

# LocumGuard personal accident or accident and illness insurance

You have applied for personal **accident** or personal **accident and illness** insurance for **you** and/or **your** employees. In return for the appropriate **premium**, this insurance will pay **you up to the benefit** listed on **your certificate of insurance** if an **insured person** who is named on **your certificate of insurance** suffers death, **permanent loss** or **incapacity** from an **accident** or **illness**, as shown on **your certificate of insurance**. **Your** proposal and any endorsements, together with the **certificate of insurance** and any written statement of medical or other information **you** or an **insured person** have made, are part of this insurance contract.

## 1 The cover we provide

We will pay the amount of **benefit** shown in the tables of benefits on **your certificate of insurance** if, at any time during the **period of cover**, an **insured person** suffers an **injury** or **illness** resulting in death, **permanent loss** or **incapacity** as shown on **your certificate of insurance**.

In the event of a claim for temporary total **incapacity** we will pay **you** the cost of hiring a locum, the cost of overtime or the loss of income as chosen by **you**.

This cover also applies if the **insured person** drowns, or is killed or **incapacitated**, or suffers **permanent loss** as a result of being exposed to the **elements** after an incident (including a hijack) involving the transport that the **insured person** is travelling in.

If an **insured person** goes missing following an incident, after considering all the available evidence, **we** may presume the **insured person** is dead and pay **benefit** under this insurance. If, at any time after **we** pay a claim in these circumstances, the **insured person** is found alive, **you** must refund the payment **we** have made.

## 2 Definitions

Where **we** explain what a word means, that word will have the same meaning wherever **we** use it in the policy or **certificate of insurance**. These words are highlighted in **bold**.

<b>Accident</b>	A sudden, unexpected and unusual event which happens at a certain time and place during the <b>period of cover</b> . This must be the only cause (except for <b>illness</b> directly resulting from the <b>injury</b> , or medical or surgical treatment which is needed) which causes an <b>insured person's</b> death, <b>incapacity</b> or <b>permanent loss</b> within 12 calendar months of the date of the accident.
<b>Benefit</b>	The amount <b>we</b> pay <b>you</b> once <b>we</b> have accepted a claim, as shown in the tables of benefits on <b>your certificate of insurance</b> .
<b>Benefit period</b>	The maximum period for which <b>we</b> would pay <b>benefit</b> for any one claim period, as shown in the tables of benefits on <b>your certificate of insurance</b> .
<b>Certificate of insurance</b>	The document which sets out the insurance cover <b>we</b> provide under the conditions of this wording.
<b>College</b>	The Royal College of Surgeons, the Royal College of Physicians or any of the Royal Colleges of Medical Practitioners.
<b>Consultant</b>	A medical specialist who is a member of a <b>college</b> and recognised by that <b>college</b> to be a consultant.
<b>Deferred period</b>	The number of days in a row shown in <b>your certificate of insurance</b> during which an <b>insured person</b> will need to be continuously <b>incapacitated</b> before <b>you</b> are entitled to receive <b>benefit</b> for temporary total <b>incapacity</b> . No <b>benefit</b> will be paid for this period.
<b>Doctor</b>	A qualified UK-registered medical practitioner registered with the General Medical Council, practising in the UK. A doctor who confirms <b>incapacity</b> during a claim cannot be an <b>insured person</b> , a <b>relative</b> of an <b>insured person</b> , an employee of the <b>insured</b> or a <b>relative</b> of an employee of the <b>insured</b> .
<b>Elements</b>	Earth, air, fire or water, and any weather conditions.
<b>Illness</b>	A sickness or disease which first occurs during the <b>period of cover</b> and which, within 12 calendar months of the illness first showing itself, results in an <b>insured person</b> becoming <b>incapacitated</b> .
<b>Incapacity</b>	An incapacity, caused by an <b>accident</b> or <b>illness</b> , certified by a <b>doctor</b> which totally prevents an <b>insured person</b> from doing any part of their normal work, for the <b>insured</b> , as shown in <b>your certificate of insurance</b> , or any similar work, for the <b>insured</b> , for which they are reasonably qualified.
<b>Incapacitated</b>	In a state of <b>incapacity</b> and not doing any other work for payment or reward.
<b>Injury</b>	An accidental injury that an <b>insured person</b> suffers during the <b>period of cover</b> , which directly results, within 12 calendar months of the <b>accident</b> which caused the injury, in death, <b>incapacity</b> or <b>permanent loss</b> .
<b>Insured person / insured people</b>	Named employee or employees working for <b>you</b> and being paid under a formal contract of employment by <b>you</b> , who are working on the <b>start date</b> and are listed in the <b>schedule of insured people</b> , or as specifically agreed and accepted by <b>us</b> , in writing to <b>you</b> .
<b>Loss of hearing</b>	The <b>insured person</b> suffering total and irrecoverable loss of hearing.

