

1. Does your business need income protection?

Every business needs to consider the financial risks to them. So think about the following:-

- How vulnerable is your business to the loss of key members of staff due to injury or ill-health?
- How will you afford temporary staff or at worst having to find full-time replacements?
- How do you look after your employees – what sick-pay benefits do you offer – in the current climate can you afford not to make provision for this?

Health considerations:

- Last year over 11,000,000 people were admitted to hospital and over 1,000,000 attended the A&E department (Dpt of Health statistics 2002/3).
- Nearly 1,800,000 people were diagnosed last year with either cancer or heart problems (Department of Health statistics 2002/3).
- The cost of non-fatal accidents to the UK has been estimated at over £25 billion pounds (Transport Research Laboratory 1996),
- Over 120,000 people die from coronary heart disease every year and over 2,000,000 have suffered from angina (British Heart Foundation 2004).
- Life expectancy has increased to 80 years (from 76) for men. Women tend to live longer but they are likely to have more years of poor health (statistics.gov.uk 2004)
- In 2001 over 1/5th of us were diagnosed as obese with heart and circulatory disease being the UK's biggest killer, killing some 245,000 people - over 40% of all deaths in the UK. Consider that over 40% of the population have raised blood pressure. (British Heart Foundation 2004).

What is the current situation?

- Sick days have almost reached epidemic proportions. We believe that many employers have stopped paying for the first few days of sick leave. But what happens after this? Much of the working population do not even receive a part of their lost earnings from their employer. We all know of people who have been dismissed due to ill-health and are being given more and more legal redress to combat unfair practices. All businesses are going to have to address this problem – insurance is a key element to helping solve this issue by protecting your business and your employees.

What if you are self-employed or run a small business?

- Here the situation is worse, not only do you have to cope with no income but also the potential failure of your business. In this situation can you really rely upon your bank manager to help out?

I've always assumed that state benefits will look after my employees:

- As a single person state benefit is currently under £80 per week. Could you (or your employees) manage on that?
- If you are ill your family could suffer just as much as you. The likely state benefit for two adults and two children is £130 per week. Could you support your family on this?

2. How groupGUARD can protect your business?

The aim of **groupGUARD** is to give your business financial protection if your employee(s) are off work from an accident or sickness after a specific deferred period. You can select the level of financial cover you require – usually based on the employee's gross salary but can be extended to include the cost of their replacement.

groupGUARD also has an optional lump sum cover that has been specifically designed to provide you a lump sum benefit if one of your employees dies accidentally or after a 12 month deferred period is unable to ever return to their usual occupation if their condition is permanent with no hope of ever improving. The amount can be tailored to meet your needs either as a multiple of their salary, usually from x1 to x10 of their income, or as a predetermined fixed amount - which once selected is then termed as being your lump-sum benefit.

3. Your commitment to groupGUARD

By taking out **groupGUARD** you provide the following commitments to us:

- To decide the amount of benefit your business requires and when you need the benefit to start and for how long.
- To give us access to all the medical and other information we ask for when applying for your company plan and when claiming any benefit. If you don't do this we may not be able to insure your business or pay any claim.
- To make all the regular premium payments we need for the duration of the plan.
- To tell us if your business changes industry type, takes on more hazardous work, new employees join or leave or you stop trading. Any of these changes must be notified to us within 30-days. (Failure to inform us could invalidate any claim you might wish to make and any changes you have notified to us will be confirmed to you, if acceptable, in writing by us. If not acceptable or new terms need to be imposed, you will be specifically advised of this including any applicable loadings or refunds depending on your new details).
- To tell us of any applicable illness or injury to your staff within the time limits we set which has stopped them from working.
- To select an appropriate level of cover and review it regularly to make sure you have enough for your needs but no more than we'll pay.
- To tell us if you change address or bank details so that we can keep you properly informed as well as keeping our records up-to-date.

