

mortgageprotect®

Accident Sickness and / or Unemployment Cover Summary of Cover

This document only provides a summary of the main features and benefits of the policy together with the main exclusions and limitations. The full terms and conditions are provided in the certificate of insurance (also known as a Policy Document) and references to specific paragraphs are made throughout this summary. Please read them to ensure that they provide the level of cover you require.

The Name of the Insurer

mortgageprotect is underwritten by certain Underwriters at Lloyd's and administered by MMS (MMS is a trading name of Marketing & Management Services Ltd).

What is the insurance designed to do?

This policy will help you to protect your mortgage payments and mortgage related insurance premiums for up to 12 months if you become involuntarily unemployed or suffer from an accident or sickness (depending on the cover option selected).

Significant features and benefits

Cover Option	Qualifying Conditions	Benefit Limit
Accident or Sickness	You are working and become unable to work due to accident or sickness for at least 30 consecutive days after the excess period. You will need to be under the regular care and attendance of a doctor.	The maximum monthly benefit payable under the policy is 125% of your mortgage payment, or 60% of your gross monthly income, or £1,500 whichever is the lesser (paragraph 5.2). Benefit will be payable for a maximum of 12 months.
Involuntary Unemployment	You are working and become unemployed for at least 30 consecutive days after the excess period. You will need to register with the Jobcentre Plus and be actively seeking work.	The maximum monthly benefit payable under the policy is 125% of your mortgage payment, or 60% of your gross monthly income, or £1,500 whichever is the lesser (paragraph 5.2). Benefit will be payable for a maximum of 12 months.

The cover option, waiting period and monthly benefit you have selected will also be shown on your policy schedule.

The excess period is the period of time during which you will not be able to make a claim. This period is 30 days less than the waiting period. You will be eligible for benefits from the end of the excess period if you are still unable to return to work. Your first benefit will be paid 30 days after the end of the excess period, for example, if you choose a 30 day excess period, if you are still unable to return to work at the end of the excess period, you will become eligible for benefit starting from 31 days after you were first unable to work (the first day your excess ends), and you would receive your first benefit payment 30 days after that.

What are the Main Exclusions of this policy?

The following are the main exclusions; please see sections 7, 11 and 12 of the Policy Terms and Conditions for full details of all exclusions.

Cover Option	Significant Exclusions or Limitations
Accident or Sickness	<ul style="list-style-type: none"> <input type="checkbox"/> A pre-existing medical condition which you knew about, (or should reasonably have known about) when your policy starts, or for which you had requested or received treatment from a Doctor, before the start date. However, you will be entitled to claim if you have not suffered from that condition for two years before the first date you became unable to work. You have not suffered from a condition if throughout that two year period you (paragraph 7.1): <ul style="list-style-type: none"> <input type="checkbox"/> have not consulted a doctor for that condition (paragraph 7.1.1); and <input type="checkbox"/> have not received treatment for that condition (paragraph 7.1.2); and <input type="checkbox"/> have been free of symptoms of that condition (paragraph 7.1.3); <input type="checkbox"/> Attempted suicide or self-inflicted injuries (paragraph 7.2); <input type="checkbox"/> Alcohol or drugs, unless in the case of drugs they are prescribed for treatment (other than for addiction) by a doctor (paragraph 7.4); <input type="checkbox"/> Backache and related conditions, including injuries, which are not supported by medical evidence (for example, a MRI scan or X-rays) (paragraph 7.5); <input type="checkbox"/> Psychiatric illness or mental disorders including depression, bereavement, stress, or stress related conditions which are not diagnosed by a consultant who is a member of the Royal College of Psychiatrists and is recognised by that Royal College as being a consultant (paragraph 7.6); <input type="checkbox"/> The normal course of pregnancy (paragraph 7.8); <input type="checkbox"/> For any period when your incapacity is not confirmed by a doctor (paragraph 7.9.2).
Involuntary Unemployment	<ul style="list-style-type: none"> <input type="checkbox"/> If you were not in continuous work for the 6 months immediately before your employment ended (paragraph 11.1); <input type="checkbox"/> Unemployment caused or resulting from your employment ending within the exclusion period* (paragraph 11.2); <input type="checkbox"/> You being told, or made aware either before the start date or within the exclusion period* that your employment may end. This is irrespective of when employment actually ends (paragraph 11.3); <input type="checkbox"/> Unemployment which is normal or seasonal in your line of work (paragraph 11.4) <input type="checkbox"/> Misconduct or any wilful act by you which contributes or leads to your dismissal (paragraph 11.6); <input type="checkbox"/> Resignation, voluntary unemployment or voluntary redundancy (paragraph 11.10). <input type="checkbox"/> If you are self-employed and your business temporarily stops trading (paragraph 11.13); <input type="checkbox"/> If you are a contract worker and your contract would have expired (paragraph 11.14).