<b>Loss of limb</b>	The <b>insured person</b> suffering permanent loss of an entire hand or foot as a result of it being physically removed, or the total and permanent loss of use of an entire hand or foot.
<b>Loss of sight</b>	The <b>insured person</b> suffering total and irrecoverable loss of sight.
<b>Period of cover</b>	The period between the <b>start date</b> and the end date for which <b>you</b> have paid the correct <b>premium</b> as shown on <b>your certificate of insurance</b> .
<b>Permanent loss</b>	<b>Loss of hearing, loss of limb and loss of sight.</b>
<b>Permanent total incapacity or permanently totally incapacitated</b>	An <b>injury</b> or <b>illness</b> that has prevented an <b>insured person</b> from working in their usual occupation, or a similar one for which they are qualified and suitably experienced, for more than 12 months in a row and, at the end of that time, they have no hope of improvement for the rest of their life.
<b>Pre-existing condition</b>	Any sickness, medical condition, <b>injury, illness</b> , chronic or recurring disease suffered by the <b>insured person</b> which <b>you</b> or the <b>insured person</b> have not told <b>us</b> about and which: <ul style="list-style-type: none"> <li>a <b>you</b> or the <b>insured person</b> knew about or, in <b>our</b> reasonable opinion, should have known about at the <b>start date</b> or the date the <b>insured person</b> is included in this insurance contract; or</li> <li>b the <b>insured person</b> has received treatment or advice for (including regular or routine examinations or consultations to monitor the condition) in the 24 months before the <b>start date</b> or the date the <b>insured person</b> is included in this insurance contract.</li> </ul>
<b>Premium</b>	The amount <b>you</b> pay in return for cover as set out in <b>your certificate of insurance</b> .
<b>Relative</b>	A husband, wife, partner or any other immediate family member related by blood, marriage or law.
<b>Schedule of insured people</b>	The schedule on <b>your certificate of insurance</b> listing the <b>insured people</b> covered under this policy.
<b>Start date</b>	The date the insurance begins as shown on <b>your certificate of insurance</b> .
<b>Terrorism</b>	An act which can include using or threatening force or violence of any person or group of people, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological or similar purposes. This includes the intention to influence any government or to put the public, or any section of the public, in fear.
<b>The insurer</b>	AXA Insurance UK plc, registered in England number: 78950, registered office: 5 Old Broad Street, London EC2N 1AD. AXA Insurance UK plc is authorised and regulated by the Financial Services Authority. <b>You</b> can check this on the FSA's register by visiting the FSA's website at <a href="http://www.fsa.gov.uk/register">www.fsa.gov.uk/register</a> or by contacting them on 0845 606 1234.
<b>We, our, us</b>	Compass Underwriting Limited on behalf of <b>the insurer</b> .
<b>You, your, insured</b>	The employer named on the <b>certificate of insurance</b> .

### 3 Paying your premium

- a If **you** are paying for **your** cover each month by direct debit (as shown in the **certificate of insurance**), **you** must provide bank details and **we** will collect these debits each month. This insurance will automatically end on the 14th day after the payment was due if any payment is not made and **you** fail to put this right within 14 days.
- b If **you** are receiving **benefit** under this insurance, **you** must continue to pay the **premium** as it falls due.

### 4 Paying claims

**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.

#### Table A - Accident benefit

**Your certificate of insurance** will show what cover options and how much **benefit** **you** have chosen.

##### a Accidental death

If, during the **period of cover**, an **insured person** dies within 12 calendar months of an **accident**, **we** will pay the lump-sum **benefit** shown on **your certificate of insurance**.

##### b Permanent loss

If, during the **period of cover**, an **insured person** suffers **permanent loss** within 12 calendar months of an **accident**, **we** will pay the lump-sum **benefit** shown on **your certificate of insurance**.

##### c Permanent total incapacity

If, during the **period of cover**, an **insured person** becomes **permanently totally incapacitated** as a result of an **accident**, and the **incapacity** leading to the claim starts within 12 calendar months of the date of the **accident** and lasts for a period of at least 12 calendar months in a row, **we** will pay the lump-sum **benefit** shown on **your certificate of insurance**.

d Temporary total **incapacity**

In the event of a claim **we** will require satisfactory proof of the costs incurred of hiring a locum, cost of increased overtime or the loss of income as confirmed by **your** business accountant or independent chartered accountant before **we** agree to pay any **benefit**. **We** will only pay **benefit** up to the total cost incurred up to the **benefit** limit as shown in **your certificate of insurance**.

