

insurance

# Insurance Policy Booklet

Your mortgage payment  
protection insurance policy



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\* Your personal Insurance Schedule will show whether you have this cover or not.

### IMPORTANT – YOUR INSURANCE DOCUMENTS

The rest of this policy booklet explains the full insurance terms, conditions and exclusions of **Skipton MPPI**. This booklet, together with your personal Insurance Schedule, is your official Insurance Policy which is also your Evidence of Cover and it is a legal document.

Please keep your insurance documents in a safe place.



# Section one

## An introduction to your Skipton Building Society Mortgage Payment Protection Insurance Policy (MPPI)

Welcome to **Skipton MPPI**. This policy booklet explains all the terms and conditions of this insurance.

### What the policy provides

If you become unable to *work* due to accident or illness (this is called “*disability*”) or due to *unemployment* through no fault of your own, depending on what cover you have selected, the policy pays you a *monthly benefit*. If you have a *mortgage* with **Skipton** the *monthly benefit* will be paid straight to your *mortgage* account (if you have selected a *monthly benefit* which is greater than your monthly mortgage payment, **Skipton** will contact you to discuss what to do with the excess amount). If you do not have a *mortgage* with **Skipton** the *monthly benefit* will be paid straight to you.

The policy also provides “*Jobcare*”, a confidential and independent employment advice service. *Jobcare* is available to you and anyone living with you as part of your household.

### Benefit limits

The maximum level of *monthly benefit* is £2,500 or 75% of your normal gross monthly earned income (whichever is the lesser amount). This amount can be up to 140% of your *monthly mortgage* payment to allow you to cover the premium for this insurance, buildings and contents insurance on your property and associated life assurance policies.

Your normal income will be calculated over the year immediately prior to your claim. Please note that the benefits paid by this insurance may, in some cases, affect your entitlement to certain state benefits. If you make a claim under this policy and also apply for any means tested state benefit, the Department for Work and Pensions/ Benefits Agency may treat some of the claim payment as income when calculating your benefit entitlement.

### Joint borrowers

If you have a joint *mortgage* agreement, each person being insured must qualify for cover. The *monthly benefit* will be split between you in proportion to your income. This apportionment will be based upon each of your average gross monthly incomes over the 12 month period immediately prior to the *claim date*.

### Who to talk to

**Skipton MPPI** is managed by Jubilee Service Solutions Limited, the scheme administrators. They have been chosen because they are specialists in this type of insurance with many years of experience.

The scheme administrators will be there to help *you* throughout the lifetime of *your* policy, answer any questions *you* might have about *your* policy, collect *your* monthly premiums, issue insurance documents and deal with *your* claim. Details about how to contact the scheme administrators are in section five.

### **Understanding the cover**

Certain words and phrases in this policy will have the same meaning wherever they appear. To make them easier to recognise when they are being used, they will be shown in *italics*. They will help *you* to understand the cover and are called Policy Definitions. *You* can find them all listed and explained in section seven.

All insurance documentation, and communication with *you* whether written or spoken, will be in easy to understand English.

### **To qualify for cover**

*You* can take out **Skipton MPPI** as long as, on the *start date* of cover, *you* are

1. named on a *mortgage* agreement either with **Skipton** or with another *mortgage* provider,
2. not in arrears with *your mortgage* repayments,
3. over 18 and under 64 years of age,
- 6 4. permanently resident in the United Kingdom,
5. *working* at least 16 hours per week within the United Kingdom and have been for the previous 6 months,
6. not absent from *work* due to illness or injury (other than minor illnesses such as a cold or flu),
7. not aware of any job losses to be imposed by *your* employer that are about to happen and are likely to affect *you* and
8. not aware that *you* will have to give up *work* to become a *carer*.

### **If you move abroad**

If *you* move abroad or *work* abroad after *your* cover starts, please call the scheme administrators for advice on how this will affect *your* policy.

### **The “cooling off period”**

If *you* decide that *you* do not want the insurance after all, simply return *your* personal Insurance Schedule to the scheme administrators within 30 days of receiving it. All cover will be cancelled without charge.

## When cover begins

Your cover will begin on the *start date* shown on your personal Insurance Schedule. Please note that you cannot claim for *unemployment* that is notified to you, or for giving up *work* to become a *carer*, during the first 60 days of cover if you have a new *mortgage* (this increases to 120 days if you have an *existing mortgage*). This is known as the *initial exclusion period*.

## Fraudulent Claims or misleading information

The insurer takes a robust approach to fraud prevention in order to keep premium rates down so that you do not have to pay for other people's dishonesty. If any claim under this insurance is fraudulent or is intended to mislead, or if any misleading or fraudulent means are used by you or anyone acting on your behalf to obtain benefit under this insurance, your right to any benefit under this insurance will end, your policy will be cancelled and the insurer will be entitled to recover any benefit paid and costs incurred as a result of any such fraudulent or misleading claim. The insurer may also inform the police.

