

# CERTIFICATE of INSURANCE FOR ACCIDENT CASH PLAN

Stonebridge International Insurance Ltd is an insurance company providing general insurance products; registered address Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, registered in England no. 3321734. We are authorised and regulated by the Financial Services Authority (FSA). Our FSA Register number is 203188. You can check this on the FSA's register by visiting the FSA's website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234. Stonebridge only provides information on its accident insurance products.

The Accident Cash Plan meets the demands and needs of those who wish to be provided with a daily cash benefit should hospitalisation occur as a result of an accident. No advice was provided during the sale of this Accident Cash Plan. This Certificate details the terms and conditions of your Accident Cash Plan and should be read together with your Schedule of Benefits as one document. Your Accident Cash Plan is underwritten by Stonebridge International Insurance Ltd ("we", "us", "our"). We agree to pay the Benefits provided under this Certificate subject to all the terms and conditions of this Certificate.

## Right to Cancel Your Certificate

You may cancel your Certificate at any time by either writing to, or telephoning our Customer Services Centre giving details of your name, address and Certificate number. The details of our Customer Services Centre are provided on your Schedule of Benefits. You have the legal right to a refund of any premiums paid by you provided you cancel within 30 days of receiving your Certificate. However to ensure you are satisfied with this insurance, under the terms of your Certificate, which operates independently, you have 60 days from the Certificate Effective Date to cancel your cover, during which time no premiums will be charged. We may cancel this Certificate provided we give you at least 30 days' prior written notice, which we will send to your last known address.

## A. Definitions

(The words below have the meaning shown under them wherever they appear in this Certificate.)

**BENEFIT(S)** means the level of financial cover detailed on the Schedule of Benefits.

**CERTIFICATE** means this Certificate of Insurance for Accident Cash Plan.

**CERTIFICATE EFFECTIVE DATE** means the day, month and year on which your cover begins as shown on the Schedule of Benefits.

**COVERED ACCIDENT** means a sudden, unforeseen, and fortuitous event that occurs while the Certificate is in force and results directly from external and/or violent means.

**COVERED CHILDREN** means children born to, or legally adopted by, either you or your Partner who are 18 years of age or younger (or 22 if in full time education), who are unmarried, financially dependent upon you for support and maintenance and permanently reside with you.

Financially dependent children means, if not in full time education and 18 years of age or under, then working for less than 25 hours a week and earning the current National Minimal Wage or less on average during the 6 months before a Covered Accident.

**COVERED PERSON** means you and the members of your family who you have selected to be covered under this plan as indicated on the Schedule of Benefits.

**DOCTOR** means a person who is duly licensed and legally qualified to diagnose and treat sickness and injuries. Such person must be providing services within the scope of his or her licence. The Doctor may not be you, your partner, or the parent, child, brother or sister of you or your partner.

**HOSPITAL** means a medical institution which has full surgical and in-patient facilities with 24-hour a day nursing care. Hospital does not include an institution or that part of an institution operated primarily as:

- a convalescent home, convalescent, rest or nursing facility; or
- a facility primarily affording custodial or educational care; or
- a facility for the aged or for rehabilitation.

**HOSPITALISATION / HOSPITALISED** means being an in-patient in a Hospital for the Necessary Treatment of an Injury. Such Hospitalisation must be prescribed by a Doctor and last for at least 24 consecutive hours. Hospitalisation does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

**INJURY** means bodily injury which:

- is directly caused by a Covered Accident and is independent of any other causes, including any Pre-Existing Condition; and
- directly results in Hospitalisation.

**INSURED** ("you", "your", or "yours") means you, the Insured named on the Schedule of Benefits.

**NECESSARY TREATMENT** means medical treatment which is consistent with currently accepted medical practice. Any hospitalisation, operation, treatment, or service not a valid course of treatment recognised by an established medical society in the United Kingdom is not Necessary Treatment. No treatment or service in connection therewith, which is experimental in nature, is Necessary Treatment. We may use peer review organisations or other professional medical opinions to determine if health care services are:

- medically necessary; and
- consistent with professionally recognised standards of care with respect to quality, frequency, and duration.