4. Who is eligible for groupGUARD?

You can apply for **groupGUARD** if:

- your business is registered, or you are self-employed, within the UK, Channel Islands or Isle of Man,
- those to be insured are aged over 18 but under 64,
- all the insured people are actively working at the insurance start date (other than off on holiday),
- all the insured people are in good health and know of no impending incapacity.

We will then underwrite and assess your application. Your application form will include questions about your insured person or persons' medical history, earnings, occupation and other personal circumstances. We may request additional information to support your application at your expense. You should be aware that pre-existing conditions will not be covered unless specifically agreed in writing by us.

4. Who is eligible for groupGUARD? (cont'd)

Pre-existing condition

Any sickness, medical condition, injury, illness, chronic or recurring disease suffered by the insured person which you or the insured person have not told us about and which:

- you or the insured person knew about or, in our reasonable opinion, should have known about at the start date or the date the insured person is included in this insurance contract; or
- the insured person has received treatment or advice for (including regular or routine examinations or consultations to monitor the condition) in the 24 months before the start date or the date the insured person is included in this insurance contract.

5. How do I select the plan's features so that it meets my needs?

You choose the amount of benefit your business needs. **groupGUARD** allows you to select whatever consecutive day deferred period you feel you need, usually from 14 to 28 days, subject to your type of occupation or chosen benefit period. The longer the deferred period the cheaper your policy will be.

When choosing your cover, remember that if you claim, we'll pay benefit based on your insured person's pre-incapacity income, unless you have opted to include staff replacement costs.

For insured person or persons these are their pre-tax income for PAYE assessment purposes in the 12 months before they become unable to work. At your option this can include any provable overtime, commission or bonus payments. Suitable evidence will be copies of their pay slips for at least 4-months, tax returns, P60's or documented payroll data.

If you are self-employed, these are your share of pre-tax profit from your trade, profession or vocation after deduction of trading expenses, as described in Schedule D Case I and II of the Income and Corporation Taxes Act 1988, in the 12 months before you become unable to work. If you have only just become self-employed we will not pay a claim until you have at least 4-months provable income unless specifically agreed in writing by us prior to your insurance plan starting. We will always ask for detailed evidence of your income which will need to be tax returns agreed by the Inland Revenue or audited accounts. However income received from savings and investments are not taken into account.

You may choose to amend your cover from time to time. You will need to notify us and if necessary we will amend your benefits and the new premium will apply from the following month. However in certain circumstances we may not be able to agree to your request and we will inform you of this accordingly. You should note that there will be no automatic increase in your benefits.

However please consider the following information:

- You won't be covered if you stop paying your premium.
- The cover may be less than you need if you don't review it regularly to keep it in line with your business expenses and/or waggeroll costs. On the other hand if your income does not support your chosen cover, then the benefits will have to be reduced. We will not give back any of your premium payments if this happens.
- The benefit we pay under this plan will be affected by any claim you make under other income protection or similar policies.
- In future once you have had the cover for at least 12-months we may change the premium by giving you at least 30-days notice prior to renewal.
- Certain causes of claim won't be covered. Please see section 16 (When will **groupGUARD** not pay out).

6. How much cover can you have?

This is determined by your waggeroll, staff replacements costs, if applicable and which options you wish to select.

There are two main levels of cover – either can be bought on their own or in combination. You can also select whether to buy cover from risks that occur purely at work, or extend this to include whilst commuting or simply buy full 24-hour protection.

The first option is temporary total incapacity that will protect your salary costs. This is defined as a monthly benefit and is usually paid direct to your business though in some special circumstances we can pay direct to the insured person or persons. The maximum monthly benefit available under **groupGUARD** is 100% of your gross monthly waggeroll*, though this can be increased to take into account staff replacement costs – but it can also be reduced if you only want to provide half-pay – you can even select different benefit levels depending on the type of occupation – e.g. clerical workers or as a reward for longer service.

The second element of cover is termed the lump sum benefit covering, if selected, accidental death, permanent loss and permanent total incapacity and can be purchased with or without the temporary total incapacity benefit. In either circumstance the maximum lump sum benefit is up to x10 their gross income or £500,000 whichever is the lower.