To prevent fraud, insurers sometimes share information. Details about your insurance application and any claim you make may be exchanged between insurers.

## Other insurances

If, at the date of claim, you hold any other similar insurance covering your monthly mortgage payments, the insurer will deduct the amount of any contribution due under the other insurance from the *monthly benefit*.

## Customer Care Programme

### Jobcare

**Skipton MPPI** includes a confidential and independent advice service providing help and guidance on achieving a speedy return to work in the event that you lose your job.

The service provides you and anyone living with you as part of your household with advice and practical help on:

- how to write a CV,
- accessing the hidden job market,
- interviewing techniques,
- accessing a national job vacancy database.

You will have unrestricted access to a trained Jobcare advisor and a back to work guide. You may use the service at any time whilst you are covered by your **Skipton MPPI** policy whether you are making a claim or not.

If you are looking for career change advice either to apply for a new position in your existing employment or if you are looking for a job with a new company, Jobcare will be able to assist you.

The service is:

- available 8am to 8pm Monday to Friday and 8am to noon on Saturdays
- available immediately

Simply call: 01582 429222 and quote reference “**Skipton Building Society**” or log onto [www.jobcare.co.uk](http://www.jobcare.co.uk) with the Username: “**Jobcare**” and Password: “**DVB 472**”.

### **Accident**

If *you* have a soft tissue injury (e.g. sprained muscle or whiplash), where appropriate, rehabilitation specialists will contact *you* to help *you* with a speedy recovery and return to *work*.

This service can include:

- physiotherapy
- exercise programme
- tailored rehabilitation programme

This service is designed to operate alongside the NHS and other recognised medical professionals.

## **8 Medical advice service**

Your **Skipton MPPI** also provides a Medical Advice Service. This is a non-diagnostic medical helpline with advice from fully trained and qualified healthcare professionals.

The service is available 24 hours a day, 7 days a week. The most commonly asked questions include those on:

- minor head injuries in a child
- the care of an infant with a fever
- advice regarding chicken pox
- travel vaccination advice
- child immunisation.

The service is provided by Jobcare Health Solutions and the number to call is 0870 300 2846.

# Section two

## Unemployment insurance

**Your personal Insurance Schedule will confirm if this cover applies to your policy.**

### **What is meant by “unemployment”**

*Unemployment (or unemployed)* in this policy means being without paid work through no fault of *your own*. In this policy the benefits available for *unemployment* also apply if *you* give up work to become a carer.

- *you* will not be covered if, during the *initial exclusion period*:
  - *your employer* informs *you* that *you* are going to lose *your job*, or
  - *you* become a carer
- benefit is not payable for any period for which *you* are entitled to a payment from *your employer* instead of working *your notice period* (payment in lieu of notice), this applies whether or not *you* have registered as *unemployed* before the date *your notice period* ends.

*Unemployment* cover varies depending on the type of employment contract *you* had when *you* were made *unemployed*, that is, whether *you* held a *permanent contract* or a *fixed-term contract* or if *you* were *self-employed*.

### **1. If you held a permanent contract**

*you* are covered if *you* lost *your job* because of *compulsory redundancy* or dismissal, as long as it was not for misconduct.

### **2. If you held a fixed-term contract**

(a) *you* are covered if *your employer* ends *your contract* early and did not renew it again, as long as *your employer* had originally intended the contract to be renewable and either

- *you* had an annual contract and it had already been renewed at least once or
- *you* had worked for that employer for at least two continuous years or were previously employed by them under a *permanent contract* or
- *you* had worked for that employer on a contract of at least six months and it had been renewed at least twice.

(b) if *your contract* and *work record* with *your employer* were not as described in (a) above, *you* are covered only if *your employer* ends *your contract* early (not if they did not renew it when it reached its end date), and please note that benefit will not be paid after the normal end date of *your contract*.

### 3. If you were self-employed

If you are self-employed, to claim for *unemployment*, three conditions apply. You need to:

- have ceased trading because you could not find enough work to meet all your reasonable business and living expenses;
- have declared the above to HM Revenue & Customs; and
- present the scheme administrators with a copy of your signed Jobseeker's Agreement and ongoing proof that you are registered as *unemployed* with the Department for Work and Pensions, or provide suitable alternative proof of *unemployment*.

#### The exclusions – what is not covered

##### Unemployment insurance benefit will not be paid for:

1. *Unemployment* you become aware of during the *initial exclusion period*, because your employer informs you that your job will be affected.

If you cancelled a similar accident, sickness and unemployment insurance immediately prior to the start of your **Skipton MPPI**, this exclusion will not apply provided that the original insurance had been in force for a minimum of 6 calendar months. You will be asked to provide proof of this if you claim for *unemployment* benefits within the *initial exclusion period*.

However, if you cancelled an accident and sickness only insurance immediately prior to the start of your **Skipton MPPI**, this exclusion will still apply.

