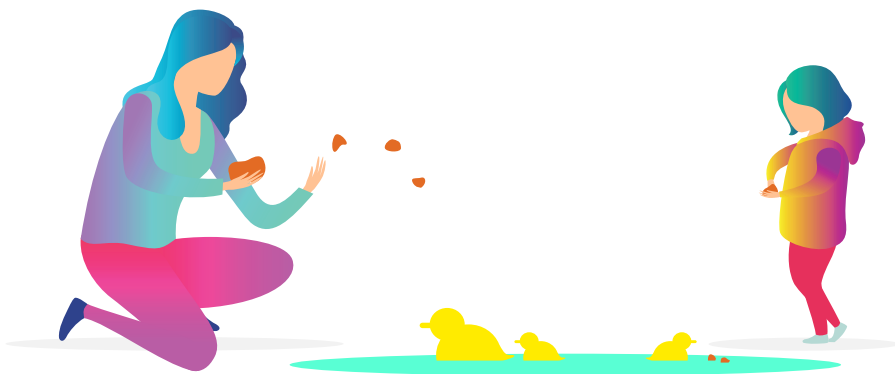
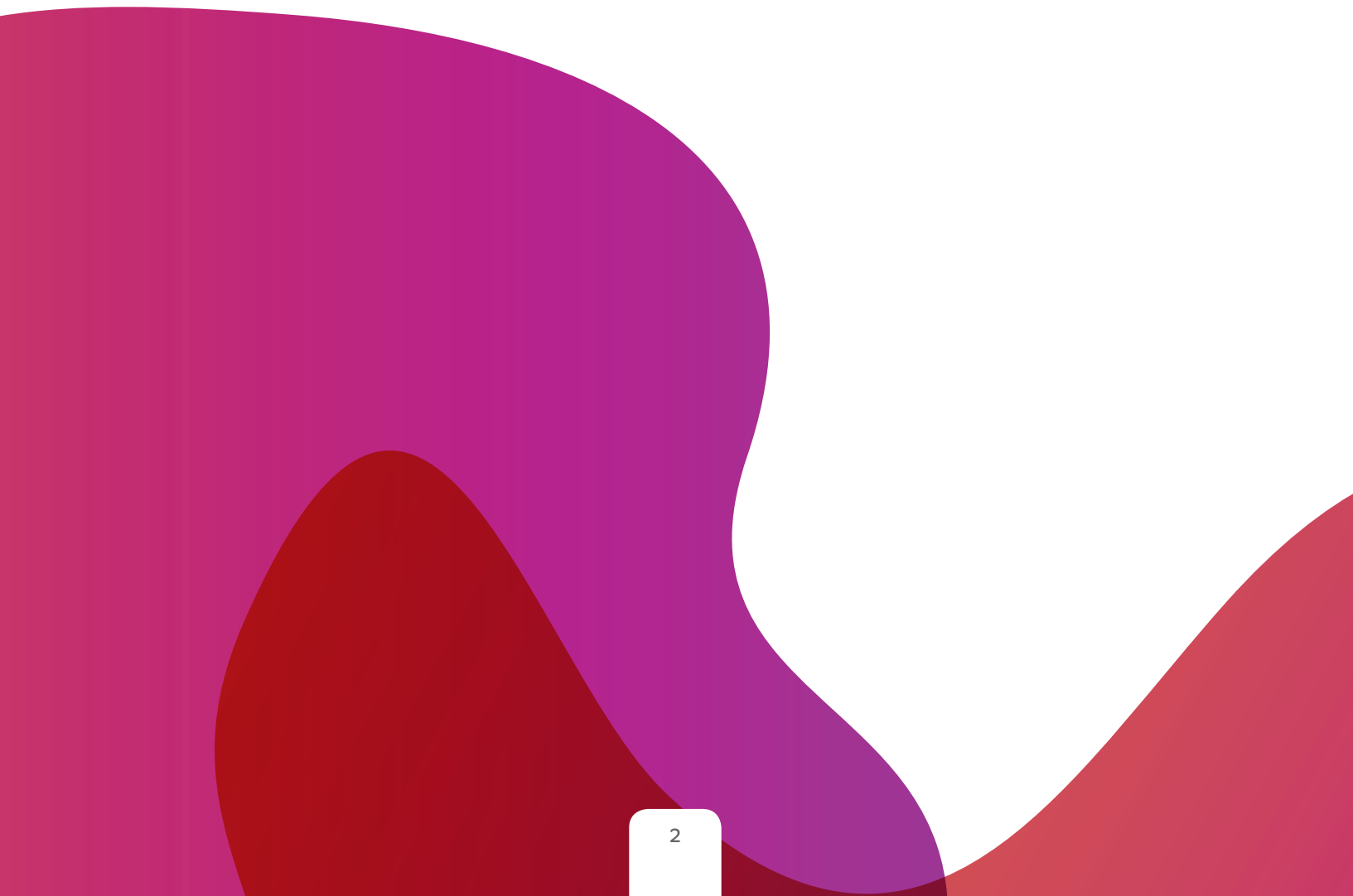


