into consideration in calculating the amount payable on the basis of the difference between **your** physical impairment or medical condition before and after the **accident**.

We will ask **your doctor** (if suitably qualified) or **medical consultant** that treated **you** to make these assessments (or an independent **medical consultant** or other suitably qualified person if they are unable or unwilling to do so). The assessment will be converted into a percentage and applied to the policy benefit payable.

Example

You are partially blind in **your** left eye and **you** then have an **accident** which left **you** totally blind in both eyes and **you** make a claim under item 8.a) for **loss of sight** in both eyes. **We** will ask an independent ophthalmic specialist to assess the difference between the amount of vision **you** had before and after the **accident** and if the partial blindness contributed to the cause of the **accident**. If the independent ophthalmic specialist assesses the pre-**accident** vision in the left eye at 50%, **we** will pay 50% of the benefit payable under item 8.b) for **loss of sight** in one eye. If the vision in the right eye was normal before the **accident**, **we** will pay 100% of the benefit payable also under item 8.b) for **loss of sight** in one eye for the total **loss of sight** in that eye.

Section 8 – Non-specified injuries

If **you** have Enhanced Cover and **you** have an **accident** or suffer **bodily injury** and the resulting disability is not 100% **loss** of an item in the **table of benefits** under items 7 to 9, but nevertheless results in a permanent, total and irrecoverable disability, dependent on the injury sustained, **you** may still be eligible to receive a payment from **us**.

In order to assess the **bodily injury** sustained, **we** will ask the treating **medical consultant** or **medical specialist** that treated **your** injury to review the impairment and disability and provide **us** with their assessment. If they are unable or unwilling to do this in a timely manner or if they are unable to provide **us** with justifiable evidence to support their assessment, **we** will appoint an independent **medical specialist** to make this assessment. This may require them to examine **you** and/or review **your** medical records and other medical reports and/or refer to medical assessment guides so that an assessment can be made. **We** may also ask an independent **medical specialist** to examine **you** and/or review **your** medical records and other medical reports to obtain a second opinion. **We** may also ask **your** treating **medical consultant** or **medical specialist** to review and comment on the assessment made by the independent **medical specialist** **we** appoint to reach a joint agreement.

Once we are in receipt of the assessment(s), using the percentage disablement information the **medical consultant** or **medical specialist** provides, **we** will then calculate a percentage disablement of the nearest permanent disability item shown in the **table of benefits** to arrive at a claim payment amount.

Example:

An **insured person** has an accident and sustains a head injury which results in the permanent, total and irrecoverable partial **loss** of their eyesight in one eye. As there is no benefit for partial **loss** of eyesight listed in the **table of benefits**, the **insured person's bodily injury** will be assessed by a **medical consultant** or **medical specialist** and with reference to medical reports and a medical assessment guide. If the partial **loss** of eyesight is established as 50% of eyesight in one eye, an **insured person** with Enhanced Cover would then receive a maximum payment of £20,000 which is calculated as 50% of £40,000 for item 8.b) shown in the **table of benefits**.

Section 9 – General policy conditions

1. Assignment

This policy may not be assigned or transferred unless agreed by **us** in writing.

2. Claim notification

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

3. Complying with the policy

To have the full protection of this policy **you** must comply with the conditions outlined in 'Section 13 – Claim procedure', which are conditions of the policy. Failure to comply with these conditions may determine whether **we** deny any claim made under this policy or the amount **we** pay to **you** in the event of a claim.

4. Disappearance

If **you** disappear and, after a suitable amount of time and on the evidence provided, it is reasonable for **us** to believe that **you** have died as the result of an **accident**, then **we** will pay the accidental death benefit to **your** legal representatives or executor and their receipt will discharge **our** liability under the policy in full. If this belief is incorrect and it is subsequently found that **you** have not died as a result of an **accident**, then the amount paid must be returned to **us**.

5. Disclosure of information

The **policyholder** must take reasonable care to make sure that all facts and information that they provide **us** with when they take out, renew, or request changes to the cover provided by the policy, are accurate and complete. If a **policyholder** fails to exercise reasonable care, **we** will treat the policy as if it had not existed from the **effective date**, renewal date or date when any changes were made to the policy (as the case may be) if they:

- a) deliberately or recklessly gave **us** inaccurate or incomplete information; or

b) did not take reasonable care to give **us** accurate and complete information in circumstances where **we** would not have covered **you** or the **policyholder** at all, had **we** known about such information. **We** will return the premium provided that the **policyholder** did not deliberately or recklessly provide **us** with inaccurate or incomplete information.