2. *Unemployment* because you became a carer within the *initial exclusion period*.
3. *Unemployment* which you knew about at the start date of cover.
4. *Unemployment* if, at the start date of cover, you knew that you would have to give up work to become a carer.
5. Any period for which you have received a payment instead of working a notice period.
6. *Unemployment* which is normal or seasonal in your occupation.
7. Voluntary *unemployment*, resignation or retirement unless you have given up work to become a carer.
8. *Unemployment* due to your misconduct, this means not following company rules or breaking the law.
9. War, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind.
- 10 Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

##### How the policy pays out for unemployment claims

###### Claim date

The *claim date* means the date your claim starts. It is the date you first register with an appropriate Employment Office in the United Kingdom (or any other Office

acceptable to the insurer) as *unemployed*. If you receive a payment instead of *working* a notice period your claim cannot start until that notice period is over whether you have registered with an appropriate Employment Office or not.

If your *unemployment* claim is because you have given up *work* to become a *carer*, the *claim date* is the effective date shown on your Award Notice.

### **Payment of Benefit**

Once you have been unable to *work* for 30 or 60 days in a row (as chosen by you and shown on your personal Insurance Schedule), you will qualify for 1/30<sup>th</sup> of the *monthly benefit* for each further day you are *unemployed* until the first of the following happens:

1. you return to *work*,
2. you are paid the *maximum claim amount* (see below),
3. your 65<sup>th</sup> birthday. However, where you have a valid claim in progress on this date, or if an event has occurred prior to this date which leads to a valid claim, the insurer will accept and/or continue to pay your claim until it would otherwise have ended under the terms and conditions of your policy,
4. you retire from *work* and do not plan to *work* again, or
5. if you are a *carer*, the date you no longer have a valid Award Notice.

If you have a *mortgage* account with **Skipton** the scheme administrators will make payments directly to your *mortgage* account in 30 day intervals, providing you continue to provide satisfactory proof that you are still *unemployed* (if you have selected a *monthly benefit* which is greater than your monthly *mortgage* payment, **Skipton** will contact you to discuss what to do with the excess amount). If you do not have a *mortgage* account with **Skipton** payments will be made directly to you.

Please note that you should continue to pay the monthly premiums during a claim to ensure continuity of cover.

### **The maximum claim amount**

The most you will be paid for each new and separate claim is 12 *monthly benefits*.

### **If your claim changes**

If you are insured for both *unemployment* and *disability* and the reason why you are claiming changes from *unemployment* to *disability* this will not be treated as a new claim but will be treated as a continuation of the original claim and the *maximum claim amount* will apply to the claim as a whole.

### **Making further claims**

If you return to *work* before the *maximum claim amount* has been paid but find you need to claim again, the way the insurer treats the next period of *unemployment* depends on how long your return to *work* lasted:

- if you return to *work* for less than three months in a row the next claim will be treated as part of the original claim. Any benefit already paid will count towards the *maximum claim amount*.

- if you return to work for three months in a row or more, any future unemployment will be treated as a completely new claim. Although the 30 or 60 days excess period (as chosen by you and shown on your personal Insurance Schedule) will re-apply, you will again be entitled to the maximum claim amount.

### **When you have been paid the maximum claim amount**

After the maximum claim amount for an unemployment claim has been paid, you need to return to work for six months in a row before you can claim again.

### **Temporary earnings during an unemployment claim**

If during an unemployment claim you have the opportunity of temporary employment, the insurer can simply suspend your claim and will let you know how long your claim will be suspended for. Please keep the scheme administrators informed so that you can take full advantage of **Skipton MPPI**.

### **How to make a claim**

#### **Step one – how to notify your claim**

Read this policy first so that you are satisfied that you are covered for the claim you want to make. Read any exclusions that may apply and make sure you understand them.

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Contact the scheme administrators for a claim form. Please have your policy number to hand, you can find this on your personal Insurance Schedule.

If you are not sure whether you can claim, please contact the scheme administrators who will be happy to help you.

#### **Step two – after your claim is notified**

The scheme administrators will send you a claim form, which you should fill in and return as soon as possible. The scheme administrators will then handle your claim directly with you.

The claim form includes information about the documents you need to send in and what you should do during your claim. Please read the notes carefully as they will help your claim to be handled fairly and promptly. If you need any help to fill in the claim form, please talk to the scheme administrators.

#### **Step three – the claims procedure**

The table that follows is a guide to help you understand what you need to do throughout your claim and what documents you may need to provide.

Following the procedure and any instructions or advice you are given by the scheme administrators will help your claim to run smoothly. If you do not follow the procedure and any other instructions or advice you are given your claim may be delayed or remain unpaid.

#### **Important – costs you have in providing proof as part of your claim**

The cost of providing proof of your claim is your responsibility.

