



# Bill Protection Group Policy Wording

This document contains the terms and conditions of the Bill Protection Group Policy

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## Contact Information

If you need details in Large Print, Braille, or Audio please call us on 0345 841 0056 for details.

If you have a hearing or speech impairment and would like to speak to us and have a textphone available, you can do so by using the Action on Hearing Loss Next Generation Text service. This is available 24 hours a day, seven days a week and allows customers to contact us via a Text Relay Operator who will relay instructions and other requests verbally to us. To use the Next Generation Text service, You must have access to a textphone or a smartphone with a compatible operating system, tablet, laptop or PC with an internet connection. To use the Next Generation Text service, just dial 18001 and then our number - once the call is connected, a Text Relay Operator will join the call to relay the message. Our responses will then appear as text on Your textphone, smartphone, tablet, laptop or PC. For the Next Generation Text service, please call 18001 0345 841 0056.

*Calls may be recorded for training and quality purposes.*

### Customer Services (managed by the Administrator Qover)

Phone [+44 \(0\)800 088 57 86](tel:+44(0)8000885786)

Email [contact@qover.com](mailto:contact@qover.com)

### Claims (managed by the Administrator Qover)

Phone +44 (0)800 088 57 86

App Go to your dashboard on the Monese app and fill in the claim form

Website [monese.qover.com](http://monese.qover.com)

### Complaints

If you have a complaint about a claim or provision of this insurance contact Qover (the **Administrator**):

Phone: +44 (0)800 088 57 86

Email [mediation@qover.com](mailto:mediation@qover.com)

If you have a complaint about **Our** service please contact **Us**:

Phone +44 (0) 800 519 8026

Email [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

Website [www.chubb.com/uk](http://www.chubb.com/uk)

## Insurer

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-

based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

## Insurance Agreement

Thank you for choosing this Policy which is underwritten by Chubb European Group SE.

The Policy pays benefits, in accordance with this Policy wording, in the event of an **Accident, Sickness, Involuntary Loss of Employment or Hospital Stay to You**. **We** will pay for **Your** monthly **Bills** which **You** pay for using **Your Account** with the **Group Policyholder** (as specified in the **Group Policy Schedule**).

The **Group Policyholder** and **We** agree that the **Group Policyholder** will pay the premium as agreed. The **Group Policy Schedule** and this Policy constitute the full terms and conditions of the insurance with **Us**. The **Group Policyholder** acknowledges that **We** have offered this Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided by the **Group Policyholder** may result in a change in the terms and conditions of the Policy and/or a change in the premium.

The **Group Policyholder** should check over the Policy wording and **Group Policy Schedule** carefully to ensure they are correct and meet the **Group Policyholder's** requirements, and notify **Us** immediately, if anything is incorrect, as this could affect Policy cover in the event of a **Claim**. The **Group Policyholder** should keep these documents in a safe place and should make them available to the **Insured Persons**, telling them where the documents can be viewed. The **Group Policyholder** must tell **Us** if either their insurance needs or any of the information they have given **Us** changes. A change in circumstances may affect Policy cover, even if the **Group Policyholder** does not think a change is significant, and **We** may need to change this Policy. **We** will update the Policy and issue a new **Group Policy Schedule** each time a change is agreed.

## Important Notes

### Providing Information to You

At the beginning of each **Period of Insurance**, the **Group Policyholder** must provide a copy of the Insurance Product Information Document (IPID) to **You**, and must also make the Policy wording and **Group Policy Schedule** available too, stating where the documents can be viewed.

### Eligibility Criteria

To be covered under this Policy, **You** must:

- be permanently resident in the **United Kingdom**; and
- hold a valid **Account** with the **Group Policyholder**; and
- be aged 18 or over and under the age of 65; and
- be **Employed** or **Self-Employed**.

### Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. All Policy definitions are applicable to this Policy as a whole, and are detailed on pages 12 to 14 in this Policy.

