

Schedule 6a

Classic Plus Income Protection Plan





Definitions

The following words are defined below because they have a special meaning.

Deferred Period

The period of time that must elapse before your claim benefit can be paid.

Doctor

A GP, medical adviser, medical consultant or medical practitioner fully registered in the UK with the General Medical Council and/or appropriate Royal College. This does not include you or a member of your immediate family.

Employment

A continuous period of permanent, active, paid work, during which you have not registered as unemployed with the Department for Work and Pensions.

End Date

The date when your cover ends.

Incapacity

Any illness or injury occurring during the cover period for which you seek treatment or consultation by a Doctor which prevents you from engaging in your normal occupation.

Medical Treatment

The regular care and treatment you are receiving from a Doctor for your Incapacity.

Member/Membership

Taking out this Plan makes you a member of The Original Holloway Friendly Society Limited. Our constitution is governed by our Memorandum and Rules. Membership ceases when the cover under the Plan ceases.

Monthly Benefit

The amount of money you will receive in the event of a claim.

Normal Occupation

Your principal job immediately prior to the commencement of your Incapacity. At the claim stage you will be assessed against the definition of Incapacity as stated on your Certificate of Membership.

Overinsured

If your benefit level exceeds the maximum permitted you will be paying Premiums for a level of benefit which cannot be paid.

Plan

This product, the Classic Plus Income Protection Plan.

Plan end date

This is the age chosen as the end date for the Plan. This age shall not exceed age 70 or if no normal Plan end date is specified in the application, it is age 70.

Premiums

The amount you pay to us for providing the cover which you have decided is suitable for you.

Self-employed/self-employment

You are a person who works for themselves instead of an employer, but drawing income from a trade or business that you operate personally.

Start date

This is the date when cover starts.

UK

The United Kingdom, and the Isle of Man.

We/us/our/The Board

The Original Holloway Friendly Society Limited, Holloway House, 71 Eastgate Street, Gloucester, GL1 1PW are the providers of this Plan.

Work/working/worked

Any paid Employment or occupation for at least 16 hours or more per week in the UK.

You/your

The insured person.

PART A General Provisions

1. You can apply for a Plan in accordance with the terms and conditions. By applying for this Plan you will become a Member of the Original Holloway Friendly Society Limited. The minimum term at outset of a Plan will be 5 years.

You should be aware that:
 - This is a long term insurance product with the potential to build a tax free cash sum
 - It is insurance for you personally
 - We are not offering to insure your turnover or business.
2. If you apply for the Plan you must provide any information and documentation as we require. Our decision on the terms of acceptance, restriction of benefits, or refusal of any application shall be final.
3. The Plan benefit for which you apply, the terms upon which the Plan is provided and the levels of Premium payable, shall be determined by Premium tables in force at the time of your application. Any changes shall only apply to new Plan Members. Your Premiums are guaranteed at the levels in your rate guide for the term of the contract.
4. You can apply for a Plan if you're eligible and:
 - You've resided in the UK for the last 3 years, and been registered with a UK GP for the last 3 years.
 - You are, at the chosen start date, aged between 18-54.
 - You are working for a minimum of 16 hours per week.
 - You need to be employed or if self-employed you have a proven trading history of 6 months.
 - You have a UK bank account.
 - You pay income tax in the UK.
 - You have no immediate plans to move abroad.
5. You can change the level of the Plan benefit, provided you are not yet 65 years of age.
6. During the lifetime of your Plan you must advise us if any of the following change:
 - a. A decrease in your earnings
 - b. A reduction in your working hours to less than 16 hours a week
 - c. A change to sick pay arrangements with your employer
 - d. If you become unemployed
 - e. Your address and contact details.
7. All cover under this Plan will end and all Plan benefits will stop automatically:
 - a. If you die
 - b. If you retire from work
 - c. If you stop living in the UK
 - d. If you cease paying Premiums
 - e. When you reach your chosen end date for the Plan.
8. It's important to contact us if you change residency to another country.

If you do leave the UK, we'll consider whether we're able to continue insuring you on a case by case basis. Factors we'll consider include whether we're legally able to carry out financial transactions (like collecting premiums and paying claims), as well as availability and reliability of medical records, in English, from that country.