## What you need to do to make an unemployment claim

1	<ul style="list-style-type: none"><li>• Register with the Employment Services in the United Kingdom as <i>unemployed</i> or with the Department for Work and Pensions as a <i>carer</i>.</li><li>• Have a Job Seeker's Agreement and be receiving any unemployment benefit or National Insurance Credits you are entitled to.</li><li>• If you have given up work to become a <i>carer</i> you need to be receiving Carer's Allowance.</li></ul>
2	<p>Contact the scheme administrators within 30 days and ask for a claim form.</p> <p>Call 01444 450 550 (all calls are recorded for training, compliance and claims purposes).</p>
3	<p>Arrange the completion of the claim form and send it back to the scheme administrators.</p>
4	<ul style="list-style-type: none"><li>• Throughout <i>your</i> claim you need to show that you are still <i>unemployed</i> and looking for new <i>work</i>, (unless you have given up <i>work</i> to become a <i>carer</i>, in which case you need to show that you are still in receipt of Carer's Allowance) so that benefit under this policy can continue to be paid.</li><li>• The scheme administrators will send you a continuation claim form each month which includes a declaration that you have not <i>worked</i> or that you are still in receipt of Carer's Allowance.</li></ul>

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## What documents you may need to produce

1	<p>Completed claim form (this is essential).</p>
2	<p>Job Seeker's Agreement/Award Notice in respect of Carer's Allowance, Redundancy notice/severance letter and your P45.</p>
3	<ul style="list-style-type: none"><li>• Continuation claim form (provided by the scheme administrators).</li><li>• Confirmation from the Employment Services that you are still registered as <i>unemployed</i> and any other evidence required by the scheme administrators to show that you are looking for new <i>work</i> or confirmation from the Department for Work and Pensions that you are still a <i>carer</i>.</li><li>• If you were <i>self-employed</i> you will need to show that you have ceased trading because you could not find enough <i>work</i> to meet all your reasonable business and living expenses and be able to show that HM Revenue &amp; Customs are aware that you have ceased trading.</li><li>• Any other evidence required by the scheme administrators to show that you are still looking for new <i>work</i>.</li></ul>

# Section three

## Disability insurance (accident and illness)

Your personal Insurance Schedule will confirm if this cover applies to your policy.

### What is meant by “disability”

*Disability (or disabled)* in this policy means being unfit to *work* because of an accident or illness. A *doctor* must issue you with a medical certificate to say that you are totally unable to carry out the duties of *your* normal job.

- *your disability* must begin after the *start date* shown in *your* personal Insurance Schedule and
- you cannot claim during any period of *disability* when you are receiving payment for any *work* you do (other than sick pay from *your* normal job).

### Does disability cover still apply if I go back to my job on temporarily reduced hours?

Yes. The insurer wants to help you on your way back to full time *work*. So your claim will continue and the FULL *monthly benefit* will continue to be paid for up to a maximum of 3 months, provided that:

1. you have already received at least one *monthly benefit* for your *disability* claim and
2. your *doctor* continues to issue medical certificates and confirms the number of hours (or days) that have been agreed. This must be no more than 75% of your normal hours and
3. your reduced hours (or days) do not become permanent.

### Will I be able to claim for medical conditions I already have?

Yes, but in order to claim you must be able to prove that you have been symptom-free and have not consulted a *doctor* about the condition for a period of 12 months in a row. (see exclusion 1. below)

### The exclusions – what is not covered

#### Disability insurance benefit will not be paid for:

1. A medical condition that you had before you applied for cover under this policy (this is called a pre-existing medical condition). A pre-existing medical condition means any condition, injury, illness, disease or related condition and/or associated symptoms, whether diagnosed or not, which in the 12 month period immediately before the *start date* shown in *your* personal Insurance Schedule:
  - you knew about, or should reasonably have known about or
  - you had seen, or arranged to see, a *doctor* about.

This exclusion will not apply once *you* have been symptom-free and have not consulted a *doctor* or sought treatment or advice for the same condition for 12 months in a row.

2. Deliberate self-inflicted bodily injury or alcohol or drug abuse.
3. War, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, terrorist activity of any kind.
4. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

## How the policy pays out for disability claims

### Claim date

The date *your* claim starts, this is the date *you* are first issued with a medical certificate by a *doctor*.

### Payment of Benefit

Once *you* have been unable to *work* for 30 or 60 days in a row (as chosen by *you* and shown in *your* personal Insurance Schedule), *you* will qualify for 1/30<sup>th</sup> of the *monthly benefit* for each further day *you* are *disabled* until the first of the following happens:

1. *you* return to *work*,
2. *you* are paid the *maximum claim amount* (see below),
3. *your* 65<sup>th</sup> birthday. However, where *you* have a valid claim in progress on this date, or if an event has occurred prior to this date which leads to a valid claim, the insurer will accept and/or continue to pay *your* claim until it would otherwise have ended under the terms and conditions of *your* policy, or
4. *you* retire from *work* and do not plan to *work* again.