The following applies where weekly **benefit** has been chosen.

If, during the **period of cover**, an **insured person** becomes temporarily totally **incapacitated** as a result of an **accident**, and this **incapacity** continues beyond the **deferred period**, **we** will pay **you** 1/7 of the weekly **benefit** for each further day of the **insured person's incapacity**. As long as **we** have all the information **we** ask for to validate **your** claim, the first **benefit** payment will be made eight days after the **deferred period** ends. **We** will pay **benefit** every seven days (for the seven days just passed), and **we** will continue to pay **benefit** until:

The following applies where monthly **benefit** has been chosen.

If, during the **period of cover**, an **insured person** becomes temporarily totally **incapacitated** as a result of an **accident**, and this **incapacity** continues beyond the **deferred period**, **we** will pay **you** 1/30 of the monthly **benefit** for each further day of the **insured person's incapacity**. As long as **we** have all the information **we** ask for to validate **your** claim, the first **benefit** payment will be made 31 days after the **deferred period** ends. **We** will pay **benefit** every 30 days (for the 30 days just passed), and **we** will continue to pay **benefit** until:

- 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**; or
- the policy is cancelled as described in section 6.

e For any one **accident**, **we** will only pay **benefit** for one event in table A in the table of benefits on **your certificate of insurance**.

f Where **we** have made **benefit** payments for temporary total **incapacity** as a result of an **accident** and the **insured person** then dies, suffers **permanent loss** or becomes **permanently totally incapacitated** as a result of the same **accident**, **we** will deduct the total of any payments already made from the lump sum due for the same claim.

#### Table B – Illness benefit

**Your certificate of insurance** will show what cover options and how much **benefit you** have chosen.

a Permanent total **incapacity**

If, during the **period of cover**, an **insured person** becomes **permanently totally incapacitated** as a result of **illness**, and the **incapacity** leading to the claim starts within 12 calendar months of the date that the symptoms of the **illness** first appeared and lasts for at least 12 calendar months in a row, **we** will pay the lump-sum **benefit** shown on **your certificate of insurance**. **We** will not pay **benefit** for **permanent total incapacity** resulting from **illness** where the **illness** results in the **insured person** dying within 12 calendar months of the **illness** starting, unless the claim had been settled before the **insured person** died.

b Temporary total **incapacity**

In the event of a claim **we** will require satisfactory proof of the costs incurred of hiring a locum, cost of increased overtime or the loss of income as confirmed by **your** business accountant or independent chartered accountant before **we** agree to pay any **benefit**. **We** will only pay **benefit** up to the total cost incurred or to the **benefit** limit as shown in **your certificate of insurance**, whichever is the lower amount.

The following applies where weekly **benefit** has been chosen.

If, during the **period of cover**, an **insured person** becomes temporarily totally **incapacitated** as a result of **sickness**, and this **incapacity** continues beyond the **deferred period**, **we** will pay **you** 1/7 of the weekly **benefit** for each further day of the **insured person's incapacity**. As long as **we** have all the information **we** ask for to validate **your** claim, the first **benefit** payment will be made eight days after the **deferred period** ends. **We** will pay **benefit** every seven days (for the seven days just passed), and **we** will continue to pay **benefit** until:

The following applies where monthly **benefit** has been chosen.

If, during the **period of cover**, an **insured person** becomes temporarily totally **incapacitated** as a result of **sickness**, and this **incapacity** continues beyond the **deferred period**, **we** will pay **you** 1/30 of the monthly **benefit** for each further day of the **insured person's incapacity**. As long as **we** have all the information **we** ask for to validate **your** claim, the first **benefit** payment will be made 31 days after the **deferred period** ends. **We** will pay **benefit** every 30 days (for the 30 days just passed), and **we** will continue to pay **benefit** until:

- 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**; or
  - the policy is cancelled as described in section 6.
- c For any one **illness**, we will only pay **benefit** for one event in table B in the table of benefits on **your certificate of insurance**.
- d Where we have made **benefit** payments for temporary total **incapacity** as a result of an **illness** and the **insured person** then becomes **permanently totally incapacitated** as a result of the same **illness**, we will deduct the total of any payments already made from the lump sum due for the same claim.

### Claiming more than once

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**.