For the accidental death, permanent loss and permanent total incapacity lump sum sections, you can only receive one lump sum benefit, per insured person, throughout the life of this insurance. If paid it will be reduced by any benefit you received under the temporary total incapacity section, if applicable.

There is also an overall maximum limit of £2,000,000 for any one event that hits your company, e.g. an explosion, staff coach crash, machinery or building fire or similar disaster. This means that we will only pay out a total of £2m regardless of the actual value of all the individual sums insured added together. The definition is stated as an event occurring within 72 hours and within a 10-mile radius for any 'one accident event', and no loss which happens outside this limit will be included. The insured business may choose the date and time when this period starts and also the 10-mile radius. If any event is greater than these limits, you may divide the event into two or more 'accident events' as long as no two periods overlap and no period starts earlier than the date and time of the first recorded loss to you arising out of the event.

* Gross monthly waggeroll means your insured person or persons' monthly salary plus the average of any overtime, commission and/or bonus payments they have received in the 12 months prior to the insurance start date or their claim (as applicable). For self-employed people this means your share of pre-tax profits as more fully described in section 5.

7. What is the cost of cover?

As this product is tailor-made to your specific requirements we can only show you indicative rates based on some examples. The premiums quoted to you through your financial advisor will reflect your type of business, the nature of the work your employees undertake, their health circumstances and claims history.

We assess our pricing on looking at the make-up of your account and will charge different rates for clerical workers as we do for those working with machinery, driving delivery vehicles or working in more hazardous roles. There may be some occupations that we cannot insure.

You can then select various combinations of cover, all depending on your own specific requirements. You may just wish to receive sick-pay benefits for 26 weeks after a deferred period of 7 days, or longer-term benefits for 2 years after a waiting period of 90-days. You may even wish to only select certain groups of staff within your company – i.e. just the manual workers – however you will need to disclose all this at the time you complete your application.

We are able to quote you multiple options so that you can select the plan that best suits you. However the longer the deferred period the cheaper your policy will be. You can also pay us through interest free instalments. Once you have selected the benefit levels you need we will then express the quoted premium as a % rate on the applicable wageroll(s) and at the expiry of the current annual period of cover you will declare to us the new wageroll levels and we will calculate if you owe us any additional premium.

Your financial advisor will be able to help you decide which options best meet your specific requirements and we are very happy to provide you multiple pricing options to assist you in this process.

Pricing Example

Based on a typical company employing 20 people – 5 clerical staff including the directors/managers, 12 on the shop floor, 3 delivery drivers. Wageroll, including overtime, is £100,000 for the clerical staff, £150,000 for the shop floor and £30,000 for the drivers.

Example 1

You want to protect 100% their salaries for 26 weeks with a 14-day deferred period on a 24-hour basis:

Clerical £100,000 = £8,333 per month of benefit x rate = premium of £241 accident only or £1,640 accident & sickness

Shop floor £150,000 = £12,500 per month x rate = £725 accident only or £3,034 accident & sickness

Drivers £30,000 = £2,500 per month x rate = £160 accident only or £674 accident & sickness

This therefore gives you a total cost (including insurance premium tax) for 24-hours of cover of £1,182 for accidents only, or £5,615 for accident and sickness. If you made this at work only including commuting then the cost would reduce to £827 accident only or £3,930 for accident and sickness. So at most you would only have to pay £327 per month or the equivalent of only £16 per insured person per month.

Example 2

You now wish to add on some lump sum benefits - say for example x3 wageroll – which include accidental death, loss of limbs, eyes and hearing, and permanent total incapacity. You may chose to pass 2 x salary onto the insured person and retain 1 x salary to help cover the costs of staff replacement.

So based on the above wageroll it will work out as follows:-

Clerical £100,000 = £300,000 of benefit x rate = £343 accident only or £410 to include sickness onto the permanent total incapacity benefit.