If *you* have a *mortgage* account with **Skipton** the scheme administrators will make payments directly to *your mortgage* account in 30 day intervals, providing *you* continue to provide satisfactory proof that *you* are still *disabled* (if *you* have selected a *monthly benefit* which is greater than *your* monthly mortgage payment, **Skipton** will contact *you* to discuss what to do with the excess amount). If *you* do not have a *mortgage* account with **Skipton** payments will be made directly to *you*. Please note that *you* should continue to pay the monthly premiums during a claim to ensure continuity of cover.

### The maximum claim amount

The most *you* will be paid for each new and separate claim event is 12 *monthly benefits*.

### If your claim changes

If *you* are insured for both *disability* and *unemployment* and the reason why *you* are claiming changes from *disability* to *unemployment* this will not be treated as a new claim but will be treated as a continuation of the original claim and the *maximum claim amount* will apply to the claim as a whole.

## **Making further claims**

If *you* return to *work* before the *maximum claim amount* has been paid but find *you* need to claim again, the way the insurer treats the next period of *disability* depends on how long *your* return to *work* lasted:

- if *you* return to *work* for less than three months in a row the next claim will be treated as part of the original claim. Any benefit already paid will count towards the *maximum claim amount*.
- if *you* return to *work* for three months in a row or more, any future *disability* will be treated as a completely new claim. Although the 30 or 60 days excess period (as chosen by *you* and shown on *your* personal Insurance Schedule) will re-apply, *you* will again be entitled to the *maximum claim amount*.

## **When you have been paid the maximum claim amount**

After the *maximum claim amount* for a *disability* claim has been paid, *you* need to return to *work* for six months in a row before *you* can claim for the same or a related condition – or for one month if the next *disability* is totally unrelated.

## **How to make a claim**

### **Step one – how to notify your claim**

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Read this policy first so that *you* are satisfied that *you* are covered for the claim *you* want to make. Read any exclusions that may apply and make sure *you* understand them.

Contact the scheme administrators for a claim form. Please have *your* policy number to hand, *you* can find this on *your* personal Insurance Schedule.

If *you* are not sure whether *you* can claim, please contact the scheme administrators who will be happy to help *you*.

### **Step two – after your claim is notified**

The scheme administrators will send *you* a claim form, which should then be completed and returned as soon as possible. The scheme administrators will then handle *your* claim directly with *you*.

The claim form includes helpful information about the documents *you* need to send in and what *you* should do during *your* claim. Please read the notes carefully as they will help *your* claim to be handled fairly and promptly. If *you* need any help to fill in the claim form, please talk to the scheme administrators.

### **Step three – the claims procedure**

The table that follows is a guide to help *you* understand what *you* need to do throughout *your* claim and the documents *you* may need to provide.

Following the procedure and any instructions or advice *you* are given by the scheme administrators will help *your* claim to run smoothly. If *you* do not follow the procedure and any other instructions or advice *you* are given *your* claim may be delayed or remain unpaid.

**Important – costs you have in providing proof as part of your claim**

The cost of providing proof of *your* claim is *your* responsibility. Upon acceptance of *your* claim, however, the insurer will reimburse the charges made by *your doctor* in relation to completion of the claim form. *You* must supply all relevant receipts.

If the insurer requires more than just medical certificates from *your doctor*, the cost of any medical examiner’s fee for any additional medical or psychiatric examinations *you* are asked to attend will be paid for by the insurer.

<b>What you need to do to make a disability claim</b>	
1	See a <i>doctor</i> .
2	Contact the scheme administrators within 30 days and ask for a claim form.
3	Complete the claim form and send it to the scheme administrators.
4	<ul style="list-style-type: none"><li>• Throughout <i>your</i> claim <i>you</i> need to show that <i>you</i> are certified by a <i>doctor</i> as unfit for <i>work</i>.</li><li>• The scheme administrators will send <i>you</i> a continuation claim form each month which includes a declaration that <i>you</i> have not <i>worked</i> between claim payments.</li></ul>
<b>What documents you may need to produce</b>	
1	Completed claim form (this is essential).
2	<ul style="list-style-type: none"><li>• Medical certificates for the period <i>you</i> are claiming.</li></ul>
3	Continuation claim form (provided by the scheme administrators).

# Section four

## Renewing or cancelling your policy

### Cancellation or amendment by the insurer – your rights

#### How your policy renews

Your policy is a monthly rolling contract. It renews every month as long as you pay your monthly premium when due.

#### Automatic cancellation

Your cover ends automatically when any of the following happens:

- you fail to pay the monthly premium once it becomes due,
- your 65th birthday. However, where you have a valid claim in progress on this date, or if an event has occurred prior to this date which leads to a valid claim, the insurer will accept and/or continue to pay your claim until it would otherwise have ended under the terms and conditions of your policy,
- the date you retire from work and have no intention of working again, or
- the date you redeem your mortgage.

