

Schedule 13b

Short-term Income Protection Plan



Definitions

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

Benefit Term

The payment of benefit will be limited to your chosen maximum benefit period for any claim or a linked claim.

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 Short-term 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, 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 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 provided that:
 - You have been a UK or EU citizen who has been both resident and registered with a UK GP for a minimum of 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.
 - 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. When you apply for a Plan you can “fix” your maximum income level if you can provide appropriate financial evidence within 6 months of taking out the contract. This will mean that, should your income fluctuate, we will guarantee that the earnings/salary/ income you were receiving at the time of taking the Plan out will be the basis of our assessment of your maximum claim benefit. We will not ask what your pre-incapacity earnings were when you make a claim but we will ask you about any other income you are receiving whilst you are unable to work. Certain types of income will reduce the amount payable under the Plan but you will have certainty that the total income you receive from all these sources, including your claim under the Plan, will be equal to the maximum benefit at the time you took out the Plan.
6. You can change the level of the Plan benefit, provided you are not yet 65 years of age.
7. 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.
8. 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.
9. No benefit shall be payable to you under this Plan in respect of Incapacity directly or indirectly due to or arising from an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).

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. If you fail to maintain Premium payments your Plan will be terminated and benefit payment will cease.
8. 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.
9. 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.
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. Any Premiums you pay in respect of a benefit in excess of the maximum payable are not refundable.
12. 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 C 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. We will pay any valid claim if you are living in the UK or are resident in any of the following countries – Andorra, Australia, Austria, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Portugal, Republic of Ireland, San Marino, Spain, Sweden, 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. 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):
 - a. 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.
 - b. Benefit payments you are receiving from income protection or sickness plans with other insurance companies.
 - c. 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 £100,000 per annum, the maximum amount permissible.
9. 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.
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. If you die.

- 11.** Benefit payments will be made up to your chosen maximum benefit period. Further claims where the cause of Incapacity is the same as the previous claim will be defined as one of a new claim, linked claim or recurrent claim.

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	Claim type	Deferred Period applicable
If the same condition is experienced within 26 weeks of the original claim	This will be deemed a “Linked claim”	No Deferred Period will apply
If the same condition is experienced within 26-52 weeks of the original claim	This will be deemed a “Recurring claim”	Your chosen Deferred Period will apply
If the same condition is experienced after 52 weeks of the original claim	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 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.

Other benefits

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 55 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 Incapacitated 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 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.

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 your age in the calendar year and the rates applying at the time of the increase.

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 C of the Schedule 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 or promotion including a salary increase – 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 lower of:

- £9,000 per annum,
- 50% of the initial benefit under the Plan,
- 60% of salary, and
- total benefit of £60,000 per annum.

This maximum applies 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.

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 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
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☎ **0800 0931 535**

✉ memberservices@holloway.co.uk

🌐 www.holloway.co.uk

We're here

Monday - Friday 9.00am to 5.00pm