**OUT OF COUNTRY TERRITORY** means Algeria, Andorra, Australia, The Azores, Bermuda, Brazil, Canada, The Caribbean Islands, Ceuta, Costa Rica, Croatia, Egypt, European Union (excluding the United Kingdom), French Polynesia, Gibraltar, Guyana, Iceland, Japan, La Réunion, Liechtenstein, FYR Macedonia, Madeira, Maldives, Mayetta, Melilla, Mexico, Monaco, Morocco, New Caledonia, New Zealand, Norway, Saint Pierre and Miquelon, San Marino, Serbia, Montenegro, Singapore, South Africa, South Korea, Switzerland, Thailand, Tunisia, Turkey, The United States of America, The Vatican City, Wallis and Futuna.

**(CARIBBEAN ISLANDS** means Anguilla, Antigua & Barbuda, Aruba, The Bahamas, Barbados, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Navassa, Puerto Rico, Saba, St. Barts, St. Eustatius, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Martin, St. Vincent, Trinidad & Tobago, Turks & Caicos and US Virgin Islands.)

**PARTNER** means a person who is either:

- (a) a person legally married to you at the time of the Covered Accident; or
- (b) if you are not legally married to anyone, a person:
  - (i) who is also not married to anyone else; and
  - (ii) with whom you are and have been cohabiting as if you were husband and wife for a continuous period of 12 months immediately preceding the date of the Covered Accident.

**PRE-EXISTING CONDITION** means disease, illness or injury, for which the Covered Person, at any time in the 2 years before the Certificate Effective Date has either (a) received medical treatment or advice; or (b) has experienced symptoms (whether diagnosed or not).

**SCHEDULE OF BENEFITS** means the document attached to this Certificate that details the Benefits payable in respect of an Injury.

**UNITED KINGDOM (UK)** means England, Scotland, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

## B. Eligibility

To be eligible for this cover, you and your Partner (if applicable) must:

- be between 18 and 69 (inclusive) years of age at the Certificate Effective Date; and
- live permanently in the United Kingdom for at least 7 months out of every 12 months.

If a Covered Person moves out of the United Kingdom for more than 5 months in a 12 month period then their cover will terminate on the renewal date after this period has been reached.

## C. Period of Cover

### WHEN YOUR INSURANCE BEGINS

Your insurance will begin on the Certificate Effective Date.

### RENEWAL CONDITIONS

Your Accident Cash Plan is automatically renewed at the end of each complete calendar month after the Certificate Effective Date, provided you pay the amount of premiums set out in the Schedule of Benefits (or at the rate in effect at the time of the renewal following prior notification by us) by the due date. If you do not pay the premium by the due date you have 30 days in which to pay it. If it is not paid during that period, your cover will be cancelled from the date on which the unpaid premium was due. If the premium is paid during the 30 day period, then cover will operate as if it had been paid on the due date.

### WHEN YOUR INSURANCE ENDS

Unless renewed in accordance with the renewal conditions above, your Accident Cash Plan will end on the earliest of the following dates:

- the day before you do not pay a premium when due; or
- the date you or we cancel your insurance; or
- the date of your death.

## D. Scope of Cover

Subject to the terms and conditions in this Certificate, we will pay the following Benefits under this Accident Cash Plan in accordance with Section G (Payment of Claims) as follows:

### A- DAILY HOSPITALISATION BENEFIT

We will pay the Daily Hospitalisation Benefit stated on the Schedule of Benefits for each day a Covered Person is Hospitalised for at least 24 consecutive hours provided the Covered Person:

1. Is under the professional care of a Doctor; and
2. Hospitalisation begins within 90 days of the Covered Accident. Benefits will be paid beginning with the first day of Hospitalisation for a maximum of 365 days Hospital stay per Covered Accident.

### B- HOME RECOVERY BENEFIT

We will pay the Home Recovery Benefit stated on the Schedule of Benefits equivalent to, but not exceeding, the number of days a Covered Person was paid for the Daily Hospitalisation Benefit. For example, 2 days Daily Hospitalisation Benefit will generate 2 days Home Recovery Benefit.