If you become resident in the EU from January 2021, we'll be unable to collect premiums or pay claims following Britain leaving the EU.
9. To protect all our customers, from time to time we will check a sample of applications and claims to make sure that information being provided is accurate. If misleading information has been provided the Society reserves the right to change the terms of cover, reduce the amount paid or cancel the Plan.

PART B Premiums

1. You must pay Premiums by monthly Direct Debit from a UK bank account in your name.
2. You can select the escalating benefit option at outset to automatically increase your cover once a year by the rise in the Retail Price Index – the maximum increase is 10%. If you select this option we will also increase the Premium, and we will let you know what your new payment will be for the following year. The increase in cover will start from the 1st January following the Plan commencement and each 1st January thereafter.
3. The Plan is flexible and you can apply to increase your benefit at any time subject to there being at least 5 years of the Plan term remaining. The minimum amount of additional benefit is £50 per week subject to the maximum benefit levels. The increase may be subject to an assessment of your health and earnings at the time the increase is applied for. Your Premium payments will increase when your benefit increases.
4. Your Premium is calculated to 31st December in each year and we will let you know the amount of the Premium each year.
5. It will remain your responsibility to ensure that you have the correct level of cover and are not overinsured.
6. Your Plan or Premiums will be reviewed if you:
 - a. Failed to disclose information required at the application stage
 - b. Wish to amend your Plan
 - c. Request to remove an exclusion

If any of these results in a requirement for additional medical evidence we may ask you to meet the costs.
7. Your Premium will be used to buy your income protection cover. Additionally, you will purchase units that will be used to fund your cash sum. The number of units you purchase equates to the weekly income protection benefit i.e. £1 weekly benefit = 1 unit, and will be accrued in your account. We will decide the maximum/minimum number of units that you can purchase. Premiums must be paid regularly, including whilst a claim is being paid. If a claim is being paid, Premiums will be refunded after 1 month of the monthly benefit being paid, and will continue to be refunded for as long as you are receiving the monthly benefit. Premiums will recommence upon your recovery and/or the claim benefit ceasing.
8. If you stop paying Premiums your cover will end. Premiums need to be paid to maintain your cover and entitlement to claim.

If we stop receiving payments for your plan we'll contact you to let you know and explain the range of options available. If, at that time, you've had your plan for at least 3 years, you may have built up an investment surplus. One option available to you will be to take the cash value of your surplus.

If you don't respond to our attempts to contact you about your options, we may, at our discretion, use your surplus to keep paying your premiums to keep your cover going. Once your surplus has been used up, point 9, below, would apply.
9. Any Member owing:
 - one month's Premiums will not be entitled to any benefit until all arrears have been paid.
 - two months' Premiums will not be entitled to any benefit until seven days after paying all arrears.
 - three or more months' Premiums will cease to be a Member of the Society. Reinstatement will be considered within 6 months of the first missed payment subject to payment of all arrears and completion of a Declaration of Continued Good Health which must be accepted before Membership can continue.
10. A change in any of the following: health, residence, overseas travel, hazardous pastimes or occupation, could result in amended terms or refusal to reinstate Membership. We reserve the right to request a medical report at your expense in support of your request to reinstate your Membership.
11. We will waive Premiums once Plan benefit has been paid for 52 continuous weeks. From the 53rd week Premiums paid will be refunded with each benefit payment made.
12. Any Premiums you pay in respect of a benefit in excess of the maximum payable are not refundable.
13. If you take a career break, for example to raise a family, study, travel or redundancy, you can suspend your cover for up to 24 months in total during the life of the plan up to a maximum of 6 months in any 12 month period subject to the Premiums not being in arrears. The career break option can be used once your Plan has been in force for 36 months and provided the Premiums are paid up to date. You will be eligible to have cover restored to the level it was before the start of your career break without the need for underwriting and you will be able to claim again once you have been back at work for 3 months.

PART B Premiums

14. If you wish to cancel your Plan, you must give us six months' written notice. All Premium payments and Plan benefits will end from the date of your notification. After six months, you will be entitled to receive the value of your account less a penalty of £3 for each unit purchased in the previous two years, subject to a minimum of £100. All Premiums must be paid up to the date of notification - if not paid these will be deducted from your account. Note that the notice period and any penalty may be waived at our discretion.
15. Any outstanding Premiums arising during the Deferred Period and prior to Plan benefit being paid will mean that the Deferred Period will only commence on the payment of all outstanding Premiums.
16. If you have not claimed any amount due to you from your account within 12 months from the date of your last Premium paid then the amount will be forfeited.