# Making a Claim

## Telling Us about Your Claim

If anything happens that may result in a **Claim** under this Policy, **You** should tell **Us** within 30 days or as soon as reasonably possible thereafter of the **Accident, Sickness, Involuntary Loss of Employment** or **Hospital Stay**. If **You** cannot do this, a personal representative can do this for **You**.

**You** should notify any **Claim** to the **Administrator** using these contact details:

Qover SA (the **Administrator**):

Rue du Commerce, 31  
1000 Brussels  
Belgium

Phone +44 (0)800 088 57 86

App [contact@qover.com](mailto:contact@qover.com)

Or Website [www.monese.qover.com](http://www.monese.qover.com)

If **You** delay notifying a **Claim** to **Us** and the delay prejudices **Us** in investigating or assessing **Your Claim**, this may impact the **Claim** being paid at all, or the amount of the **Claim** that is paid.

## Information We may need about Your Claim

**You** or the **Group Policyholder** will at their own expense provide **Us** with such certificates, information and evidence as **We** may from time to time reasonably require in the form prescribed by **Us**, in order to action a relevant **Claim**. **We** will need to be sent any evidence, medical certificates or other documents, which **We** ask for. **We** will not pay for these.

## Fraudulent Claims

**We** will not pay dishonest **Claims**. If **You** make a dishonest **Claim**, **We** may cancel **Your Claim**.

## Co-operation in the Claim Process

After any **Accidental Bodily Injury, Sickness** or **Hospital Stay**, **You** should obtain and follow the advice of a **Doctor**. **You** must agree to a medical examination if **We** ask for it. **We** will pay for this.

## Paying Claims

If **You** have a **Claim**, **We** will deal with it based on the cover details stated in the **Group Policy Schedule** which is in force at the time of the **Accident, Sickness, Involuntary Loss of Employment** or **Hospital Stay**.

All benefit payments on valid **Claims** will be paid in **GBP** and will be paid into **Your** bank account.

For all benefits **We** will pay the **Benefit Amount** or the assessed percentage to **You** and **Your** receipt will be a full discharge of all liability by **Us** in respect of the **Claim** for such **Benefit Amount** or the assessed percentage.

# The Cover

The type of cover and **Benefit Amount** is stated in the **Group Policy Schedule**, which is held by the **Group Policyholder**, and the Insurance Product Information Document (IPID), which is held by **You**. The cover applies during the **Effective Time** stated in the **Group Policy Schedule**.

## Section 1 – Bill Protection following an Accident

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### Only Employed Persons are insured under this Section

If during the **Period of Insurance** and **Effective Time You** have an **Accident** which causes **You Bodily Injury** resulting in **Temporary Total Disablement**, which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** starting from the end of the **Waiting Period**.

The **Benefit Amount** will be a single payment representing the average of **Your** monthly **Bills** paid from **Your Account** multiplied by the **Benefit Multiplier** as stated in the **Group Policy Schedule**.

The average of **Your** monthly **Bills** is calculated by reviewing the previous six months of your recurring monthly **Bills** (or a shorter period if **Your Account** has not been held that long) and is calculated retrospectively as from the first date of the **Temporary Total Disablement** due to an **Accident** which has been certified by a **Doctor**.

### Specific Conditions for Section 1

If **You** suffer from a **Temporary Total Disablement** in relation to a new **Accident**, it will be considered as a new **Claim** and a new **Waiting Period** will apply.

**We** will only pay up to two **Claims** under this Section 1 in any 12 months period.

### Specific Exclusions for Section 1 (note: General Exclusions also apply – see page 8 of this Policy)

**You** will not be covered in respect of the following if **You** are **Self-Employed**.

## Section 2 – Bill Protection following Sickness

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### Only Employed Persons are insured under this Section

If during the **Period of Insurance** and **Effective Time You** suffer **Sickness** resulting in **Temporary Total Disablement**, which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** starting from the end of the **Waiting Period**.