### Sporting injuries or accidents

If **you** suffer an **injury** as a result of **you** taking part in horse riding, excluding whilst engaged in competitions, holiday skiing, curling or skating, the **deferred period** is subject to a minimum of 28 days regardless of the actual **deferred period** shown in **your certificate of insurance**.

## 5 Circumstances when you cannot claim

We will not pay a claim if it is caused directly or indirectly from any of the following.

- a 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**.
- b The **insured person** taking part in any flying activity, other than as a passenger in a commercially-licensed aircraft.
- c The **insured person** taking part in a criminal act.
- d 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).
- e The **insured person** taking part in or practising boxing, caving, climbing, horse riding in competitions, jet skiing, martial arts, mountaineering, winter sports (other than holiday skiing, skating or curling), potholing, bungee jumping, parachuting, powerboat racing, underwater diving, yacht racing or any race, trial or timed motor sport event.
- f The **insured person** taking part in operational duties within the armed forces.
- g 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).
- h 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.
- i A **pre-existing condition**.
- j 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**.
- k 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.
- l Medical operations or treatments which are not medically necessary to maintain the **insured person's** quality of life, including cosmetic or beauty treatments.
- m The **insured person** failing to follow the advice of their **doctor** or **consultant**.
- n War, civil commotion, revolution, **terrorism**, riot, or any similar event.
- o 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.
- p If the **injury** arises from, is traceable to or is caused by any gradually developing bodily deterioration, whatever the cause of that deterioration.
- q Where **you** have only chosen accident benefit and the **injury** is caused only by **illness**, disease or disorder.

## 6 Cancellation

- a **You** may cancel this insurance within 14 days of the **start date**. **You** must write to **us** and **we** will refund any **premium you** may have paid, unless **you** have made a claim.
- b **You** can then cancel this insurance at any time by returning **your certificate of insurance** and asking **us**, in writing, to cancel it. **We** will cancel the insurance on the day **we** receive **your** request. **We** will repay **you** any unused **premium**. **We** will not refund **your premium** if **we** have paid a claim on the insurance. **You** will be responsible for cancelling the direct debit arrangement.
- c **We** or **the insurer** may cancel this insurance at any time by giving 30 days' written notice to **you** at **your** last known address. This will not affect any rights to **benefit**, which **you** may already have received under the insurance up to the cancellation date.

## 7 Fraud

**You** or the **insured people** must not act in a fraudulent way. **We** may not pay the claim and take the action shown below if **you** or the **insured people** or anyone acting for **you** or the **insured people**:

- make a claim under the policy knowing the claim to be false or exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or
- make a claim for any loss or damage caused by **your** deliberate act or with **your** agreement.

**In these circumstances we or the insurer:**

- will not pay the claim;
- will not pay any other claim which has been or will be made under this policy;
- may declare the policy void;
- will be entitled to recover from **you** the amount of any claim already paid under the policy;
- will not return any of **your premium**; and
- may let the police know about the circumstances.

## 9 The limit for any one event

Under this insurance **we** will only pay **you** up to £2,000,000 for any one event. If **your** loss is more than this amount, **we** will be entitled to proportionately reduce the **benefit** between all the affected **insured people**, up to the given limit.

For the purposes of this clause, the definition of accident will be limited to 72 hours and within a 10-mile radius for any 'one accident event', and no loss which happens outside this limit will be included. **You** 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.

## 10 General conditions

**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.

- a This contract and any endorsements issued together with the proposal form, **certificate of insurance** and any written statement of medical or other information **you** have made make up the contract between **you** and **us**.
- b **You** cannot change this contract or any of the terms of this contract unless **you** let **us** know in writing (either by letter, fax or e-mail) and **we** confirm **our** agreement to this in writing to **you**. If in doubt, please contact **your** intermediary who arranged this insurance.
- c **You** must, within 30 days, or as soon as reasonably possible, give **your** intermediary written notice of any change in **your** or an **insured person's** circumstances. This includes if the **insured person** leaves or joins **your** employment, changes their job or duties, or their health changes. (If **you** are not sure whether to tell **your** intermediary, please write to them anyway.) **We** will not cover any claims arising from a change in circumstances until **we** have agreed to the change in writing.
- d **You** and **we** are free to choose the law which applies to this insurance contract. Unless **we** and **you** agree otherwise, this insurance will be governed by English law and the English courts will deal with any disputes.
- e If at the time any condition of this contract becomes invalid, illegal, or cannot be enforced, it will not affect the rest of the contract.
- f **Benefit** under this insurance may be taxed, although this may change in line with any amendments to legislation. If this happens, **we** will take from any **benefit** any amounts which, by law, **we** have to take.
- g If **you** miss out any important information or provide false statements in **your** application for this insurance or any claim, **we** may not pay **benefit** under this insurance. Important information is information which is likely to influence whether **we** accept **your** application or claim for insurance. If **you** are not certain whether a fact is important, **you** should tell **us** anyway. If **you** make a claim, which **we**

consider to be fraudulent or exaggerated, **you** will lose all **benefit** under this contract and **we** will try to recover any **benefit** **we** have paid under that claim.