PART C Sickness Fund and Members Account

- 1.** All Premiums for Plan benefit will be credited to, and all payments of the Plan Benefit shall be debited to, the sickness fund.
- 2.** The sickness fund shall be valued annually and a balance maintained at a level that we consider appropriate.
- 3.** All Members will have their own account from which their tax free cash sum will be paid.
- 4.** We will regularly value the sickness fund and, if appropriate, declare the bonus to be added to your account. No bonus will be added unless your Premiums have paid for a complete year, unless you cancel your Plan and withdraw your funds in accordance to these provisions.
- 5.** We will determine the amount of any surplus in the sickness fund that is available for your account proportionately to the number of units for which you are subscribing.
- 6.** We will provide you with a statement showing the provisional value of your account. If you wish to dispute the value indicated then you must do so within 12 months.
- 7.** At all times the amount held in your account will be provisional, and will be used to determine your entitlement to your share of any surplus funds.
- 8.** You cannot withdraw any funds from your account prior to the Plan end date.
- 9.** At any time after the Plan end date you can withdraw all or any part of your tax free cash sum without penalty. Alternatively, you may, having given one months' notice, continue to contribute to your Plan as a commuted Member and leave your cash fund with us. Continuing Premiums will be used to buy units at the level determined by us.
- 10.** A commuted Plan will not be entitled to claim the Plan Benefit. However, each year there will be an additional amount allocated to your account.
- 11.** If you have opted to be a commuted Member you may withdraw the whole or part of your account without penalty after providing one month's notice. When the whole of your funds have been withdrawn your Membership will end.
- 12.** In the event that the sickness fund does not hold sufficient funds to meet all valid claims, we are entitled to use the funds of all Members accounts to make good any deficit.
- 13.** You are not able to assign, mortgage or charge the value of your account. If you breach this rule, or if an administration or bankruptcy order is made against you, you will forfeit the value of your account.
- 14.** In the event of your death, your share of the surplus funds accruing for any part of the year in which your death occurs will be credited to your account.
- 15.** Upon your death, provided that all Premiums are paid up to date, and we are provided with an appropriate death certificate or other documentation as we may request, we will pay the value of your account to your nominated beneficiary or your personal representative. However, if you die intestate (without a valid will) with no next of kin, then the value of your account will be retained by us.

PART D Payment of Plan Benefit

1. If you need to claim, please tell us as soon as possible. You should complete the claim notification form on our website: www.holloway.co.uk or call us on **01452 782 754**. Our website provides you with all the information you need in order to claim.
2. You are entitled to receive the claim benefit at the end of your chosen Deferred Period if you are unable to work because of illness or injury. You need to ensure that your Premiums are up to date.
3. We will require evidence that you are under medical care from your Doctor and that you are following all recommended Medical Treatments and investigations.
4. If you become ill or have an accident whilst abroad, and are a UK resident, we'll be able to pay your claim.
5. Suitable evidence, both medical and financial, will be required to support your claim. From a medical perspective, certificates specifying the nature of your Incapacity and signed by a Doctor will be required. Financial evidence of earnings could be, but is not restricted to, the following:
 - a. **If you are Employed:** Original payslips and most recent P60 for the 12 month period prior to Incapacity.
 - b. **If you are Self-employed:** business accounts and/or Inland Revenue tax computations/returns for the three years prior to Incapacity and/or other documents we consider necessary.
 - c. **If you are a Company Director:** Personal tax return and copy of the Company accounts for the 12 months prior to Incapacity.
6. Your benefit will be reduced or not paid at all if any of the following will take you over the 60% maximum benefit allowed (the maximum is based on 60% of your gross income):
 - Earnings or sick pay you may still be receiving from your Employment, Self-employment or share of pre-tax profits if a Director of your own limited company.
 - Benefit payments you are receiving from income protection or sickness plans with other insurance companies.
 - Pension payments, unless you were receiving them whilst working.
7. Following admission of a claim, we will pay you the lesser of your chosen benefit or 60% of £100,000 per annum, the maximum amount permissible.
8. Claims will be paid twice a month after your Deferred Period on the 15th and last working day of the month directly into your bank account.
9. Your Benefit will be paid until one of the following situations occurs:
 - a. You recover and are able to fully return to work
 - b. You no longer suffer a loss of earnings
 - c. The Plan reaches the end of the term
 - d. If you die.
10. Incapacity will mean:
 - a. For the first 104 weeks of continuous Plan benefit payment your total inability to perform all of the essential duties of your own occupation and you are not following any other occupation.
 - b. After 104 weeks of paying Plan benefit, the definition of Incapacity will be your total inability to perform your own or any occupation to which you are reasonably suited and you are not following any other occupation.