The **Benefit Amount** will be a single payment representing the average of **Your** monthly **Bills** paid from **Your Account** multiplied by the **Benefit Multiplier** as stated in the **Group Policy Schedule**.

The average of **Your** monthly **Bills** is calculated by reviewing the previous six months of your recurring monthly **Bills** (or a shorter period if **Your Account** has not been held that long) and is calculated retrospectively as from the first date of the **Temporary Total Disablement** due to **Sickness** which has been certified by a **Doctor**.

### Specific Conditions for Section 2

If **You** suffer from a **Temporary Total Disablement** in relation to a new **Sickness**, it will be considered as a new **Claim** and a new **Waiting Period** will apply.

**We** will only pay up to two **Claims** under this Section 2 in any 12 month period.

### Specific Exclusions for Section 2 (note: General Exclusions also apply – see page 8 of this Policy)

You will not be covered:

- if **You** are **Self-Employed**; or
- for the treatment of any addictive disorder or drug, substance or alcohol abuse; or
- for any physical defect, infirmity or medical condition for which medical advice or treatment has been received, or should have been received, within the twenty four months prior to **Your** start date of cover; or
- for any conditions of the back or spine; or
- for a **Claim** resulting from medical operations or treatments which are not medically necessary, including but not limited to cosmetic or beauty treatments; or
- for **Sickness** in any way caused by or resulting from an outbreak of infectious or contagious disease, which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

This exclusion shall only apply to any **Sickness** first occurring after the date of any such declaration(s) made by the WHO.

This restriction will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

## Section 3 – Bill Protection following Involuntary Loss of Employment

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### Only Employed Persons are insured under this Section

If during the **Period of Insurance** and **Effective Time You** have suffered **Involuntary Loss of Employment**, which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** for the **Benefit Amount** starting from the end of the **Waiting Period**.

The **Benefit Amount** will be a single payment representing the average of **Your** monthly **Bills** paid from **Your Account** multiplied by the **Benefit Multiplier** as stated in the **Group Policy Schedule**.

The average of **Your** monthly **Bills** is calculated by reviewing the previous six months of your recurring monthly **Bills** (or a shorter period if **Your Account** has not been held that long) and is calculated retrospectively as from the first date of the **Involuntary Loss of Employment**.

### Specific Conditions for Section 3

**We** will only pay one **Claim** under this Section 3 in any 12 month period.

### Specific Exclusions for Section 3 (note: General Exclusions also apply – see page 8 of this Policy)

You will not be covered:

- if **You** are **Self-Employed**; or
- for **Involuntary Loss of Employment** which **You** were aware of before the start of **Your** cover; or
- if **You** are an employee of any family member or **Your Partner**; or
- if **You** are engaged by **Your** employer under a fixed-term contract, after the end date of the fixed-term contract.

## Section 4 – Hospital Stay

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If during the **Period of Insurance** and **Effective Time You** have an Accident which causes **You Bodily Injury**, or **You suffer Sickness**, resulting in **Hospital Stay** which lasts longer than the **Waiting Period**, **We** will pay the **Benefit Amount** starting from the end of the **Waiting Period** up to the maximum **Benefit Period**.

## Specific Exclusions for Section 4 (note: General Exclusions also apply – see page 8 of this Policy)

**You** will not be covered:

- for the treatment of any addictive disorder or drug, substance or alcohol abuse; or
- for any physical defect, infirmity or medical condition for which medical advice or treatment has been received, or should have been received, within the twenty four months prior to **Your** start date of cover; or
- for any conditions of the back or spine; or
- for a **Claim** resulting from medical operations or treatments which are not medically necessary, including but not limited to cosmetic or beauty treatments; or
- for **Sickness** in any way caused by or resulting from an outbreak of infectious or contagious disease, which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO).

This exclusion shall apply to any **Sickness** first occurring after the date of any such declaration(s) made by the WHO.

This restriction will continue to apply until the WHO cancels or withdraws any relevant PHEIC.