*Exclusion period for unemployment - 60 days if this policy was arranged at the same time as a new mortgage; or 90 days if this policy was arranged after the mortgage has been completed; or 90 days from any amendment subject to paragraph 15.12. If you change your existing insurance from another insurer to take up our mortgageprotect policy, we will waive the exclusion period provided your previous insurance has been in force for at least 90 days, you continue with the same policy terms as under your previous insurance and you have never made a claim on your previous insurance.

How long does my policy run for?

This is a monthly contract and premiums are collected monthly by Direct Debit. Providing premiums are paid each month, we may automatically renew your cover. All cover under this policy will end and all monthly benefits will stop:

- If you die;
- On your 65th birthday, when you reach statutory retirement age or permanently retire;
- If you cancel the policy;
- When your mortgage agreement ends;
- If you stop paying the monthly premiums.

(See section 13 of the policy terms and conditions – When Cover Ends.)

You should review the cover provided regularly to make sure that it remains suitable for your needs.

How much does this policy cost?

The amount of premium to be paid is dependent upon the amount of monthly benefit and the cover type you choose.

Your Cancellation Rights

You can cancel the policy by writing to the plan administrators MMS at Melbourne House, Melbourne Street, Farsley, Pudsey, Leeds. LS28 5BT. If you do this within the first 30 days of the start date or the date on which you received the certificate of insurance, whichever is the later, and as long as you have not made a claim, we will give you a full refund of any premiums you have paid (paragraph 15.2).

If you cancel the policy after the first 30 days, no further premium will be collected and no refund of premium will be made (paragraph 15.3).

How do I make a claim?

If you need to make a claim, you must contact MMS as soon as reasonably possible and at least within 30 days of the event that leads to your claim (paragraph 16.1).

All claims enquiries should be addressed to: Claims Department, MMS, Melbourne House, Melbourne Street, Farsley, Pudsey, Leeds. LS28 5BT, or by telephone on 0845 371 0083 (paragraph 16.2).

Please fill in the claim form and return it to us and we will process your claim. We should receive the claim form within 180 days of the incident date. If you do not do this, your benefit may be affected. We may allow you a longer period to register a claim if you ask. We will give you information to help you fill in your claim form and tell you what details are required (paragraph 16.3).

What should I do if I have a complaint?

Although we set ourselves high standards, if we do not meet your expectations and you are dissatisfied in some way we would like to know. If you follow the guidelines below, your complaint will be dealt with in the most efficient way possible (paragraph 19.1).

If you have a complaint relating to any aspect of administration or claim, please contact MMS at Melbourne House, Melbourne Street, Farsley, Pudsey, Leeds. LS28 5BT, by telephone on 0845 371 0083 or by email: complaints@mms-uk.com.

In the event that you remain dissatisfied, you can refer the matter to the Complaints Department at Lloyd's. The contact details are: Complaints Department, Lloyd's, One Lime Street, London EC3M 7HA. Tel: 020 7327 5693. Fax: 020 7327 5225. E-mail: Complaints@Lloyds.com

In any event you may subsequently refer your complaint to the Financial Ombudsman Service at Financial Ombudsman Service, South Quay Plaza II, 183 Marsh Wall, London E14 9SR. Further details will be provided at the appropriate stage of the complaints process.

The Financial Services Compensation Scheme

Lloyd's insurers are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to you under this contract. If you were entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (7th floor Lloyd's Chambers, Portsoken Street, London E1 8BN) and on their website: www.fscs.org.uk