Shop floor £150,000 = £ 450,000 x rate = £1,538 accident only or £1,847 to include sickness onto the permanent total incapacity benefit.

Drivers £30,000 = £90,000 x rate = £308 accident only or £370 to include sickness onto the permanent total incapacity benefit.

This therefore gives you a total cost (including insurance premium tax) for 24-hours of cover of £2,189 for accidents only, or £2,627 for accident and sickness. If you made this at work only including commuting then the cost would reduce to £1,532 accident only or £1,839 for accident and sickness. So at most you would only have to pay £153 per month or the equivalent of only £7.66 per insured person per month.

So to purchase both options, for 24-hour cover to include accident and sickness the annual premium is £5,769 (equals 2.06% on your wageroll). This is then adjusted at expiry of the policy period at 2.06% on your total wageroll. So if your wageroll increased to £310,000 – the final premium would be £310,000 x 2.06% = £6,386 minus £5,769 already paid – so an additional premium of £617 would become payable.

8. What are the various options open to me?

Based on the information in the previous section – these are some of the options available to you:

- Temporary total incapacity benefits from 4 weeks to 104 weeks
- Deferred periods from 5 days to 365 days
- Lump sum benefits on their own or with temporary total incapacity benefits
- Full 24 hour basis, whilst at work only or to include commuting
- To protect all your staff, or key elements of them or just specific departments
- Fixed benefit levels or as a % of the wageroll
- The ability to increase benefit levels to allow for staff replacement costs
- All premiums paid for by the employer – or optional top-ups payable by the employees to enhance their own cover.

9. How long are benefits paid for in the event of a claim?

Depending on the options you selected you will receive up to the stated number of payments for any separate incapacity claim under **groupGUARD**. If you choose the lump sum benefit, payment of this amount will be paid if the insured person dies from an accident or if within 12 months of an accident or sickness being diagnosed, the insured person is considered to never be able to return to their normal employment (classed as their employment or similar for which they are qualified and suitably experienced). You can only receive one lump sum benefit although it will be reduced by any benefit that you have received under the temporary total incapacity section.

10. How do I make a claim under groupGUARD?

You and the insured people must keep to the following conditions to have the full protection of your policy. If you or the insured people do not, we or the insurer may cancel the policy, refuse your claim or reduce the amount of any claim payment.

You must write to us about a claim within 30 days from when the insured person first became unable to work. Write to our claims department at:

Compass Underwriting Limited
40 Lime Street
London
EC3M 7AW.

Or you can phone our customer service desk on 020 7398 0100 or go to www.compassuw.co.uk to get a claim form.

We will send you the claim form. You will need to fill this in and return it to us as soon as reasonably possible, giving us all the information we ask for so we can process your claim.

- You must do this within 30 days or you must write to us with your reasons for the delay.
- You should include the insured person's wage slips for at least four months, and their P60.
- You will be responsible for giving us the proof we need.
- If you delay in sending a claim to us, it may make your claim harder to confirm. It could also lead to a delay in paying your claim or not paying your claim at all.
- You must allow us access to the insured person's medical records as defined by the Access to Medical Reports Act 1988.
- If we want the insured person to have a medical, they must attend or we may refuse to pay your claim. We will pay any costs involved for the medical.
- The insured person must, if necessary, meet our appointed representative, consultant or adjuster.
- We will pay the benefit when we receive satisfactory evidence of your entitlement to claim.
- Throughout the period for which you claim under this contract we will need you to provide evidence of the insured person's incapacity by filling in a monthly claim continuation form and providing sick notes signing them off work from their doctor or consultant.
- We will only accept sick notes for individual periods of up to one month. If longer, we will need detailed written evidence from the insured person's doctor as to the reasons why they need a longer period.
- We will not pay benefit for any period of incapacity for which you or the insured person does not provide evidence.
- We may ask you to produce your certificate of insurance as proof.
- Once we have accepted a claim, we will pay the benefit to you, as soon as we have received and assessed all the necessary information that has been provided, unless we have agreed to pay the benefit to the insured person and this has been confirmed in writing by us to you.