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#### Cancellation by you

You can cancel cover at any time by writing to the scheme administrators. There is no refund if you cancel after the “cooling-off period” because once premiums become due they are paid month by month so you will only have paid for the cover you have already received. Please note that once premiums become payable they must be maintained during any period of claim, to ensure continuity of cover.

#### Cancellation or amendment by the insurer – your rights

The insurer can change the terms and conditions of **Skipton MPPI**, including the premium payable. If the insurer does this they will give you at least 2 months written notice of the change, sent to your last known address, although it may introduce changes immediately and advise you within 30 days of the change having been made if the change is favourable to you.

The insurer will only change your premium and/or the terms or conditions of your policy for the following reasons:

- to make the terms or conditions of your policy more favourable to you,
- to make minor changes to your policy wording that do not affect the nature of the cover and benefit provided such as changes to make the policy easier to understand,

- to reflect changes in the law, in regulation (including any decision of a regulatory body), or to any code of practice or industry guidance affecting the insurer or *your* policy,
- to reflect changes to taxation applicable to *your* policy (including, but not limited to, insurance premium tax),
- to reflect increases or reductions in the cost (or projected cost) of providing *your* insurance, including, but not limited to, increases or decreases caused by changes to the number, length, cost or timing of claims which the insurer, as part of its pricing policy, has assumed or projected will be made under this insurance,
- to cover the cost of any changes to the cover/benefits provided under this insurance including, but not limited to, reductions in the time that *you* have to wait before a claim can be paid or the removal of one or more policy exclusion(s),
- to cover the cost of changes to the systems, services or technology in support of this insurance.

Once the insurer has made an alteration no further changes will be made to the terms and conditions or the premium for *your* policy for at least 6 months, unless the insurer is obliged to do so by law, regulation, any code of practice or industry guidance.

Upon receiving notice of any changes or proposed changes, *you* may cancel cover in accordance with Section four if *you* are unhappy with the change or proposed change.

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The insurer may terminate cover under this insurance by giving *you* at least 3 months written notice at *your* last known address. If a substitute Payment Protection Insurance scheme is being offered in place of this policy, 2 months written notice of termination or substitution will be given.

If the insurer cancels cover under *your* policy no further premium will be payable by *you* and *you* will continue to receive any benefits for a valid claim if *your claim date* was before the date this policy was cancelled.

### **Change of circumstances**

The insurer recommends that *you* review *your* personal circumstances from time to time to make sure that this insurance is still suitable for *you* and that *you* would still be able to claim. If *you* want any advice about how any change in *your* personal circumstances will affect *your* cover *you* should contact the scheme administrators.

### **Changing your policy**

Please contact the scheme administrators if *you* need to change the level of *monthly benefit*. They will tell *you* what to do. Please note that the *unemployment* exclusions 1, 2, 3 and 4 (in Section two), and the *disability* exclusion 1 (in Section three) will be re-applied to the change in level of benefit, from the date that the change becomes effective.

If you have a joint *mortgage* agreement and only one of you is insured, the other person can apply to be added to the insurance. Cover starts from the date that the insurer accepts the application and is subject to the terms and conditions of the policy.

If you are both insured and want to change the level of your *monthly benefit*, you may do so. However, the following exclusions will be re-applied to any increase in *monthly benefit* or cover for either borrower:

1. Any condition, injury, illness, disease, sickness or related condition and/or associated symptoms whether diagnosed or not:
  - which you knew about, or should reasonably have known about, at the date you applied for the change.
  - which you had seen, or arranged to see, a *doctor* about, during the 12 months immediately before the date you applied for the change.

This exclusion will not apply to the increase in *monthly benefit* once the increased amount has been continuously insured under the *disability* section of cover for 12 months, so long as you are attending *work* at the start of your claim.

2. *Unemployment* which you knew about at the date you applied for the change.

3. *Unemployment* if, at the date that you applied for the change, you knew that you would have to give up *work* to become a *carer*.

- if you make an *unemployment* claim within the first 60 days of making a change to your *monthly benefit*, you will not receive the new amount if you have to make a claim with a loss date that falls within this 60 day period.
- if you wish to make a *disability* claim within the first 60 days of making a change to your *monthly benefit*, you will receive this additional benefit for any *disability* claim with a *claim date* after the date that you changed your level of benefit.

# Section five

## The scheme administrators Customer service and complaints

### The scheme administrators

Jubilee Service Solutions Limited have been appointed as the scheme administrators for **Skipton MPPI**. They have been chosen because they are specialists in this type of insurance with many years of experience and will give you all the help and advice you need throughout the lifetime of your policy.

The scheme administrators will be there to:

- answer any questions you have about the insurance cover and terms,
- collect your monthly premiums and
- deal with your claim.

If you have any disability that makes communication difficult, please tell them and they will be pleased to help.