## General Exclusions

**These General Exclusions apply to all sections of this Policy, and are in addition to the Specific Exclusions listed under Section 1 - Bill Protection following an Accident, Section 2 - Bill Protection following Sickness and Section 3 – Bill Protection following Involuntary Loss of Employment, Section 4 - Hospital Stay of this Policy**

**We** will not be liable for payment of any benefit for **Accident, Sickness, Involuntary Loss of Employment** or **Hospital Stay**, due to:

- **Bills** which are payments in respect of any kind of loan or finance agreement, including but not limited to: a mortgage, car loan, personal contract purchase (PCP), credit card, storecard or retail credit account;
- suicide, attempted suicide or deliberate self-inflicted injury by **You** regardless of the state of **Your** mental health;
- **You** not being a full time member of the armed forces of any nation or international authority or a member of any reserve armed forces whilst called out for active service;
- **You** engaging in any form of **Air Sports** or taking part in air travel, unless travelling as a fare-paying passenger in an aircraft which is provided and operated by an airline or air charter company which must be licensed for this;
- **Your** illegal acts;
- post-traumatic stress disorder or related syndromes or any psychological or psychiatric condition;
- any **Claims** which would result in **Us** being in breach of United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. **You** should contact **Our** Customer Services Team on 0345 841 0056 for clarification of Policy cover for travel to countries which may be subject to United Nations resolutions or trade or economic sanctions or other laws of the European Union, United Kingdom, or United States of America. Applicable to US Persons only : Policy cover for a journey involving travel to/from/through Cuba will only be effective if the US Person's travel has been authorised by a general or specific licence from OFAC (US Treasury's Office of Foreign Asset Control). For any **Claim** from a US Person relating to Cuba travel, **We** will require verification from the US Person of such OFAC licence to be submitted with the **Claim**. US Persons will be deemed to include any individual wherever located who is a citizen or ordinarily resident in the United States (including Green Card Holders) as well as any corporation, partnership, association, or other organisation, wherever organised or doing business, that is owned or controlled by such persons;
- **You** not meeting the Eligibility Criteria detailed on page 4;
- **War** or any act of **War**.



## When Cover Starts and Ends

**You** cover begins on the **Start Date** or the date **You** are included in this insurance through the **Insurance Arrangement** with the **Group Policyholder**, if after the **Start Date**.

Cover will continue for as long as **You** meet the Eligibility Criteria stated on page 4 and whilst the Policy remains in force.

**Your** insurance cover will cease at midnight on the day that one of the following events occur:

- **You** no longer meet the description of **Insured Persons** contained in the **Group Policy Schedule**; or
- the end of the **Period of Insurance** in which **You** reach the age of 65 years of age; or
- **You** choose to opt-out of cover under this Policy; or
- **You** die; or
- this Policy expires

whichever happens first.

## Group Policy Conditions

### Assignment

Subject to the Policy Condition headed 'Paying Claims', the benefits under this Policy may not be assigned or transferred by **You** or the **Group Policyholder** unless agreed by **Us** in writing.

### Bank Charges

**We** will not be liable for any charges applied by the receiving bank for any transactions made in relation to a **Claim**.

### Cancellation

**We** or the **Group Policyholder** may not cancel this Policy at any time.

### Changing Cover

The **Group Policyholder** may, during the **Period of Insurance**, add or delete **Insured Persons** from the Policy through **Declarations**. The **Group Policyholder** may not make any other changes to this Policy except where specifically agreed in writing by **Us**.

**We** reserve the right to make changes, add to the Policy terms and/or to change the total amount payable for this insurance for legal, regulatory or taxation reasons. If this happens, **We** will write to the **Group Policyholder** with details of the changes at least 30 days before **We** make them. It is the **Group Policyholder's** responsibility to inform **You** of such changes. Any changes **We** make will be the same for all **Insured Persons** under the Policy. **We** will not make changes that only apply to a particular **Insured Person**.