In all other cases, **we** may refuse to pay all or part of a claim, depending on what **we** would have done if the **policyholder** had taken reasonable care to provide **us** with accurate and complete information. If **we** would have insured **you** or the **policyholder** on different terms (other than in relation to premium), then the policy will be treated as if it had contained such terms. In such circumstances, **we** will only pay a claim if the claim would have been covered by a policy containing such terms. If **we** would have provided **you** or the **policyholder** with cover for a higher premium, the amount payable on any claim will be reduced proportionally, based on the ratio that the premium actually charged bears to that which **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.

If this policy covers more than one **insured person** and an **insured person** fails to comply with this condition, **we** may rely on **our** rights under this condition as against that **insured person**, as if a separate policy had been issued to them, leaving the remainder of the policy and the rights of other **insured persons** unaffected.

If the **policyholder** or **you** change address during the period of this policy the **policyholder** must notify **us** by contacting: Customer Services, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG, by calling +44 (0)20 8662 8100 or by email at aigdirect.queries@aig.com.

6. Interest on amounts payable

We will not pay interest on any amount paid under this policy.

7. Law and jurisdiction

This policy will be governed by English law and **we** and the **policyholder** agree to submit to the exclusive jurisdiction of the courts of England and Wales to determine any dispute arising under or in connection with it, unless the **policyholder** resides in Scotland, Northern Ireland or the Isle of Man, in which case the law applicable to that jurisdiction will apply and its courts will have exclusive jurisdiction, unless agreed to the contrary by the **policyholder** and **us** before the **effective date**.

The terms and conditions of this policy will only be available in English and all communication relating to this policy will be in English.

8. Policy and premium alteration

We will notify the **policyholder** of any changes to the terms and conditions, including the premium, of the policy by giving the **policyholder** 30 days' notice in writing to the **policyholder's** last known address. If the changes are acceptable to the **policyholder** then this policy will continue.

If the changes are not acceptable, the **policyholder** may cancel this policy in accordance with 'Section 10 – Cancellation of cover'. If the **policyholder** cancels, claims made from the next premium due date following the date **we** receive notice of the cancellation will not be payable except where the event giving rise to the claim arose prior to such premium due date.

The **policyholder** is responsible for notifying **insured persons** of such cancellation or any changes to the terms and conditions.

9. Premium payment

The premium is payable monthly, as shown on the **schedule**.

The premium payable is due by the first premium due date and subsequently on the 1st day of each month thereafter. Each premium paid purchases cover under the terms of this policy for the whole calendar month the premium due date falls in.

If any premium is not paid on the date it is due, the **policyholder** has 30 days in which to pay it. If it is not paid during that period, the policy will be automatically cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date. No claims will be paid for any **accident**, illness or disease, **pregnancy complication**, **childbirth**, or **elective surgery** that occurs after the 30 days have passed if the premium remains unpaid.

10. Residence outside the United Kingdom

Cover under this policy cannot continue for an **insured person** who resides outside the **United Kingdom** for more than 180 consecutive days. Cover will be cancelled from the 181st day that an **insured person** resides outside the **United Kingdom**. Please tell **us** as soon as this happens so there is no overpayment of premium.

11. Rights of third parties

Only the **policyholder**, an **insured person** (or their executor or legal representative in the event of the death of an **insured person**) and **us** may enforce the terms of this policy. The provisions of the Contract (Rights of Third Parties) Act 1999 do not apply.

12. Sanctions

We shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us**, **our** parent company or **our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, **United Kingdom** or the United States of America.

Section 10 – Cancellation of cover

The **policyholder's** rights to cancel the policy

The **policyholder** may cancel this policy within 14 days of the policy commencing or the **policyholder** receiving the policy documentation (whichever is the later). If this policy is cancelled within 14 days, **we** will give the **policyholder** a full refund of any premiums paid, less any claim payments if applicable. Please call Customer Services on +44 (0)20 8662 8100. Lines are open between 8:30am and 5:30pm Monday to Friday or e-mail Customer Services on aigdirect.queries@aig.com. Alternatively **you** can write to: Customer Services, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

The **policyholder** may cancel this policy at any time by giving **us** notice using the contact details above.