### Customer service

The scheme administrators are dedicated to providing you with a high quality service at all times. Every effort will be made to sort out any enquiry or problem that you may have.

### How to complain

If you wish to make a complaint about any aspect of your policy, the premiums or about any claims matter please contact the scheme administrators. Contact details are shown below.

<p>If you have a complaint about the sale of your insurance please call Skipton Building Society on 08458 501700*</p> <p>or write to</p> <p>Customer Relations Team, Skipton Building Society, The Bailey, Skipton North Yorkshire BD23 1DN</p>	<p>If you have a complaint on any other aspect of your policy, please write to</p> <p>Jubilee Service Solutions Limited 21 Perrymount Road Haywards Heath West Sussex RH16 3TP</p> <p>Phone: 01444 450 550 Fax: 01444 458 234 E-mail: <a href="mailto:skiptonbs@jubilee-insurance.com">skiptonbs@jubilee-insurance.com</a></p>
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If you are not happy with the way *your* complaint has been dealt with you can refer the matter to Lloyd's at:

Policyholder & Market Assistance  
Lloyd's Market Services  
One Lime Street  
London EC3M 7HA.

Phone: 020 7327 5693

Fax: 020 7327 5225

E-mail: [complaints@lloyds.com](mailto:complaints@lloyds.com)

Complaints that cannot be resolved by the scheme administrators or Lloyd's may be referred to:

The Financial Ombudsman Service  
South Quay Plaza, 183 Marsh Wall  
London, E14 9SR.

Phone: 0800 0 234 567\*

\*Calls to this number are free if you are calling from a 'fixed line'(e.g. a landline at home). If you are a mobile phone user who pays a monthly charge for calls to numbers starting 01 or 02, call free on 0300 123 9 123.

Further details will be provided at the appropriate stage of the complaints process.

- 22 The scheme administrators have internal complaints handling procedures which you can ask to see.

This complaints procedure does not affect *your* legal rights.

# Section six

## The insurer Regulatory and legal information

### The insurer

**Skipton Building Society MPPI** is underwritten by Jubilee Insurance, Lloyd's Syndicate 5820. The Lloyd's Managing Agent for Lloyd's Syndicate 5820 is Jubilee Managing Agency Limited. It is entered in the Register of Lloyd's Managing Agents. Registered Office: 50 Fenchurch Street, London, EC3M 3JY. Registered in England number 04434499.

### Financial Services Authority Registrations

Jubilee Managing Agency is authorised and regulated by the Financial Services Authority and entered on its register under number 226696.

Skipton Building Society Limited is authorised and regulated by the Financial Services Authority and entered on its register under number 153706.

The scheme administrators, Jubilee Service Solutions Limited, are authorised and regulated by the Financial Services Authority and entered on its register under number 311493.

### The Financial Services Compensation Scheme

The insurer is covered by the Financial Services Compensation Scheme. *You* may be entitled to compensation from the Scheme if the insurer is unable to meet its obligations to *you* under this contract.

Further information can be obtained from The Financial Services Compensation Scheme, 7<sup>th</sup> Floor Lloyds Chambers, Portsoken Street, London, E1 8BN Tel: 020 7892 7300.

Website: [www.fscs.org.uk](http://www.fscs.org.uk)

### Data Protection Act

Information *you* supply may be used for the purposes of insurance administration by the Data Controller (as defined under the Act). It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules/codes. *Your* information may also be used for crime prevention. For any of these purposes, *your* information may be transferred to countries that do not have stringent data protection laws. If this is necessary, the Data Controller will seek assurance from that party as to the security surrounding the handling of *your* information before it proceeds.

If *you* give information about another person, in doing so *you* confirm that they have given *you* permission to provide it to the Data Controller and for the Data Controller to be able to process their personal data (including any sensitive personal data).

On payment of the appropriate fee, *you* have the right to access and if necessary rectify information held about *you* (this is known as a Subject Access Request). Please contact the insurer's Compliance officer, in writing, to exercise these rights.

In assessing any claims made, the insurer, or its associated companies or agents, may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with

other insurers either directly or via those acting for the insurer (such as loss adjusters or claims investigators).

When *your* insurance ends all information held about *you* (including information held on systems) will be destroyed or erased after a period of 7 years. The Data Controller's associated companies and agents will be advised to do the same.

Personal Data held on customers may be used for research and statistical purposes but only with the explicit consent of the customer would this take place.

To assess the terms of the policy or handle claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history, criminal convictions or employment records). Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain *your* explicit consent before the insurer processes the information. When *you* apply for this insurance, consent is given to the processing and transfer of information described in this notice by the insurer and its agents. Without consent, the insurer would not be able to offer this insurance.

### **Law & legal proceedings applicable to this policy**

24 Under the laws of the United Kingdom (England, Scotland, Wales and Northern Ireland) both *you* and the insurer may choose the law which applies to this contract, to the extent permitted by those laws. Unless *you* and the insurer agree otherwise, the law which applies to this contract is the law which applies to the part of the United Kingdom in which *you* live or, if *you* live in the Channel Islands or Isle of Man, the law of whichever of those two places *you* live.