Schedule 14

# one2protect

# 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 one2protect 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 - if no 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, Channel Islands and 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:
  - Your Plan has no cash value at any time
  - This is a long term insurance product
  - 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 information and documentation 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.
4. You can apply for a Plan provided that:
  - You have been a UK or EU citizen who has resided within the EU or UK for at least 3 consecutive years, and you have been resident and registered with a UK GP for a minimum of the last 12 months.
  - If you do not fulfil the above criteria, you must have been both resident in the UK and registered with a UK GP for the last 3 years.
  - You are, at the chosen start date, aged between 18-59 (the maximum age may be reduced for some occupations where there is a restricted end date by occupation).
  - Your occupation meets our defined eligibility criteria.
  - 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 intention to move abroad.
5. The Premiums for your Plan are reviewable after 5 years - see Part C, point 5.
6. The actual amount payable at claim may be subject to any deductions see Part D, point 6.
7. You can increase the level of the Plan benefit, provided you are not yet 65 years of age, subject to there being at least 5 years of the Plan term remaining; if you wish to reduce the benefit you can do this at any time.
8. During the lifetime of your Plan you must advise us if any of the following change:
  - a. A decrease in your earnings (unless benefit guarantee applies - see Part B - Benefit Guarantee page 5)
  - 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.
9. 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 cease paying Premiums
  - d. When you reach your chosen end date for the Plan.
10. 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 Other benefits

## Benefit Guarantee

When you set up your Plan, you can insure up to 60% of what you earn each year, before tax, against becoming too unwell to work. There are 2 ways you can guarantee your monthly benefit, depending on the amount of cover you choose:

- **Automatic benefit guarantee for cover up to £1,500 a month**

We guarantee that we will pay you £1,500 a month or the level of cover you chose if lower, even if your earnings have reduced. To qualify, you just need to be able to show that you were normally working at least 21 hours a week, before you became too unwell to work. **Please note** - We provide this guarantee to support you when your income has genuinely fallen after you have set up your insurance, because we want to make sure you get the cover you paid for.

- **Optional benefit guarantee for cover above £1,500 a month by providing evidence of earnings up front**

If you insure more than £1,500 a month benefit, you can still guarantee the higher level of cover. To do this, we will need you to provide evidence of your annual earnings with your application or in the first six months of your cover. When we get this, we will check that the level of cover you have chosen is no more than 60% of your gross annual income. We will then provide confirmation in writing that we will guarantee the level of insurance you have chosen, even if your earnings drop in the future. If you do not provide this evidence you will still automatically receive the £1,500 a month benefit guarantee.

The proceeds from your Plan will not be affected by any state benefits you may be entitled to. If you continue to receive any other forms of income, like other wages, payments from other insurers or a pension, we may reflect these ongoing payments in your claim amount - see Part D – Payment of Plan Benefit.