As the premium is paid monthly cover will stop from the next premium due date following the date **we** receive notice of the cancellation.

Our right to cancel the policy

We have the right to cancel this policy by giving the **policyholder** at least 30 days' notice in writing at their last known address where **we** have serious grounds for doing so, such as where **you** or any **insured person** fails to pay the premium in accordance with subsection 9 under 'Section 9 - General policy conditions' or fails to comply with the conditions set out in this policy and such failure is either incapable of remedy or is not remedied within 30 days of receiving a notice from **us** requiring **you** to remedy the breach. **You** will receive a proportionate refund of the premium paid from the date **we** cancel the policy except where there is an instance of fraud, and provided a claim has not been made during the policy period.

In the event that **we** are no longer able to renew **your** cover, **we** will give the **policyholder** at least 60 days' notice in writing to the **policyholder's** last known address, in advance of the premium due date.

The **policyholder** is responsible for promptly telling other **insured persons** that the policy has been cancelled. No person other than the **policyholder** and **us** has the right to cancel this policy.

Section 11 – Fraudulent or exaggerated claims

If **you** make any fraudulent or exaggerated claim, **we** will refuse to pay the claim and **you** must pay back any benefits **you** have already received in respect of such claim. **We** may also terminate this policy from the date of the fraud or exaggeration. If **we** terminate the policy, **we** will not refund any premiums.

If an **insured person** makes a fraudulent or exaggerated claim, **we** will only refuse to pay that **insured person's** claim and **we** may only terminate the cover for that **insured person**, leaving the remainder of the policy and the rights of other **insured persons** unaffected. In such a case, **we** will not refund any premium in respect of that **insured person**.

Section 12 – Payment of benefits

Any benefit due will be paid to the **insured person** who is the subject of the claim or their executor or legal representative in the event of the death of an **insured person**. Except in the case of a **dependent child**, when it will be paid to the **policyholder** provided that they are a **parent** of the **dependent child** otherwise it will be paid to the **dependent child's parent** or legal representative.

Section 13 – Claim procedure

We must be notified as soon as reasonably practicable after the **accident** illness or disease, and admission to **hospital** resulting in a claim, by completing a claim form and returning it to **us**. **You** can call **us** on +44 (0)20 8662 8101 to request a claim form. Lines are open between 9am and 5pm Monday to Friday, excluding public holidays.

Failure to notify **us** may result in **our** rejection of the claim if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed for if the amount claimed is increased as a result of the delay.

Claims are to be notified to:

The Manager, AIG Direct Claims Department, 2-8 Altyre Road, Croydon CR9 2LG.

Telephone: +44 (0)20 8662 8101

E-mail: aigdirect.claims@aig.com

We will ask for a reasonable amount of information as evidence in support of the claim at no expense to **us**. If the information supplied is insufficient, **we** will identify the further information which is required. If **we** do not receive the information **we** need, this will affect **our** ability to assess **your** claim and **your** claim could be rejected.

We may ask **you** to attend one or more medical examinations. If **we** do, **we** will pay the cost of the examination(s) and for any medical reports and records and **your** reasonable travelling expenses to attend, if these expenses are agreed by **us** in advance. If **you** fail to attend without reasonable cause, then **your** claim may be rejected.

You must give **us** permission to obtain medical reports or records needed from any **doctor** or **medical consultant** who has treated **you**; otherwise **we** may not pay the claim.

If **you**, (or the person claiming on **your** behalf if **you** die), does not comply with any reasonable request by **us** under this claims procedure, **we** may not pay the claim.

If **you** die, **we** have the right to ask for a post-mortem examination if **we** believe it necessary to assess **your** claim, at **our** expense. If this is refused, **we** may not pay the claim.

Section 14 – How we use personal information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“**Personal Information**” identifies and relates to **you** or other individuals (e.g. **your partner** or other members of **your family**). If **you** provide Personal Information about another individual, **you** must (unless **we** agree otherwise) inform the individual about the content of this notice and **our** Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with **us**.