### C- OUT OF COUNTRY DAILY HOSPITALISATION BENEFIT

We will pay the Out of Country Daily Hospitalisation Benefit stated on the Schedule of Benefits for each day a Covered Person is Hospitalised for at least 24 consecutive hours in an Out of Country Territory provided the Covered Person:

1. Is under the professional care of a Doctor; and
2. Hospitalisation begins within 30 days of the Covered Accident; and
3. Both the Covered Accident causing the Injury and the Hospitalisation occurs in an Out of Country Territory.

Benefits will be paid beginning with the first day of Hospitalisation for a maximum of 30 days' Hospital stay per Covered Accident. Hospitalisation in any country that is not an Out of Country Territory is not covered under this Benefit.

#### **Important Notes**

1. The level of Benefit will be that which applies at the date of the Covered Accident.
2. Benefits A and B apply to Hospitalisation in the UK only. However, in the event of payment of Benefit C, we will also pay Benefits A and B.
3. Recurrent Confinements - To be covered, additional periods of Hospitalisation for the same Injury must take place within 90 days of the original Hospitalisation. The level of Benefit detailed on the Schedule of Benefits will be that which applied at the date of the original Covered Accident.

#### **E. Duplication of Cover**

This Certificate replaces any Certificate previously issued to you in respect of your Accident Cash Plan.

No person can be insured for more than one Accident Cash Plan underwritten by Stonebridge International Insurance Ltd. Upon discovery of any duplication of cover in excess of the amounts described above, the Covered Person who exceeds these requirements will be considered to be covered under the Accident Cash Plan that provides the greatest amount of Benefits. We will refund any premiums paid on such duplicate cover that may have been issued in respect of the Covered Person.

The records maintained by us shall determine the insurance provided for any Covered Person.

#### **F. Exclusions**

No Benefit shall be paid for Injury sustained by a Covered Person that:

- is due to a Pre-Existing Condition
- is intentionally self-inflicted, while sane or insane
- is due to war or act of war (whether declared or not), invasion, acts of foreign enemies, civil war or unrest, rebellion, rioting or whilst on naval, military or airforce duty, service or operation including training exercise
- occurs while the Covered Person is under the influence of or being affected (temporarily or otherwise) by drugs that have not been taken in accordance with medical instructions
- occurs while the Covered Person is under the influence of, or affected by alcohol and/or has an excess level of alcohol as set out in the road traffic legislation applicable at the time
- occurs while flying unless as a fare paying passenger on a regular, scheduled route
- occurs while competing in any race other than on foot or while swimming
- occurs while participating in scuba diving, rock climbing or mountaineering of any type, potholing or parachuting
- is due to deliberate or reckless exposure to danger
- is due to disease, bodily or mental infirmity, or medical or surgical treatment of these, or where the Covered Person acts against medical advice
- is due to radiation or contamination or the effects of radiation, or due to the contamination or effects of biological or chemical agents
- occurs while any Covered Person is committing or attempting to commit an assault, battery or criminal offence or act of terrorism
- occurs as the result of an assault on the Covered Person, which is not reported to the police at the time of the incident
- occurs while the Covered Person is in prison.

#### **G. Claims Procedures and Requirements**

##### **NOTICE OF CLAIM**

If you wish to make a claim, please ask for a claim form from our Claims Department at Stonebridge International Insurance Ltd, Braywick Gate, Braywick Road, Maidenhead, Berkshire, SL6 1DA, or telephone our Customer Services Centre on the freephone number stated on your Schedule of Benefits within 30 days of the Covered Accident or as soon as possible thereafter. You must complete the claim form and send it together with the information set out below to the above address within 90 days of the Covered Accident (or within such period as agreed by us), as failure to do so may affect your claim.

You must include with your claim form, the following information (where applicable):

- your original Certificate of Insurance
- medical certificates
- medical reports such as the hospital discharge summary report
- Doctors' reports
- a copy of any official report you have in your possession such as a police accident report or a health and safety report
- other information about the Covered Accident such as newspaper clippings
- evidence that the Covered Person who suffered an Injury meets the definition of Covered Person under section A of this Certificate such as a marriage certificate, bank statements, birth certificates or adoption papers.