However if you have already made a claim and if we have paid benefit payments up to the benefit period for any one incapacity claim, the insured person must have returned to work and have been in good health for at least three months before you will be entitled to claim again for the same incapacity for that insured person.

If the number of benefit payments we have made is less than the benefit period and the insured person suffers the same incapacity again within three months of their return to work, we will treat their claim as a continuation of the original claim. They will not have to go through the deferred period again and we will pay benefit payments up to the benefit period.

11. Eligibility for benefits

You are eligible for benefits under **groupGUARD** if, subject to the options you selected, you:

- have suffered a loss of income due to an accident or sickness during the policy period which resulted in the insured person or persons being incapacitated within 12-months of the condition first showing itself and is certified by a doctor in the UK (other than you or a relative of the insured) which totally prevents them from doing any part of their normal work, as stated in your certificate of insurance, or any similar work for which they are reasonably qualified, and/or
- the insured person accidentally dies or suffers a permanent total incapacity from either an accident &/or sickness within 12-months of the condition first showing itself during the policy period and is certified by a doctor in the UK (other than you or a relative of the insured) which after a waiting period of 12 consecutive months totally prevents them from working in their usual occupation, or a similar one for which they are reasonably qualified and suitably experienced and there is no hope of improvement for the remainder of their life, and
- are not actively working or doing any other job for payment or reward,

total incapacity

It is important to understand that the word "totally" does not mean that the insured person has to be 100% incapacitated but is to distinguish between being unable to work in their declared occupation and that partial incapacity is not covered and that we will always use a reasonable, non-literal interpretation to determine whether or not they meet this criteria.

Their "normal work" means their specific duties currently being performed by them, but only as far as you have declared their specific duties in the proposal form. "Not doing any other job" means that you will not receive any benefit from us if you are able to find them alternative duties within your company or that they no longer work for you. You should note that the availability, or lack of, suitable employment is not a factor in assessing their ability to work.

12. When do claims become payable?

If the insured person is actively working and becomes incapacitated for longer than the selected consecutive days under the deferred period then **groupGUARD** will pay 1/30th of your monthly benefit (or 1/7th of your weekly benefit as applicable) for each further day that the insured person remains continuously incapacitated and will continue to pay you monthly in arrears until the earliest of the following events:

- the insured person is no longer incapacitated;
- the date you stop providing proof that the insured person is still incapacitated;
- we have made the number of benefit payments in the benefit period;
- the end date shown on your certificate of insurance or you stop paying your premium, whichever is earlier;
- the insured person reaches 65;
- the insured person no longer works for you;
- the cessation date as described in section 18; or
- the policy is cancelled as described in section 19.

However if the insured person dies accidentally or becomes permanently incapacitated from their stated occupation, or similar for which they are qualified and suitably experienced, for longer than 12-months with no hope of improvement, we will pay out your selected lump sum benefit. However any benefit paid out under the temporary total incapacity section will be deducted from any lump sum benefit that you are due.

13. How long do you wait before receiving your first benefit payment?

There will be a period when the insured person is first unable to work for which we don't pay benefit. This is known as the deferred period. You will have chosen a pre-agreed number of continuous days. So if the insured person is actively working and become continuously incapacitated for longer than the deferred period and they meet the conditions as set out in section 11, then from the first day after the deferred we will pay you 1/30th of your monthly benefit (or 1/7th of your weekly benefit, as applicable) monthly in arrears, once we have received and assessed all the necessary information. If all your information is acceptable then we expect to settle your claim within 21-working days or we will write to you with the progress and status of your claim. You are also deemed to have given us permission to undertake any necessary investigations to ensure the validity and accuracy of your claim. We will continue to pay you monthly in arrears, subject to the conditions as set out in section 11, usually within 10-working days, until the earliest of the following events:

- the insured person is no longer incapacitated;
- the date you stop providing proof that the insured person is still incapacitated;
- we have made the number of benefit payments in the benefit period;
- the end date shown on your certificate of insurance or you stop paying your premium, whichever is earlier;
- the insured person reaches 65;
- the insured person no longer works for you;
- the cessation date as described in section 18; or
- the policy is cancelled as described in section 19.