## Guaranteed insurability option

This option allows you to increase the benefit when a specified event occurs without any need for further medical evidence provided:

- You are not yet 59 years of age on the date you make your guaranteed insurability option application
- You were offered cover under this Plan at our standard premium rates at the time you took out this Plan
- You are not suffering from an illness or injury that is preventing you from doing your normal occupation on the date you make your guaranteed insurability option application

- You are not receiving any insured benefit when you make your guaranteed insurability option application
- You have not received any income protection benefit in the last 12 months
- You are not within the Deferred Period applicable to your Plan or off work pending submitting a claim when you make your guaranteed insurability option application
- You have held the Plan for a minimum of 12 months.

Any exclusion applied to your initial benefit at the outset of your Plan will also apply to any subsequently approved guaranteed insurability option application.

Please note that the Premium for the guaranteed insurability option increase you are applying for will be based on the Premiums in force at the time the Plan was taken out.

**Important** - the total benefit payable under the Plan will never be more than 60% of your total earnings and is subject to a maximum of £60,000 per annum; see Part D for further details.

You are entitled to exercise this option on the occurrence of any of the following events once 12 months have elapsed from taking out your Plan – the proof required is also shown:

- Marriage / civil partnership – marriage certificate, civil partnership certificate
- Birth or legal adoption of a child – birth certificate, legal adoption papers
- Salary increase greater than or equal to 20% – letter from employer confirming details of the salary increase
- Change of job including a salary increase – confirmation letter of new appointment including salary details and letter of acceptance of new role
- Taking out a new mortgage – mortgage offer letter
- Increasing existing mortgage – mortgage offer letter.

In each instance the application, including providing the required proof, must be made within 3 months of the date the event occurred.

The maximum amount the benefit can increase is the lowest of:

- £9,000 per annum

- 50% of the initial benefit under the Plan
- 60% of salary and
- total benefit of £60,000 per annum.

These also apply to the sum of all options exercised under this Plan so that the maximum you can increase your Plan throughout its lifetime under these options is the lower of £9,000 per annum and 50% of your initial benefit under the Plan subject to the overall benefit limits.

There is no limit to the number of options you can exercise provided satisfactory proof is given and subject to the above maximum benefit.

#### **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.

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.

# PART C 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 on the Plan anniversary. Please note that you can decline any increase at any time with no penalty. **Note** - you can ask to move to the escalating benefit option once your Plan has started, but this will require a further assessment of your health.
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 and not exceeding the maximum total benefit level of £60,000 per annum. 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. In all instances where the cover level is increased there will be a minimum Premium increase of £5 per month.
5. Your Premiums are reviewable. Your Premiums are guaranteed for the first five years of your Plan. Thereafter, they will be reviewed annually and may be adjusted. Any adjustment may be an increase or a reduction. We will write to you three months before any change.
6. We set the Premiums for our products on the basis of certain assumptions about the claims we expect and how much it will cost to administer the Plans. We expect to be able to cover the cost of claims and expenses from all of the Premiums that we collect, across our business. We allow for some difference between our assumptions and our experience. If the experience is very different, either better or worse, we will adjust the Premiums to reflect the difference.
7. Any adjustment, up or down, is not based on individual claims or changes to the health of individual policyholders.
8. An adjustment might happen if:
  - the numbers of policyholders claiming and/or the length of those claims differ from what we expect
  - the rules change around tax, law or regulations, resulting in changes to our costs
  - the average length of time members maintain their Plans differs from what we expected
  - the costs of administering these products differs from what we expected
  - any combination of these.
9. Any decision to adjust Premiums will be made by the Society after receiving advice on the effect such action will have on the Society's ability to pay claims. We will not increase Premiums solely to generate extra income for the Society (any increase has to be in response to an increase in outgoings).
10. It will remain your responsibility to ensure that you have the correct level of cover and are not overinsured.
11. 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 exclusionIf any of these results in a requirement for additional medical evidence we may ask you to meet the costs.
12. If you fail to maintain Premium payments your Plan will be terminated and benefit payment will cease.