### Choice of Law

This Policy, and any non-contractual obligation arising out of or in connection with it, will be governed by and construed in accordance with the laws of England and Wales and the English Courts alone will have jurisdiction in any dispute. All communication in connection with this Policy will be in English.

## Compliance with Policy Requirements

The **Group Policyholder** (and where relevant the **Group Policyholder's** representatives) and **You**, will comply with all applicable terms and conditions specified in this Policy. If they or **You** do not comply, **We** reserve the right not to pay a **Claim**.

## Contracts (Rights of Third Parties) Act

The Contracts (Rights of Third Parties) Act 1999, or any amendment to it will not apply to this Policy. Only **We** and the **Group Policyholder** can enforce the terms of this Policy. No other party may benefit from this contract as of right. This Policy may be varied or cancelled without the consent of any third party.

## Misrepresentation and Non-Disclosure

The **Group Policyholder** and, where applicable, **You** must ensure that all of the information provided to **Us** in the Application Form, on the **Declaration**, by correspondence, over the telephone, on claim forms and in other documents is true, complete and accurate. Please note that providing incomplete, false or misleading information could affect the validity of this Policy and may mean that all or part of a **Claim** may not be paid. The **Group Policyholder** acknowledges that **We** have offered the Policy and calculated the premium using the information which **We** have asked for and the **Group Policyholder** has provided, and that any change to the responses provided may result in a change in the terms and conditions of the Policy and/or a change in the premium.

## Interest

No sum payable by **Us** under this Policy will carry interest unless payment has been unreasonably delayed by **Us** following receipt of all the required certificates, information and evidence necessary to support the **Claim**. Where interest becomes payable by **Us**, it will be calculated only from the date of final receipt of such certificates, information or evidence.

## Other Taxes and Costs

**We** are required to notify **You** and the **Group Policyholder** that other taxes or costs may exist which are not imposed or charged by **Us**.

## Complaints Procedures

**We** are committed to providing a high quality service and want to maintain this at all times.

If **You** or the **Group Policyholder** have a complaint about claims, the sale or provision of this insurance please contact:

Qover

Rue du Commerce, 31

1000 Brussels

Belgium

Phone ++44 (0)800 088 57 86

Email [contact@qover.com](mailto:contact@qover.com)

If **You** or the **Group Policyholder** are not happy with **Our** service, please contact **Us**, quoting the Policy details, so that **We** can deal with the complaint as soon as possible. **Our** contact details are:

The Customer Relations Manager,  
Chubb  
PO Box 682,  
Winchester, SO23 5AG

Phone +44 (0) 800 519 8026

Email [customerrelations@chubb.com](mailto:customerrelations@chubb.com)

If **Your** complaint is about the sale of **Your** Monese **Account** then please contact Monese – see Monese App for details or email [complaints@monese.com](mailto:complaints@monese.com)

**You** may be able to approach the Financial Ombudsman Service for assistance if there is dissatisfaction with **Our** final response or after eight weeks from making the complaint if not resolved satisfactorily. Any approach to the Financial Ombudsman Service must be made within six months of **Our** final response.

Contact details are given below. A leaflet explaining the procedure is available on request.

The Financial Ombudsman Service,  
Exchange Tower, Harbour Exchange Square,  
London, E14 9SR

Phone +44 (0) 800 023 4 567 (Monday to Friday – 8am to 8pm, Saturday – 9am to 1pm) Calls are free from a UK landline or mobile.

Phone +44 (0) 300 123 9 123 Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs.

Email [complaint.info@financial-ombudsman.co.uk](mailto:complaint.info@financial-ombudsman.co.uk)

Website [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Following this complaints procedure does not affect **Your** statutory rights relating to this Policy. For more information about statutory rights, **You** should contact Citizens Advice.

## Policy Definitions

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using bold text and capital letters. Plural forms of the defined words have the same meanings as the singular form. The following definitions apply to this Policy as a whole.