With respect to the lump sum benefits, if you have selected this option, and you meet the conditions of section 11, and we have received all the necessary information and if all your information is acceptable then we expect to settle your claim within 21-working days or we will write to you with the progress and status of your claim. You are also deemed to have given us permission to undertake any necessary investigations to ensure the validity and accuracy of your claim.

14. How long are benefits paid for in the event of a claim?

You can choose, at the time of purchase, the maximum period for which you will receive your chosen monthly benefit payments for any separate incapacity claim under **groupGUARD** payable once the insured person has completed the chosen deferred period. You must continue to pay the monthly premium for as long as you make a claim.

15. Are any deductions made from the monthly benefit?

We will reduce the benefit we pay you if the following takes you over the maximum allowable under this plan:

- all monies you receive from this or other similar incapacity insurances that either make regular payments to you or on your behalf (other group income protection plans, or employee group benefits) that exceeds the pre-defined benefit limit. This excludes any lump sum payments.

16. When will groupGUARD not pay out?

- If you or the insured person knew at the start date that the insured person would become incapacitated or you or the insured person had any reason to believe that the insured person might become incapacitated.
- The insured person taking part in any flying activity, other than as a passenger in a commercially-licensed aircraft.
- The insured person taking part in a criminal act.
- The insured person abusing alcohol, solvents or drugs (other than drugs taken under the direction of a doctor or consultant and not to treat drug addiction).
- The insured person taking part in or practising boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, winter sports, potholing, bungee jumping, hunting on horseback, parachuting, powerboat racing, underwater diving, yacht racing or any race, trial or timed motor sport event.
- The insured person taking part in operational duties within the armed forces.
- The insured person committing suicide or attempting to commit suicide, or deliberately injuring themselves or putting themselves in danger (unless they are trying to save someone's life).

16. When will groupGUARD not pay out? (cont'd)

- Stress, anxiety or depression or any mental or nervous disorder unless a consultant certifies that it is only the insured person's condition that prevents them from working.
- A pre-existing condition.
- Pregnancy, childbirth, miscarriage or abortion other than a medical complication which directly occurs as a result of the insured person's pregnancy or pregnancy-related conditions, as diagnosed by their doctor or consultant.
- A back-related condition unless there is radiological evidence of a medical abnormality or visible wound, bruising, or a consultant certifies that it is only the insured person's condition that prevents them from working.
- Medical operations or treatments which are not medically necessary to maintain the insured person's quality of life, including cosmetic or beauty treatments.
- The insured person failing to follow the advice of their doctor or consultant.
- War, civil commotion, revolution, terrorism, riot, or any similar event.
- Radioactive contamination from ionising radiation or contamination from any nuclear fuel, or from any nuclear waste arising from burning nuclear fuel or the radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment.
- If the injury arises from, is traceable to or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- Where you have only chosen accident benefit and the injury is caused only by illness, disease or disorder.

17. How are premiums paid?

At our discretion this plan can renew every 12-months as long as you continue to pay your premium and meet the conditions set out in this document and your insurance wording.

You can pay your premiums by an interest free direct debit mandate. If you are claiming monthly benefit, you must continue to pay your premium as it falls due in order to ensure continuous cover under **groupGUARD**. If the collection date is missed we will collect this amount on the next payment date.

Any alterations or amendments to your cover or your premium during the lifetime of your plan will take effect from the following month.

In future once you have had the cover for at least 12-months we may change the premium by giving you at least 21-days notice in writing prior to the annual renewal.

If there are any changes to the current level of Insurance Premium Tax or any new taxation levies are imposed, your premium will be amended from the date any such taxation changes are implemented.