Any legal proceedings between *you* and the insurer in connection with this contract will, therefore, only take place in the courts of the part of the United Kingdom, the Channel Islands or the Isle of Man in which *you* live.

### **Safeguarding your premium and claim payments**

All premium payments from *you* and due to the insurer for this policy will be held by the scheme administrators on behalf of the insurer. The scheme administrators will also hold any premium refund that is due to *you* from the insurer together with any claim benefits that are due to *you* from the insurer.

In this capacity the scheme administrators are acting as an authorised agent of the insurer. This means that once a premium is paid to the scheme administrators it is deemed to have been received by the insurer and that all claims benefits and premium refunds from the insurer are not deemed to have been paid until *you* have actually received them.

### **Certification**

This policy wording and *your* personal Insurance Schedule are *your* full insurance policy documents. They are also evidence that *you* are covered under the Master Policy. The Master Policy is the contract that governs this insurance and which the insurer has agreed with **Skipton**. A copy is available upon request. In return for payment of *your* premiums the insurer will insure *you* in accordance with the terms and conditions stated in these documents and which are confirmed in the Master Policy.

# Section seven

## Policy definitions

The words and phrases listed below have the same meaning wherever they appear in this policy and are shown in *italic type*.

“*carer*” being a full-time carer and in receipt of Carer’s Allowance from the Department for Work and Pensions.

“*claim date*” the date *your* claim starts:

- for *disability* claims it is the date *you* are first issued with a medical certificate by a *doctor*.
- for *unemployment* claims it is the date *you* first register with an Employment Office in the United Kingdom (or any other Office acceptable to the insurer) as *unemployed*. Please note that if *you* receive a payment instead of completing a notice period *your* claim cannot start until that notice period ends, whether or not *you* have already registered as *unemployed*. If *your unemployment* claim is due to *you* giving up *work* to become a full-time *carer*, it is the effective date shown on *your* Award Notice.

“*compulsory redundancy*” receiving written notice from *your* employer that the *permanent contract* of employment *you* held is being terminated against *your* wishes because either: 25

- *your* employer has stopped trading (or soon will do) either totally or just in the place they employed *you*; or
- *your* employer has decided that the specific job *you* do for them is (or soon will be) no longer needed.

(Please remember that if *you* take voluntary redundancy *you* will not be able to claim.)

“*disability/disabled*” being unfit to *work* because of an accident or illness. This must be certified by a *doctor* and leave *you* totally unable to carry out *your* normal occupation.

“*doctor*” a Registered Medical Practitioner in the United Kingdom or any other physician acceptable to the insurer.

“*existing mortgage*” a *mortgage* which began 30 days or more before the *start date*.

“*fixed-term contract*” a formal written contract of employment which is for a specific term.

“*initial exclusion period*” the first 60 days of cover if *you* have a *new mortgage* or 120 days if *you* have an *existing mortgage*, during which *you* cannot claim for *unemployment* that is notified to *you*, or for giving up *work* to become a *carer*.

“*maximum claim amount*” the most *you* will be paid for each new and separate claim which is 12 *monthly benefits*.

*“monthly benefit”* the monthly amount payable when you have a valid claim. The amount will be confirmed in your personal Insurance Schedule. Also see *benefit limits* in Section one.

*“mortgage”* a loan secured on residential property as the first charge. Residential property means a property in the United Kingdom which is permanently and solely occupied by you and your immediate family as your main home.

*“permanent contract”* a formal written open ended contract of employment with no specific termination date and which could continue until you retire.

*“self-employment/self-employed”* a sole trader, director or partner or a shareholder of 25% or more in a company which employs you. The insurer will also consider you to be *self-employed* if you are employed in a company or business where your husband, wife, the person you live with as if you were married, civil partner, parent, child, brother or sister meet any of these conditions.

*“start date”* the date your cover starts as shown on your personal Insurance Schedule.

*“Unemployment/unemployed”* being without paid work through no fault of your own. This includes giving up work to become a carer.

*“work/working/worked”* receiving payment for working at least 16 hours per week under a *permanent contract* or a *fixed-term contract* or as *self-employed*. A period of maternity leave will still count as work.

*“you/your”* the person covered by this insurance, who must be eligible and specified in the personal Insurance Schedule.



Principal Office, The Bailey,  
Skipton, North Yorkshire BD23 1DN  
Telephone: 08458 501700\*

[skipton.co.uk](http://skipton.co.uk)



Skipton Building Society is authorised and regulated by the Financial Services Authority (FSA) under registration number 153706 for accepting deposits, advising on and arranging mortgages and insurance. A member of the Building Societies Association.

\*To help maintain service and quality, some telephone calls may be recorded and monitored.