### ACCIDENT

A sudden identifiable violent external event that happens by chance and which could not be expected; or unavoidable exposure to severe weather.

### ACCOUNT

**Your** Essential, Classic or Premium mobile money account with the **Group Policyholder**.

### ADMINISTRATOR

QOVER SA/NV – RPM 0650.939.878 – FSMA 0650.939.878.  
QOVER SA/NV legal and operating offices are located at “Rue du Commerce 31 – 1000 Brussels, Belgium”.

### BENEFIT AMOUNT

For sections 1, 2 and 3 – the lower of:

(a) the calculation set out in Sections 1,2 and 3 of this Policy (as applicable); and

(b) the maximum **Benefit Amount** per **Claim** based on the level of cover set out in the **Group Policy Schedule**

For section 4 – Hospital Stay - the fixed per day amount set out in the **Group Policy Schedule**”.

### BENEFIT MULTIPLIER

The number we will multiply the **Benefit Amount** by, as stated in the **Group Policy Schedule** applicable to **Your Account**.

### BENEFIT PERIOD

The period for which a **Benefit Amount** is payable as stated in the **Group Policy Schedule**. The **Benefit Period** commences at the end of the **Waiting Period**.

## BILLS

A recurring monthly payment made to a third party by **You** during the **Period of Insurance** that meets all of the following criteria:

- Paid in full on the covered **Account**; and
- Solely for personal use, not used for business purposes, for example, but not limited to, the following purposes:-
  - o Insurance premiums
  - o Groceries
  - o Rent & Utilities
  - o Nursing care
  - o School fees
  - o Monthly subscriptions
  - o Streaming services
  - o Regular charitable donations
  - o Gym & Sports club fees (including Golf Club fees, season tickets and ski passes where paid for monthly)
  - o Hobby Fees
  - o Instrument lessons

**Bills** are not:

- o payments in respect of credit agreements
- o any transfer between **Your** personal current/saving accounts; or
- o investments of any kind; or
- o currency or financial trading.

## BODILY INJURY

Injury to **You** which happens while the Policy is in force and which is caused only by an **Accident** and on its own causes **Temporary Total Disablement** or **Hospital Stay** within 24 months of the **Accident**, and results in a **Claim** covered under this Policy.

## CLAIM

A single loss or series of losses due to one cause insured by this Policy.

## DECLARATIONS

The information supplied to **Us** by the **Group Policyholder** confirming **Your** up to date details and the premium due to **Us**.

## DOCTOR

A doctor or specialist registered or licensed to practice medicine under the laws of the country in which they practice who is neither:

- **You**; or
- one of **Your** relatives unless approved by **Us**.

## EFFECTIVE TIME

When and where the insurance provided by this Policy applies as specified in the **Group Policy Schedule**.

## EMPLOYED

A person working for at least 16 hours a week under a contract of employment that does not have a fixed or implied end date. If **Your** contract of employment is for at least 16 hours and is a fixed-term contract, you are covered only up to the end date of the fixed-term contract. **You** must be receiving a salary or wages that can be evidenced via bank account records and/or tax records.

## GBP/£

United Kingdom pounds sterling

## GROUP POLICY SCHEDULE

The document issued to the **Group Policyholder** by **Us**, detailing **Your** cover and other important information.

## GROUP POLICYHOLDER

The person, firm, company or organisation named in the **Group Policy Schedule**

## HOSPITAL

An establishment which:

- exists primarily for the diagnosis, medical care and treatment of sick or injured people on an **In-Patient** basis under the supervision of **Doctor(s)** one or more of whom is available for consultation at all times;
- provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- provides full-time nursing service by and under the supervision of nursing staff;

hospital will not include a special unit in a hospital or a place existing primarily:

- for the treatment of psychiatric disease or sub-normality;

- for the care of the aged, drug addicts or alcoholics;
- as a health hydro or nature cure clinic, a nursing or convalescent home, extended care facility, rest-home or hospice.