The premium payments shown include all the costs of administration, including underwriting, claims handling, as well as commission and the fees payable for any medical examinations, which we may ask the insured person or persons to attend. However you will have to pay the cost of asking the insured person or persons' doctor to complete the initial claim form.

Your plan has no cash-in value at any time.

18. When does the cover and benefits under groupGUARD cease?

The cessation date of benefits under **groupGUARD** is the day on which any of the following occur:

- the insured person or persons dies,
- or they reach the age of 65,
- or they no longer work for you, whichever is the earlier.

The cessation date of cover under **groupGUARD** is the day on which any of the following occur:

- your business stops being registered in the United Kingdom, Channel Islands or Isle of Man,
- you or the insurer cancel **groupGUARD** (as detailed in section 19),
- you cease to pay your premium.

19. Can you or the insurer cancel groupGUARD?

Once you have received your documentation you have 14-days in which you can change your mind and cancel the plan without any penalty and any premium we have collected will be returned to you, unless you have made a claim. After that you can cancel this insurance at any time by writing to us. We will cancel your insurance from the date we receive your letter and refund you any un-used premium unless you have made a claim.

We or the insurer can cancel your cover by giving you 30 days written notice. This will not affect your right to receive benefit for any incapacity which occurs prior to the cessation date.

20. What documentation do you receive?

These key features give a summary of **groupGUARD**. They don't include all the definitions, exclusions, terms and conditions. If you'd like a copy of the full terms and conditions, please ask your financial advisor.

We have the right to change these terms and conditions but we will always write to explain if this happens. We'll also send you a copy of anything that's changed, if applicable.

Once your application has been accepted, you will receive the following documentation:

- A personalised certificate of insurance.
- A copy of the insurance terms and conditions.

You can also view the complete policy wording on our web site.

21. Complaints procedure

We always try to provide a first-class standard of service. However, if you have any question or complaint, either about your insurance or about a claim, you should first contact the financial advisor who sold you this insurance.

If you are still not happy, please write to:

The Managing Director,
Compass Underwriting Limited,
40 Lime Street,
London, EC3M 7AW

Fax: 020 7398 0109

E-mail complaints@compassuw.co.uk

detailing clearly and concisely the reason(s) for your complaint. Please also ensure that you give us all your contact details and your policy or claim number.

If we cannot resolve your complaint or you remain dissatisfied, then you can take the issue further. You will need to write to:

The Head of Customer Care,
AXA Insurance,
Civic Drive,
Ipswich,
IP1 2AN.

Tel: 01473 205 926

Fax: 01473 205 101

E-mail customercare@axa-insurance.co.uk

who will arrange for an investigation on behalf of AXA Insurance's Chief Executive.

If AXA Insurance have given you their final response and you are still not satisfied, you may refer your case to the:

Financial Ombudsman Service (FOS),
Insurance Division,
South Quay Plaza,
183 Marsh Wall,
London, E14 9SR.

Tel: 0845 080 1800

Fax: 020 7964 1001

The FOS is an independent organisation that arbitrates on complaints about general insurance products. It will consider complaints after the insurer has given you written confirmation that they have been through their full complaints procedure. You have six months from the date of the insurer's final response in which to refer your complaint to the FOS. This does not affect your right to take legal action.

22. How to contact us if you require further information

If you require any further information regarding **groupGUARD** you should contact your financial advisor.

Please note that your financial advisor will normally be your first point of contact. Neither Compass nor the insurer will be able to give you financial advice.

Should you want benefits or deferred periods that are not shown here or work in a different occupation or need another type of cover then please contact your financial advisor, who will approach Compass on your behalf. Please note that in some instances Compass may not be able to help.

However if you do have any questions, you can contact Compass at:

Office address: 40 Lime Street, London, EC3M 7AW

Telephone: 020 7398 0100 during Monday to Friday 9am to 5pm.
We may monitor or record calls to improve our service.

Facsimile: 020 7398 0109

Email: london@compassuw.co.uk

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