The types of Personal Information we may collect and why – Depending on **our** relationship with **you**, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with **your** consent where required by applicable law) as well as other Personal Information provided by **you** or that **we** obtain in connection with **our** relationship with **you**. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of **our** business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering

- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside **your** country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of any marketing communications that **we** may send **you**, contact **us** by e-mail at: AIGDirect.Queries@aig.com or by writing to: Customer Support Team, The AIG Building, 2-8 Altyre Road, Croydon, Surrey CR9 2LG. If **you** opt-out **we** may still send **you** other important service and administration communications relating to the services.

Sharing of Personal Information – For the above purposes Personal Information may be shared with **our** group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers.

We are required to register all third party claims for compensation relating to **bodily injury** to workers' compensation boards. **We** may search these registers to prevent, detect and investigate fraud or to validate **your** claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of **our** company or transfer of business assets.

International transfer – Due to the global nature of **our** business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico, Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in **your** country of residence). When making these transfers, **we** will take steps to ensure that **your** Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in **our** Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep **your** Personal Information safe and secure. When **we** provide Personal Information to a third party (including **our** service providers) or engage a third party to collect Personal Information on **our** behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – **You** have a number of rights under data protection law in connection with **our** use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend **our** use of data. These rights may also include a right to transfer **your** data to another organisation, a right to object to **our** use of **your** Personal Information, a right to request that certain automated decisions **we** make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about **your** rights and how **you** may exercise them is set out in full in **our** Privacy Policy (see below).

Privacy Policy – More details about **your** rights and how **we** collect, use and disclose **your** Personal Information can be found in **our** full Privacy Policy at <https://www.aig.co.uk/privacy-policy> or **you** may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB or by email at: dataprotectionofficer.uk@aig.com.

Section 15 – Our commitment to you

We believe you deserve courteous, fair and prompt service. If there is any occasion when **our** service does not meet your expectations please contact **us** using the appropriate contact details below, providing the Policy/Claim Number and the name of the **Policyholder/Insured Person** to help **us** deal with your comments quickly.

For Claims related complaints please contact:

Write to: Claims Manager, AIG Direct, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

Call: +44 (0)208 662 8101

Email: aigdirect.claims@aig.com

Lines are open Monday to Friday 9am – 5pm, excluding public holidays

All other complaints:

Write to: Customer Relations Team, American International Group UK Limited, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG
Call: +44 0800 012 1301
Email: uk.customer.relations@aig.com
Online: <http://www.aig.co.uk/your-feedback>
Lines are open Monday to Friday 9.15am – 5pm, excluding public holidays.

The Customer Relations Team free call number may not be available from outside the UK – so please call **us** from abroad on +44 20 8649 6666. Calls may be recorded for quality, training and monitoring purposes.

We operate a comprehensive complaint process and will do **our** best to resolve any issue you may have as quickly as possible. On occasions however, **we** may require up to 8 weeks to provide you with a resolution. **We** will send you information outlining this process whilst keeping you informed of **our** progress.

If **we** are unable to resolve your concerns within 8 weeks, you may be entitled to refer the complaint to the Financial Ombudsman Service. **We** will provide full details of how to do this when **we** provide **our** final response letter addressing the issues raised.

Please note that the Financial Ombudsman Service may not be able to consider a complaint if you have not provided **us** with the opportunity to resolve it.

The Financial Ombudsman Service can be contacted at:

Write to: The Financial Ombudsman Service, Exchange Tower, London, E14 9SR
Call: 0800 023 4567 or 0300 123 9123
Email: complaint.info@financial-ombudsman.org.uk
Online: www.financial-ombudsman.org.uk

Following this complaint procedure does not affect your rights to take legal action.

If you wish to complain about an insurance policy purchased online you may be able to use the European Commission's Online Dispute Resolution platform, which can be found at <http://ec.europa.eu/consumers/odr/>.

Section 16 – Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). If **we** are unable to meet **our** financial obligations **you** may be entitled to compensation from the scheme, depending on the type of insurance and the circumstances of the claim.

Further information on the scheme is available from the FSCS at www.fscs.org.uk or by calling +44 (0)20 7741 4100, or +44 (0)800 678 1100.

Section 17 – How to contact us

If **you** have any questions about **your** policy or wish to make any changes, please call Customer Services on +44 (0)20 8662 8100. Lines are open between 8:30am and 5:30pm Monday to Friday or e-mail Customer Services on aigdirect.queries@aig.com. Alternatively **you** can write to: Customer Services, AIG Direct, The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG.

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