11. Claiming again for the same reason:

Within six months of returning to work

If you go back to work and then claim again within the next six months for the same reason, we'll re-start your previous claim. We'll pay you from the date you became unable to work again. We may need to get up to date medical evidence again first, so to help avoid any delays, please tell us if this happens as soon as possible.

If you've been back at work for more than six months:

If you have been back at work for more than six consecutive months, then claim again for the same reason, we'll treat this as a new claim. We'll need new medical evidence, and the period of time you chose to wait between becoming unable to work and your claim being paid, will apply again.

12. Claiming again for a different reason:

If you've returned to work, you can make a new claim for a different reason unrelated to your previous claim at any time. We'll need new medical evidence, and the period of time you chose to wait between becoming unable to work, and your claim being paid will apply again.

13. During your claim we will assess your claim periodically and may require evidence of continued Incapacity.

14. You shall inform us immediately upon any change in your circumstance and provide us with suitable medical evidence showing the date of recovery.

15. While claiming the Plan benefit, we ask you to:

- a.** Follow the advice of any Doctor involved with your Medical Treatment and not refuse any reasonable request to undergo any treatment recommended by them.
- b.** Advise us of any change in your place of residence for more than 14 days and not leave your place of residence without giving us your contact details, except for any period of admission to a hospital or other recognised medical establishment.
- c.** Not perform any work, paid or unpaid, without first notifying us in writing.
- d.** Permit a representative of the Society to visit and interview you at any reasonable time.
- e.** Accept that we may enquire into the circumstances of your claim however we deem appropriate including agreeing to be examined by a Doctor nominated by us.

f. Produce a written authority so that we can obtain a Medical Report from your Doctor as to such current, continuing and/or any past illness of the same or a similar nature.

We may, at our discretion, reassess, suspend or terminate the payment of the Plan benefit if you do not comply with the above.

16. Premiums must be paid throughout the payment of Plan benefit. Once you have received Plan benefit for 52 continuous weeks, from the 53rd week of Plan benefit payment we will waive the payment of Premiums. Premium payment will recommence when payment of benefit ceases.

Other benefits

Medical expenses benefit

If you are claiming benefit under your Plan, you can apply for a lump sum payment to be used towards the cost of a specified medical operation, or treatment that in the opinion of your Doctor, will lead to a faster recovery. We will decide what, if any, contribution can be made after consultation with our Chief Medical Officer and our appointed Actuary.

You will be required to provide evidence that the payment was used for the agreed treatment.

Proportionate benefit

If you are receiving a benefit but are unable to return to your pre-incapacity occupation, you may consider retraining for a new role which pays a lower salary. In this instance you can request to be considered for a partial payment of benefit to support you. If agreed the partial payment will be paid for a maximum of 52 weeks.

Rehabilitation benefit

If you are receiving a benefit from us as a result of an illness or injury but could return to your pre-incapacity occupation in a part time or reduced role, you may be eligible to receive a rehabilitation benefit to support your transition back to a fulltime occupation. This will be a partial payment of claim benefit from us to assist you and will be paid for a maximum of 52 weeks.

Terminal Illness Benefit

On the diagnosis of a terminal illness where life expectancy is less than 12 months and with which our Chief Medical Officer agrees, we will:

- Immediately pay a lump sum equivalent to six months plan benefit irrespective of the Deferred Period.
- If you are within the Deferred Period the monthly Plan benefit will commence with immediate effect.
- If you are receiving the Plan benefit the lump sum payment will be paid as an additional amount.

Contact us.

We're here to help.

Address

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71 Eastgate Street
Gloucester GL1 1PW



0800 0931 535



memberservices@holloway.co.uk



www.holloway.co.uk

We're here

Monday - Friday 9.00am to 5.00pm