## HOSPITAL STAY

Admission to a **Hospital** as an **In-Patient** on the advice of, and under the regular care and attendance of a **Doctor**.

## IN-PATIENT

**Your Hospital Stay** as a resident bed patient, for which a clinical case record has been opened and which is necessary for the medical care, diagnosis and treatment of **Bodily Injury or Sickness** covered by this Policy.

## INSURANCE ARRANGEMENT

The process by which an **Insured Person** has been added to this insurance operated by the **Group Policyholder**.

## INSURED PERSON

Any person or category of persons shown in the **Group Policy Schedule** and who is also specified in the **Declarations** as appropriate.

## INVOLUNTARY LOSS OF EMPLOYMENT

When **Your** employment ceases because:

- (i) **Your** employer has stopped or is going to stop the business which employed **You** either completely or at the place where **You** work; or
- (ii) **Your** employer's need for employees to do work of a particular kind has ended or reduced (or is expected to do so) either generally or at the place where **You** worked.

**Involuntary Loss of Employment** does not include unemployment caused by or resulting from:

- (i) misconduct by **You**, including but not limited to theft, fraud, alcohol abuse, sexual offences, harassment and/or discriminatory behaviour; or
- (ii) dismissal due to **Your** inability to pass a probationary period or to perform any elements of **Your** normal occupation; or
- (iii) **Your** wilful act; or
- (iv) **Your** resignation, voluntary unemployment, voluntary redundancy or retirement; or
- (v) unemployment, which is casual, seasonal in **Your** occupation; or

(vi) **You** being employed on a fixed-term contract which comes to its' end date

(vii) **Workers** who remain under a contract of employment but whose **Work** services are temporarily reduced or suspended. (e.g. Zero Hours Contracts)

## PARTNER

**Your:**

- spouse; or
- civil partner registered pursuant to the Civil Partnership Act; or

someone of either sex with whom **You** have been living as though they were **Your** spouse for at least three months.

## PERIOD OF INSURANCE

As set out in the "Period of Insurance" section on the **Group Policy Schedule** commencing at 00.01 hours on the earliest date stated and expiring at midnight on the latest date stated.

## SELF-EMPLOYED

**You** are self-employed if:

- **You** are carrying on a business alone or as a partner in a partnership; or
- **You** can control the affairs of a company **You Work** for because either **You** or a relative or a member of **Your** household individually or jointly hold the majority of the voting rights in that company; or
- **You** can otherwise ensure that the company **You Work** for conducts its affairs according to **Your** wishes.
- **You Work** for at least 16 hours a week

## SICKNESS

**Sickness** diagnosed and treated by a **Doctor** which first manifests itself or is contracted during the **Period of Insurance** and which solely and independently of any other cause within twelve calendar months of manifesting itself or being contracted results directly in **Your Temporary Total Disablement**.

## START DATE

The date specified in the **Group Policy Schedule** showing when the insurance will start for the **Group Policyholder**.

## TEMPORARY TOTAL DISABLEMENT

Temporary disablement which completely prevents **You** from undertaking each and every function of **Your** usual occupation.

## UNITED KINGDOM

England, Scotland, Wales and Northern Ireland (excluding Channel Islands and the Isle of Man).

## WAITING PERIOD

The period stated in the **Group Policy Schedule** at the beginning of an **Accident, Sickness, Involuntary Loss of Employment** or **Hospital Stay** during which benefits are not payable.

## WAR

Armed conflict between nations, invasion, act of foreign enemy, civil war, or taking power by organised military force.

## WE, OUR, US

Chubb European Group SE.

## WORK, WORKER, WORKING

Receiving payment for working at least 16 hours per week under a permanent contract, a fixed-term contract or as **Self-Employed**. A period of maternity or paternity leave will still count as work.

If **You** have more than one job, the hours **You** work for each job will be added together.

## YOU, YOUR

The **Insured Person**.