- 13.** 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.
- 14.** If you stop paying Premiums your cover will end. Premiums need to be paid to maintain your cover and entitlement to claim. If you owe more than three months Premiums you 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 Health which must be accepted before Membership can continue.
- 15.** 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.
- 16.** Any Premiums you pay in respect of a benefit in excess of the maximum payable are not refundable.
- 17.** 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 can take a career break for up to 6 months in any 12 month period. If you take career breaks, for example to raise a family, study, travel or because of redundancy, you can suspend your cover for up to 24 months in total during the life of the Plan. You will be eligible to have cover restored to the level it was before the start of any career break without the need for further evidence of health and you will be able to claim again once you have been back at work for 3 consecutive months.



# 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](http://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. We will pay any valid claim if you are living in the UK / any EU country or are resident in any of the following countries – Andorra, Australia, Canada, Gibraltar, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland and the USA.

If you are living anywhere else in the world, we will limit the period for which we pay you benefit to 26 weeks in any period of 52 weeks; with a maximum total of 52 weeks during the life of your Plan.
5. Suitable evidence, both medical and financial, will be required to support your claim. If you do qualify for the automatic benefit guarantee (see Part B Other benefits), we will require evidence that you have been regularly working for 21 hours or more each week. 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 may be reduced or not paid at all if you receive any of the following during a claim:
  - Earnings or sick pay you are still receiving from your Employment, Self-employment; or share of pre-tax profits if you are 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. We will not pay any benefit in respect of any illness or injury suffered by you prior to the Start date of your Plan (or Plan amendment) unless such illness or injury had been fully disclosed and accepted by us.
8. Following admission of a claim, we will pay you the lesser of your chosen benefit or 60% of your salary for the 12 months immediately before you claim, subject to the automatic and optional benefit guarantee – this means:
  - Benefit equal to or less than £1,500 per month – full benefit paid
  - Benefit greater than £1,500 per month and optional benefit guarantee selected (within 6 months of plan commencing) – full benefit paid
  - Benefit greater than £1,500 per month and optional benefit guarantee not selected (within 6 months of Plan commencing) – the lower of the insured benefit or 60% of your salary for the 12 months immediately before you claim.
9. Claims will be paid twice a month after your Deferred Period by the 15th and last working day of the month directly into your bank account.
10. 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. You no longer satisfy the definition of disability (inability to perform the duties of your own occupation)
  - e. If you die.
11. Further claims can be made, and these may be deemed a “New” or a “Linked” claim depending on

the time that has passed since the previous claim, and it may not be necessary for a new Deferred Period to apply. The criteria used is outlined in the table below:

**Illustrative table for claims for the same condition**

Elapsed time period from end of initial claim and return to employment for a minimum of 16 hours per week	Claim type	Deferred Period applicable
<b>If the same condition is experienced within 26 weeks of the original claim</b>	This will be deemed a "Linked claim"	No Deferred Period will apply
<b>If the same condition is experienced after 26 weeks of the original claim</b>	This will be deemed a "New Claim"	Your chosen Deferred Period will apply

- 12. During your claim we will assess your claim periodically and may require evidence of continued Incapacity.
- 13. You shall inform us immediately upon any change in your circumstance and provide us with suitable medical evidence showing the date of recovery.
- 14. Premiums paid during the payment of Plan benefit will be refunded.
- 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 notifying us in writing immediately.
  - 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 an acceptable 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.

16. If you have provided incorrect or misleading information we reserve the right to:

- Cancel the Plan
- Reduce the amount paid at claim
- Change the terms of cover.

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



## Contact us.

We're here to help.

### Address

Holloway House  
71 Eastgate Street  
Gloucester GL1 1PW

 **0800 0931 535**

 [memberservices@holloway.co.uk](mailto:memberservices@holloway.co.uk)

 [www.holloway.co.uk](http://www.holloway.co.uk)

### We're here

**Monday - Friday** 9.00am to 5.00pm