- h** To set up and administer **your** policy AXA Insurance UK plc and Compass Underwriting Limited will hold and use information about **you** and the **insured people** which **you** and they and medical providers have provided. **We** may send it to other companies in the AXA Group (or companies acting on **our** instructions) including those outside the European Economic Area. By buying this insurance, **you** are agreeing to **us** using **your** and their personal data in this way.

## 11 How to claim

**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 or as soon as reasonably possible. 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](http://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.

- a** **You** must do this within 30 days or **you** must write to **us** with **your** reasons for the delay.
- b** **You** should include the **insured person's** wage slips for at least four months, and their P60.
- c** **You** should include satisfactory proof of the costs incurred of hiring a locum, cost of increased overtime or the loss of income as confirmed by **your** business accountant or independent chartered accountant.
- d** **You** will be responsible for giving **us** the proof **we** need.
- e** 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.
- f** **You** must allow **us** access to the **insured person's** medical records as defined by the Access to Medical Reports Act 1988.
- g** 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.
- h** The **insured person** must, if necessary, meet **our** appointed representative, **consultant** or adjuster.
- i** **We** will pay the **benefit** when **we** receive satisfactory evidence of **your** entitlement to claim.
- j** 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**.
- k** **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.
- l** **We** will not pay **benefit** for any period of **incapacity** for which **you** or the **insured person** does not provide evidence.
- m** **We** may ask **you** to produce **your certificate of insurance** as proof.
- n** 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**.

## 12 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 intermediary who arranged this insurance for **you**.

If **you** are still not happy, please write to:

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

**You** can fax 020 7398 0109 or e-mail **us** at [complaints@compassuw.co.uk](mailto:complaints@compassuw.co.uk). **You** need to clearly and concisely give the reason for **your** complaint. Please also make sure that **you** give **us** all **your** contact details and **your** policy or claim number.

If **your** complaint is one of the few that we cannot sort out at this stage, contact the Head of Customer Care who will arrange for an investigation on behalf of the Chief Executive.

Head of Customer Care  
AXA Insurance UK plc  
Civic Drive  
Ipswich  
IP1 2AN

Phone: 01473 205926, fax: 01473 205101 or e-mail [customer-care@axa-insurance.co.uk](mailto:customer-care@axa-insurance.co.uk)

If **the insurer** has given **you** their final response and **you** are still not satisfied, **you** may refer **your** case to the Financial Ombudsman Service (FOS) at:

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

Phone: 0845 080 1800 or 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.

Referring **your** complaint to the FOS will not affect **your** right to take legal action.

Compass Underwriting Limited and AXA Insurance UK plc are authorised and regulated by the Financial Services Authority.

## ENDORSEMENT

### ADDITIONAL COVER

For the payment of an additional premium **your** insurance is hereby extended to include the following **benefits**. All other terms and conditions remain the same.

#### *Maternity Benefit*

This insurance is extended to include a lump sum benefit equivalent to 1 week during the **period of cover** in respect of an **insured person's absence** through pregnancy, maternity leave or maternity or pregnancy related illnesses including but not limited to, miscarriage or still birth.

Benefit is only payable in respect of an **insured person** who became pregnant after their **start date of cover** confirmed by the date, being 40 weeks prior to the expected date of birth. No locum replacement is required under this extension.

#### *Bereavement Benefit*

If during the **Period of cover** an **Insured person** is absent due to the death of a **Dependant**, the **Insurers** will pay **weekly benefit** for up to a maximum of £500 per claim. This benefit does not cover ongoing or continuing claims caused by or contributed to or by any **Absence** associated with bereavement. No locum replacement is required under this benefit.

#### *Jury Service*

If an **Insured person** is absent as a consequence of attending jury service, the **Insurers** will pay **weekly benefit** for up to a maximum of one week, provided that the **Insured person** received a summons from the court service after the commencement of the **Period of cover**. No locum replacement is required under this benefit.