All original documents will be copied for our records and returned to you by special delivery post. Depending on what is disclosed in the documents you supply, we may require further information so that we may fully investigate your claim to determine whether any Benefit is payable. For example we may require a post mortem to be performed in the case of death, where it is not forbidden by law.

#### **PAYMENT OF CLAIMS**

Any Benefits payable will be paid to the Insured, if living. Any other Benefits unpaid at death will be paid to the Insured's Personal Representative(s), appointed in accordance with the Grant of Representation / Confirmation.

#### **H. General Provisions**

##### **REVIEW OF CERTIFICATE CONDITIONS**

We may vary or amend the terms and conditions of your Certificate at any time provided at least 30 days' written notice is given to you prior to any alteration taking place. At any time we may both agree to vary the Benefits available under your Certificate.

##### **CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999**

No person other than the parties and Covered Persons may enforce any term of this Certificate by virtue of the Contracts (Rights of Third Parties) Act 1999.

##### **CURRENCY**

All Benefits are payable in pounds British sterling or such other currency which may be lawful in the United Kingdom at the time of payment.

##### **FRAUD**

Any fraud, mis-statement or concealment either in the information which you provide in relation to any matter affecting this insurance or when you are making a claim under this Certificate will cause this cover to be of no effect and all rights to Benefits and any premium paid will be lost.

##### **GOVERNING LAW AND LANGUAGE**

Your insurance contract will be concluded in accordance with and governed by the law that applies in the part of the UK where you reside at the time the contract is concluded. All information has been provided to you in English. We will continue to communicate with you in English, unless we both agree to communicate in another language.

##### **INTEREST**

No Benefit payable under this Certificate shall carry interest.

##### **WAIVER**

Failure to exercise any right conferred by this Certificate shall neither be deemed to be a waiver of such right nor in any way prejudice any right under this Certificate.

##### **DATA PROTECTION**

We collect information about you and any other Covered Person(s) in order to effectively administer your Accident Cash Plan. We may disclose this information to any agent acting on our behalf as may be necessary for the administration of your plan. In particular, we will share information about you with the company that introduced you to us, so that they can keep their records up to date.

We may wish to telephone or write to let you know about other products and services from us that may be of interest to you. If you do not wish to receive this information please call us on the number found on your Schedule of Benefits.

We follow the rules in the Data Protection Act 1998 when dealing with your personal information, and that of any Covered Person. All of this personal information is protected against unauthorised people obtaining access to it, and each of you has a right to see personal information about you that we hold. There is a charge if you wish to do this. For more details, write to the Customer Services Manager at our Customer Services Centre.

You should ensure that all Covered Person(s) are aware of the information set out in this paragraph.

##### **IF YOU NEED TO COMPLAIN**

We aim to give a good service. However, there may be times when things go wrong and you are not satisfied with the service you receive. If this happens, please contact the manager of the department you are dealing with. He or she should be able to solve any problem to your satisfaction.

If you feel they have not, please contact the Customer Service Department at our Customer Services Centre. Alternatively telephone our Customer Services Centre on the freephone number stated on your Schedule of Benefits.

Our Customer Service Department will deal with any complaint promptly and professionally. If you are not satisfied with this response, you can refer the matter to the Managing Director of Stonebridge International Insurance Ltd.

If, after following the above procedure, your complaint has still not been adequately resolved, you may refer the matter to the Financial Ombudsman Service. The address is:

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

Referral to the Financial Ombudsman Service does not affect your right to take legal action against us.

We are covered by the Financial Services Compensation Scheme (FSCS) and you may be entitled to compensation from the scheme should we be unable to meet our liabilities to you. This depends on the type of business and the circumstances of the claim. Insurance avising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit. Further information about compensation arrangements are available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or by telephoning 020 7892 7300.

**Customer Services Centre**  
**Stonebridge International Insurance Ltd**  
**Beaufort House Cricket Field Road Uxbridge UB8 1QD**  
**Monday-Friday (8 a.m. to 8 p.m.)**