## Our Regulators

Chubb European Group SE (CEG) is a Societas Europaea, a public company registered in accordance with the corporate law of the European Union. Members' liability is limited. CEG is headquartered in France and governed by the provisions of the French insurance code. Risks falling within the European Economic Area are underwritten by CEG, which is authorised and regulated by the French Prudential Supervision and Resolution Authority (4 Place de Budapest, CS 92459, 75436 Paris Cedex 09, France). Registered company number: 450 327 374 RCS Nanterre. Registered office: La Tour Carpe Diem, 31 Place des Corolles, Esplanade Nord, 92400 Courbevoie, France. Fully paid share capital of €896,176,662.

CEG's UK branch is registered in England & Wales. Registered address: 100 Leadenhall Street, London EC3A 3BP. Authorised by the Prudential Regulation Authority and with deemed variation of permission. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website (FS Register number 820988).

## Financial Services Compensation Scheme

In the unlikely event of **Us** being unable to meet **Our** liabilities, **Insured Persons** who are located in the UK (or who have risks located in these jurisdictions) may be entitled to compensation under the Financial Services Compensation Scheme.

Further information can be obtained from the Chubb European Group SE or from the Financial Services Compensation Scheme at the following address:

Financial Services Compensation Scheme  
PO Box 300  
Mitcheldean  
GL 17 1DY

Phone 0800 678 1100 or 020 7741 4100

On-Line Form <https://claims.fscs.org.uk/>

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

## Data Protection

### The Personal Information You provide

**We** use personal information which the **Group Policyholder** supplies to **Us** or, where applicable, the **Group Policyholder's** insurance broker, in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as **Your** name, address, and policy number, but may also include more detailed information about **You** (for example, **Your** age, health, details of assets, claims history) where this is relevant to the risk **We** are insuring, services **We** are providing or to a claim the **Group Policyholder** or **You** are reporting.

**We** are part of a global group, and **Your** personal information may be shared with its group companies in other countries as required to provide coverage under this policy or to store **Your** information. **We** also use a number of trusted service providers, who will also have access to **Your** personal information subject to **Our** instructions and control.

**You** have a number of rights in relation to **Your** personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how **We** use personal information. For more information, **We** strongly recommend the **Group Policyholder** and **You** read its user-friendly Master Privacy Policy, available here:

<https://www.chubb.com/uk-en/footer/privacy-policy.html>. The **Group Policyholder** and **You** can ask **Us** for a paper copy of the Privacy Policy at any time, by contacting **Us** at <mailto:dataprotectionoffice.europe@chubb.com>

## Monese Data Protection

Monese Limited and Monese Finance Ltd respects your privacy and is committed to protecting your personal data. Our privacy notice explains what personal data we collect, what we do with it, who we share it with, how long we keep it for and what legal rights you have and can be accessed here: <https://monese.com/gb/en/privacy>



## Contact Us

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Chubb

UK Business address:  
100 Leadenhall Street  
EC3A 3BP  
London

Phone +44 20 7173 7000

Website [www.chubb.com/uk](http://www.chubb.com/uk)

## About Chubb

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Chubb is the world's largest publicly traded P&C insurance company and a leading commercial lines insurer in the U.S. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. We combine the precision of craftsmanship with decades of experience to conceive, craft and deliver the very best insurance coverage and service to individuals and families, and businesses of all sizes.

Chubb is also defined by its extensive product and service offerings, broad distribution capabilities, direct-to-consumer platform partnerships, exceptional financial strength and local operations globally. The company serves multinational corporations, mid-size and small businesses with property and casualty insurance and risk engineering services; affluent and high net worth individuals with substantial assets to protect; individuals purchasing life, personal accident, supplemental health, homeowners, automobile and specialty personal insurance coverage; companies and affinity groups providing or offering accident and health insurance programs and life insurance to their employees or members; and insurers managing exposures with reinsurance coverage.

Chubb Limited, the parent company of Chubb, is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index.